

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

## PLAN SPONSOR/EMPLOYER INFORMATION

Plan Sponsor/Employer Name \_\_\_\_\_

Company # \_\_\_\_\_ Employer/Sponsor Identification # \_\_\_\_\_ Division #\* \_\_\_\_\_

\*If applicable

## OWNER/ANNUITANT INFORMATION

**Owner/Annuitant** is the owner of the Plan.

Owner/Annuitant \_\_\_\_\_ Participant ID # \_\_\_\_\_  
First Name Initial Last Name

To be completed by an Owner/Annuitant and/or Contributor making a voluntary lump sum deposit to a group RRSP and/or TFSA plan.

Contributor\* \_\_\_\_\_ Participant ID # \_\_\_\_\_  
First Name Initial Last Name

\*Complete only if this is a Spousal Application

## INVESTMENT INFORMATION

### LUMP SUM CONTRIBUTION

Amount of lump sum contribution: \$ \_\_\_\_\_

**Make Cheque payable to CUMIS Life and include your company, division and participant ID numbers.**

Lump sum should be deposited into:

- Group RRSP (Owner/Annuitant)
- Group RRSP (Spousal)
- Group TFSA
- Flex for Defined Benefit

Please invest this deposit as follows:

- According to my current investment allocation instructions
- According to the following special instructions for this deposit only:

**Percentage**

**Name of Fund**

_____ %	to	_____
_____ %	to	_____
_____ %	to	_____
_____ %	to	_____
_____ %	to	_____
_____ %	to	_____

Total allocation must equal 100%. Note that in some cases, your plan sponsor controls investment allocation.

## PRIVACY AND ACKNOWLEDGEMENT

*To be signed by Contributor and Owner/Annuitant (if applicable).*

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

Contributor Signature \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY

Owner/Annuitant (Spouse) Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
\* Only required if contributions are directed to a spousal RRSP account. MMM/DD/YYYY

**Submit this form and cheque to: CUMIS Retirement Services  
P.O. Box 5065 151 North Service Rd. Burlington ON L7R 4C2**

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