

To	Argus Pensions	Attention		Date	
From		Employer		<input type="checkbox"/> Registered Plan <input type="checkbox"/> Non Registered Plan <input type="checkbox"/> Savings Plan	

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:			
Address			
Contact Number (Day)	Mobile Phone	Email	

B. To be Completed by the Member

Please complete Section 1 or Section 2 below:

Section 1

For completion only by members who are:

- (a) Participating in a non-registered pension plan; or
 (b) NOT VESTED (less than 2 years of membership/service or as otherwise stated in your employee booklet)

<input type="checkbox"/> Transfer to another pension plan (options to be discussed with Pension Administrator)			
<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.

Section 2

For completion only by members who are VESTED (more than 2 years of membership/service or as otherwise stated in your employee booklet)

<input type="checkbox"/> Transfer to an approved prescribed retirement product (options to be discussed with Pension Administrator)
<input type="checkbox"/> Transfer to new employer's pension plan or Financial Institution Pension Plan

Voluntary contributions are available as a cash refund.

Member Signature		Date	
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C. To be Completed by the Employer

Date of termination from active service (MM/DD/YY)		Last deduction for this member will be for the period ending (MM/DD/YY)	
Reason for termination from the plan	<input type="checkbox"/> Left Employment	<input type="checkbox"/> Retired	<input type="checkbox"/> Deceased

Authorized Signature

Print Name

PLEASE SEND COMPLETED FORM TO ARGUS PENSIONS BY MAIL, FAX (441) 296-7920 OR EMAIL PENSIONS@ARGUS.BM