

To avoid delays, please complete the required information by printing clearly in ink.

PLAN SPONSOR/EMPLOYER INFORMATION

Plan Sponsor _____

Employer _____

Company # _____ Employer/Sponsor Identification # _____ Division #* _____

* If Applicable

OWNER/ANNUITANT INFORMATION

Owner/Annuitant _____
First Name Initial Last Name

Participant ID # _____ Date of Birth _____
MMM/DD/YYYY

NEW INFORMATION

The following changes are for: GRRSP Pension TFSA DPSP

Owner/Annuitant* _____
First Name Initial Last Name

*Please attach documentation of name change

Address _____
Street City Province Postal Code

Phone (_____) _____

SPOUSAL INFORMATION CHANGE (for pension plan members only)

The member is no longer married or no longer has a common-law spouse

The member has recently married, remarried or has a new common-law spouse

If member has recently married, remarried or has a new common-law spouse, please provide their information below:

First Name Initial Last Name

PRIVACY AND ACKNOWLEDGEMENT

CUMIS PRIVACY STATEMENT

CUMIS is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

I understand that the information furnished on this form will be used by CUMIS to administer the retirement plan in which I participate, and for such other lawful purposes in accordance with federal and provincial laws, as may apply.

Member Signature _____ Date _____
MMM/DD/YYYY

Submit this form to: 201 City Centre Drive, Suite 1000, Mississauga, ON L5B 4E4 or Fax to (416) 865-1301

NOTE: Should you have any questions about this form or transaction please call toll-free 1-855-889-5096