

GRSP/DPSP/DCRPP Number _____
Plan Sponsor (Employer) _____
Account Number _____
Planholder Name _____
Member Name: (if spousal) _____
Social Insurance Number _____
Province of Employment _____

Please check the change(s) being made:

- | | |
|--|--|
| <input type="checkbox"/> 1. Termination / Retirement / Death | <input type="checkbox"/> 4. Address Change |
| <input type="checkbox"/> 2. Investment Change / Transfer | <input type="checkbox"/> 5. Name Change |
| <input type="checkbox"/> 3. Change of Beneficiary | |

1. TERMINATION / RETIREMENT / DEATH

Effective date of termination: ____ / ____ / ____
Day Month Year

Temporary suspension of contributions

- Temporary layoff From _____ to _____
- Temporary leave of absence From _____ to _____

The reason for termination:

- Termination of employment
- Retirement
- Death (Please provide copy of death certificate or funeral director's statement)
- Other, explain _____

Have all contributions been remitted in respect of plan membership to date of termination/retirement/death?

- Yes No

If no, outstanding contributions will be remitted on _____
(Date)

Plan Administrator _____ Date _____

Plan Administrator Signature _____

Please direct all future correspondence directly to the member at his/her home address, as follows:

Name _____

Address _____

2. INVESTMENT CHANGE / TRANSFER

I hereby elect to have future contributions allocated as shown below:

FUND NUMBER	ALLOCATION
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Planholder Signature _____ Date _____

Transfer of Funds

I hereby request a transfer of my current account balance(s) as indicated below. I understand the transfer(s) will be valued at prevailing market prices.

From Fund Number	To Fund Number
_____	_____
_____	_____
_____	_____

3. CHANGE OF BENEFICIARY – Beneficiary designations are subject to the laws of each jurisdiction.

Designation of Revocable Beneficiary

I hereby revoke any previous beneficiary designation applicable to my interest in the above mentioned Plan and, pursuant to the provisions of the Plan, designate the person named below as my beneficiary. I reserve the right to revoke this designation.

Name _____ Relationship _____

Address _____

Planholder Signature _____ Date _____

To Appoint a trustee for a named Beneficiary under 18 years of age

I hereby appoint the person below as trustee for any beneficiary under age 18, or any beneficiary who may not be able to get a valid discharge for payment (unless I have appointed a trustee in a separate trust agreement).

Name _____ Relationship _____

Address _____

Planholder Signature _____ Date _____

4. ADDRESS CHANGE

New Address _____

New Phone Number _____ Planholder Signature _____

5. NAME CHANGE

Please adjust your records to change the above mentioned planholder's name from:

_____ to _____

Reason for change:

- Marriage (please attach a copy of the marriage certificate)
- Return to maiden name (please attach a copy of the name change certificate, divorce document or separation agreement)
- Legally changed (please attach a copy of the name change certificate)
- Other, specify _____

Signature

Planholder's signature prior to change

Planholder's new signature

This section must be completed by the Financial Advisor

For Financial Advisor / Dealer Use Only

Dealer Name _____

Advisor Name _____

Dealer / Advisor Code _____ Date _____

Advisor Signature _____