

PLEASE COMPLETE FIRST AND SECOND PAGE

A. Applicant 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:			
Residential Address			
Mailing Address <input type="checkbox"/> Same as Residential Address			
Work Phone	Home Phone	Mobile Phone	
Email Address <input type="checkbox"/> Work <input type="checkbox"/> Personal			
Domicile for Tax Purposes		FATCA Requirements	
		<input type="checkbox"/> Personal Certification Form to be completed	
<p>Attach a certified copy of valid Passport ID or Driver's License or Government issued photo ID, and proof of address (i.e., utility bill, bank account statement, Land Tax invoice, etc. within the last 3 months). Certification documents (including original stamp, date, signature, and contact details) can be done by an official authority such as a notary public, lawyer, commissioner of oaths, solicitor, chartered accountant, or a regulated financial institution, police, etc. Argus Pensions and Customer Service staff may verify the authenticity of the documents if you bring them to the Argus office.</p>			

B. Contingent Contact

Last Name	First Name	Middle Initial
Mailing Address		
Email Address	Phone Number	

C. Investment Options (Either Argus Select Funds Managed or Self-directed Funds)

1. Argus Select Fund Managed Option

Please check one option below based upon your risk profile (our Investment Strategy Questionnaire can be completed as a guide)

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

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

Member Name:

D. Beneficiary

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			

E. Payment and Method

Initial Deposit Amount	Payment Method	Source of Funds*
<input type="checkbox"/> BMD <input type="checkbox"/> USD	<input type="checkbox"/> Cheque <input type="checkbox"/> Direct Deposit	

*Examples of Source of Funds may include inheritance, non-locked in pension savings, savings from salary, rental income, divorce settlement, etc.

I hereby apply for participation in the above plan. I resolve the right to change the beneficiary(ies) subject to any restrictions under applicable legislation. I agree that the administration fee of 1.0% per annum will be deducted from my account.

Applicant's Signature

Date (MM/DD/YY)

Witness Signature

Date (MM/DD/YY)

Plan Number

Effective Date (MM/DD/YY)