

# Individual Retirement Plan Change & Withdrawal

## Applicant Information (this section is required)

Mr.  Mrs.  Ms  Miss

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)

Social Insurance Number:

## A. Change of Contact Details

Mailing Address

Work Phone	Home Phone	Mobile Phone

Email Address  Work  Personal

## B. Change of Investment Options (Either Argus Select Funds Managed or Self-directed Funds)

### 1. Argus Select Funds Managed Option **OR**

I UNDERSTAND THAT THE FUNDS ARE ACTIVELY MANAGED BY AFL INVESTMENTS LIMITED AND HEREBY REQUEST THAT:

- TOTAL CONTRIBUTIONS be invested in the following Guaranteed Account or Argus Select Funds.  
 FUTURE CONTRIBUTIONS ONLY be invested in the following Guaranteed Account or Argus Select Funds. The fund selection for my previous contributions is to remain unchanged.

Guaranteed Account <input type="checkbox"/> 1 Year <b>OR</b> <input type="checkbox"/> 5 Year	Conservative Fund <input type="checkbox"/>
Moderate Fund <input type="checkbox"/>	Balanced Fund <input type="checkbox"/>
Growth Fund <input type="checkbox"/>	Aggressive Fund <input type="checkbox"/>

### 2. Self-Directed Investment Option

- Please complete and submit the attached **Self-Directed Investment Election Form**

Please be aware that when you change your current strategy, you will realize any capital gain or loss of the present value of the fund you are invested in. A capital gain or loss is the difference between the purchase price and the price at which the investment is sold.

THIS FORM IS TO BE SENT TO [PENSIONS@ARGUS.BM](mailto:PENSIONS@ARGUS.BM) BY WEDNESDAY FOR THE WEEKLY TRADE DATE OF FRIDAY.

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## C. Change of Beneficiary (witness signature needed)

Beneficiary Full Name	% of Benefit	Relationship to Applicant	Date of Birth (MM/DD/YY)	Address and Contact Number

Please assign a trustee if the above beneficiary(ies) is under 18 years of age, as minors cannot give a valid receipt and discharge for benefits payable.

Trustee Full Name	% of Benefit	Relationship to Applicant	Date of Birth (MM/DD/YY)	Address and Contact Number
	N/A			

## D. Withdrawal

I hereby request the following withdrawal from my non-locked contributions:

Partial Withdrawal Non-locked Amount \$ \_\_\_\_\_

*Partial non-locked withdrawals are allowed twice in a calendar year subject to a minimum of \$1000 per withdrawal. The withdrawal will be made from all funds proportionately.*

*All withdrawals will be subject to any applicable market value adjustment.*

<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> BMD	<input type="checkbox"/> USD	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> USD	<input type="checkbox"/> Other _____
Name of Bank			Name of Bank		
Account Name			SWIFT Code		
			Full Address		
Account Number					
			Account Name		
			Account Number		

Overseas wires will be subject to currency exchange and bank fees.

Applicant's Signature

Date (MM/DD/YY)

Witness Signature

Date (MM/DD/YY)