

PLEASE COMPLETE SECTIONS A & B (AS APPLICABLE)

SECTION A: Member Suspension Of			
Employer Name		Type of Plan	
		Registered Plan	Non-Registered Plan
A. Member's Statement			
Last Name	First Name	Middle Initial	Social Insurance Number
Mailing Address			
Street Address: (if different from above)			
Telephone Number (Day-time)		Mobile Phone	
Email Address	Date of Birth (MM/DD/YY)	Gender	
		Male	Female
<p>I hereby confirm the following:</p> <p><input type="checkbox"/> I wish to continue to make the full member required contributions</p> <p><input type="checkbox"/> I wish to suspend my full member required contributions during the suspension period (July 1, 2020 - June 20, 2021)</p> <p><input type="checkbox"/> I wish to suspend 2% of the required member contributions during the suspension period (January 1, 2020 - December 31, 2021)</p>			

Member's Signature

Date (MM/DD/YY)

SECTION B: Employer Suspension Of Contributions

If your employer has advised that employer contributions will be reduced during the suspension period, please sign below to confirm your agreement.

Member's Signature

Date (MM/DD/YY)

To Be Completed By Employer

Authorised Employer Representative

Authorised Signature

Date (MM/DD/YY)

Contact Number	Email Address

PLEASE SEND COMPLETED FORM TO ARGUS GROUP BENEFITS VIA EMAIL PENSIONS@ARGUS.BM