

Please complete the applicable sections below

Applicant Information (this section is required)			
<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:			
A. Change of Contact Details			
Mailing Address			
Work Phone	Home Phone	Mobile Phone	
Email Address	<input type="checkbox"/> Work	<input type="checkbox"/> 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:			
<input type="checkbox"/> TOTAL CONTRIBUTIONS be invested in the following Guaranteed Account or Argus Select Funds.			
<input type="checkbox"/> 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 OR <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			
<input type="checkbox"/> 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 BY WEDNESDAY FOR THE WEEKLY TRADE DATE OF FRIDAY.			

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 account:

Partial Withdrawal Amount \$ _____

Partial withdrawals are allowed twice in a calendar year up to an amount that will not reduce the balance to below \$3,000. The withdrawal will be made from all funds proportionately.

Total Withdrawal Amount

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)