

PLAN SPONSOR/EMPLOYER INFORMATION

Plan Sponsor/Employer Name _____
 Company # _____ Employer/Sponsor Identification # _____ Division #* _____
*If applicable

MEMBER INFORMATION

Name _____ Participant ID # _____
First Name Initial Last Name
 Address _____
Street City Province Postal Code
 Business Phone Number (_____) _____ Home Phone Number (_____) _____
 Email _____
 I am a First Nations person. Treaty Number _____
 Have all contributions to the plan been made from salary earned on a reserve? Yes No
 If yes, and employee is a Status Indian, Please provide 10 digit Indian Registry Number _____

WITHDRAWAL INSTRUCTIONS

To be completed by the Member

Funds removed from the Retirement Security Fund and/or Guaranteed Interest Accounts may be subject to market value adjustment.

Complete this section to request a cash withdrawal.

Applicable tax will be deducted from a cash payment and the amount received will be considered taxable income by Canada Revenue Agency in the year of the withdrawal.

Note: Due to potential market fluctuations, withdrawal requests for specific dollar amounts from a CUMIS market-based fund may be less than the requested amount.

CASH PAYMENT

Withdraw funds from my:

DPSP RPP RSP TFSA

Employer consent may be required. Please refer to your plan member booklet for all in-service withdrawal rules. Applicable federal and provincial legislation may not allow cash payments from a DPSP/RPP

Amount requested:

The total value of the funds available

If funds are being withdrawn from your plan, should the plan remain open?

Yes, I will continue to participate No, I will not be making any further contributions

\$ _____ before tax is withheld. \$ _____ after tax is withheld.

Any partial withdrawal will be made from investments according to the CUMIS Life rules and procedures in effect at the time of the withdrawal.

For a transfer from an RSP or TFSA, a Transfer Authorization for Registered Investments form is required with Parts 1 through 4 completed.

For a direct transfer from an RPP or DPSP, Form T2151 is required with Area 1 complete. We require a completed transfer form from your financial institution.

DIRECT TRANSFER TO ANOTHER REGISTERED PLAN

Amount requested:

The total value of the funds available

If funds are being transferred from your plan, should the plan remain open?

Yes, I will continue to participate No, I will not be making any further contributions

\$ _____

Any partial transfer will be made from investments according to the CUMIS Life rules and procedures in effect at the time of the withdrawal.

Canada Revenue Agency Form T1036 with Area 1 completed and signed must be attached to this form.

HOMEBUYER'S WITHDRAWAL (RSP PLANS ONLY)

Amount requested:

\$ _____

Any partial withdrawal will be made from investments according to the CUMIS Life rules and procedures in effect at the time of the withdrawal.

Closing date of purchase _____
MMM/DD/YYYY

Canada Revenue Agency Form RC96 with Part 1 completed and signed must be attached to this form.

LIFELONG LEARNING WITHDRAWAL (RSP PLANS ONLY)

Amount requested:

\$ _____

Any partial withdrawal will be made from investments according to the CUMIS Life rules and procedures in effect at the time of the withdrawal.

CASH PAYMENT INSTRUCTIONS

Cheque requested

Direct Deposit - If you would like the withdrawal amount deposited directly into your bank account please complete the information below:

Name of Financial Institution _____

Address _____
Street City Province Postal Code

Bank Number _____ Transit Number _____ Bank Account Number _____
3 Digits 5 Digits Maximum 12 Digits

Note: Please attach a void cheque for account verification purposes.

SPECIAL INSTRUCTIONS

To be completed by the Member

CONSENT OF IRREVOCABLE BENEFICIARY

This section must be completed if you have named an irrevocable beneficiary

I agree to the withdrawal(s) and/or transfer(s) as selected by the member above and I hereby transfer to the member all my rights in the above described plan to the extent of such withdrawal(s) and/or transfer(s).

Signature of Irrevocable Beneficiary _____ Date _____
MMM/DD/YYYY

Signature of Witness* _____ Date _____
MMM/DD/YYYY

*person must be at least 18 and not the plan member

PRIVACY AND AUTHORIZATION

This section must be completed for:

All in-service withdrawals from a DPSP

In-service withdrawals from an RSP, where the plan requires employer consent prior to the withdrawal being made

EMPLOYER/PLAN SPONSOR SIGNATURE

Signature of Plan Sponsor/Employer* _____ Date _____
MMM/DD/YYYY

*must be authorized person

To be signed by the Member

MEMBER'S SIGNATURE

I request that CUMIS Retirement Services proceed with the withdrawal(s) and/or transfer(s) as outlined in this form.

Member Signature _____ Date _____
MMM/DD/YYYY

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.

Please submit this form to: 201 City Centre Drive, Suite 1000, Mississauga, ON L5B 4E4

Email to: groupwealthadmin@cumis.com 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