

Individual Retirement Plan Termination

A. Member's Information				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss			Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)	
Social Insurance Number:				
Mailing Address:				
House/Apt. Unit No.	Street Name	Parish	Postal Code	Country
Work Phone	Home Phone	Mobile Phone		
Email Address			Termination Date (MM/DD/YY)	

B. To be Completed by the Member					
Voluntary contributions are available as a cash refund, if applicable					
<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			
Account Number		Full Address			
		Account Name			
		Account Number			
Overseas wires will be subject to currency exchange and bank fees.					
Locked-in contributions					
<input type="checkbox"/>	Transfer to an approved prescribed retirement product				
<input type="checkbox"/>	Transfer to new employer's pension plan (written approval from employer prior)				

Member's Signature

Date (MM/DD/YY)

Please send completed form to Argus Pensions by mail, fax (441) 296-7920 or email pensions@argus.bm