

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

MEMBER INFORMATION

Member _____ Participant ID # _____
First Name Initial Last Name

Telephone (_____) _____ Email _____

Date of Birth _____ This change is for Pension RSP DPSP TFSA
MMM/DD/YYYY

INVESTMENT OPTION TRANSFER (EXISTING FUNDS)

Indicate the fund(s) and amounts/ percentages from which money is to be transferred.

TRANSFER FROM:

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

Notes:

- Market-based funds do not contain any rate or principle guarantees.
- Minimum amount may apply to partial transfers.
- Funds transferred from the Retirement Security Fund and/or Guaranteed Interest Accounts may be subject to market value adjustment

Indicate the fund(s) and amounts/ percentages to which money is to be transferred.

TRANSFER TO:

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

Note: In addition to your transfer of existing assets, you may also want to update your investment instructions for future contributions on the back of this form.

MATURING GUARANTEED INTEREST FUNDS

Indicate the fund(s) and amounts/ percentages from which money is to be transferred.

REINVEST FROM:

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

Indicate the fund(s) and amounts/ percentages to which money is to be transferred.

REINVEST TO:

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

Note: In addition to your transfer of existing assets, you may also want to update your investment instructions for future contributions on the back of this form.

FUTURE CONTRIBUTION CHANGE

Future contributions are to be deposited in the following manner:

Percentage	Fund Name
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
100%	

SPOUSAL PLAN ALLOCATION CHANGE

Please indicate what percentage of your Group RRSP contribution should go to each policy: _____% Employee Group RRSP
_____ % Spousal Group RRSP

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 lawful purposes in accordance with federal and provincial laws, as may apply. Incomplete information may result in a delay in processing.

Member Signature _____ Date _____
MMM/DD/YYYY

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