



ACCOUNT NUMBER	MASTER NO.
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Annuitant Information	
SURNAME	GIVEN NAME(S)
CONTRIBUTOR'S SURNAME (if other than annuitant)	GIVEN NAME(S)
Pension Lock-In <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, a copy of the agreement must be attached.
Have you had a change of address or phone number? <input type="checkbox"/> Yes (Please complete) <input type="checkbox"/> No	PHONE NUMBER
NEW STREET ADDRESS	CITY
	PROVINCE
	POSTAL CODE
Has your beneficiary changed? <input type="checkbox"/> Yes (Please attach a Designation of Beneficiary form) <input type="checkbox"/> No	
If you wish to access statements online, we will contact you with login information by:	
<input type="checkbox"/> Secure email <input type="checkbox"/> Phone <input type="checkbox"/> I/We decline online statements	EMAIL ADDRESS

Deposit Details					
TRANSACTION CODE	282 Internal Transfer / Renewal • 283 External Transfer				
PRINCIPAL AMOUNT (\$)	<input type="checkbox"/> Term <input type="checkbox"/> Variable	YRS / MTHS	RATE (%)	DEPOSIT DATE (MM/DD/YY)	MATURITY DATE (MM/DD/YY)
PRINCIPAL AMOUNT (\$)	<input type="checkbox"/> Term <input type="checkbox"/> Variable	YRS / MTHS	RATE (%)	DEPOSIT DATE (MM/DD/YY)	MATURITY DATE (MM/DD/YY)
PRINCIPAL AMOUNT (\$)	<input type="checkbox"/> Term <input type="checkbox"/> Variable	YRS / MTHS	RATE (%)	DEPOSIT DATE (MM/DD/YY)	MATURITY DATE (MM/DD/YY)

Signatures		
SIGNATURE OF ANNUITANT	DATE (MM/DD/YY)	ACCEPTED BY AUTHORIZED OFFICER

Additional Notes

LSM - Internal Use Only	SOURCE	BONUS LEVEL	CLASSIFICATION	SERVICE NO.	POTENTIAL INTEREST	CLASS
<input type="checkbox"/> Cheque Deposit	<input type="checkbox"/> ICU Deposit		<input type="checkbox"/> Internal Transfer			
NAME OF FINANCIAL INSTITUTION	TRANSIT NO.	INST. NO.	ACCOUNT NO.	CHECKED BY		