

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

MEMBER INFORMATION

Member _____ Participant ID # _____
First Name Initial Last Name

Plan Sponsor _____ Employer* _____
*If different than plan sponsor

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

Address _____
Street City Province Postal Code

Telephone (_____) _____ Social Insurance Number _____ Date of Birth _____
MMM/DD/YYYY

RECEIVING INSTITUTION INFORMATION

Receiving Institution Name (herein, the "Receiving Institution") CUMIS Life Insurance Company, Attn: CUMIS Retirement Services

Address (include street address, city, province and postal code) P.O. Box 5065, 151 North Service Road, Burlington, ON L7R 4C2

Telephone number (800)263-9120 Fax number (905)631-4887

Plan Type: DPSP RPP RSP TFSA

Investment Instructions (if no instructions are indicated, deposit will be made according to your current "employee" allocation instructions):

Fund Name	Amount	or	Percentage
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
Total	\$ _____		100%

MEMBER DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing Institution Name (herein, the "Relinquishing Institution") _____

Address _____
Street City Province Postal Code

Transfer cash value of: Full account/policy or Partial account /policy as indicated below or on attached list

Proceed to Member Authorization — Below is for use by Relinquishing Institution

Investment Amount and/or Percentage	Investment Fund Description	Certificate/Policy Number	Delivery Date
\$ _____ or _____ %	_____	_____	_____
\$ _____ or _____ %	_____	_____	_____

MEMBER AUTHORIZATION

I hereby request and authorize the transfer of my account and its investments as described in the Member Direction to Relinquishing Institution section of this form, from the Relinquishing Institution to CUMIS Life Insurance Company ("CUMIS"). I request that this transfer be made in cash. For the purposes of this transaction I authorize the Relinquishing Institution to liquidate all or part of my investments and I agree to pay any applicable fees, charges or adjustments related to this transaction. Further, I hereby request and authorize the Relinquishing Institution to release all of my personal information in its possession to CUMIS for the purposes of completing this investment transfer request. **Incomplete information may result in a delay in processing.**

Signature of Member/Policyholder _____ Date _____
MMM/DD/YYYY

Please send the signed and dated form directly to the Relinquishing Institution for transfer of your registered investments to CUMIS. Please direct all inquiries on your estimated transfer date and total amount to the Relinquishing Institution. CUMIS will not be responsible for any delays in processing by the Relinquishing Institution.

ACCEPTANCE BY RECEIVING INSTITUTION

The Receiving Institution accepts the request for transfer and, when the funds and an application for membership in the plan are received, will credit the annuitant or member under the plan or account number indicated.

Authorized Signature Heather Fleming Position or Office Manager Retirement Services Operations Date _____
MMM/DD/YYYY

FOR USE BY RELINQUISHING INSTITUTION ONLY

Registered Type: DPSP RPP RRSP (personal) RRSP (spousal*) TFSA

*Spouse's Name _____ Spouse's Social Insurance Number _____

Locked-in Funds: Yes (Locked-in confirmation attached) No

Locked-in Amount \$ _____ Sex-distinct Amount \$ _____ Unisex Amount \$ _____

Governing Legislation _____

Contact name _____ Contact Email _____

Telephone (_____) _____ Ext. _____ Fax number (_____) _____

Authorized Signature _____ Position or Office _____ Date _____
MMM/DD/YYYY