

To	Attention	Date (MM/DD/YY)
ARGUS PENSIONS		
From	Employer	Type of Plan
		Registered Non-Registered Savings Plan
<b>A. Member's Information</b>		
Last Name	First Name	Middle Initial
Mr.    Mrs.    Ms.    Miss		
Mailing Address		
Telephone Number (Day-time)	Mobile Phone	Email Address
Date of Birth (MM/DD/YY)	Gender	Social Insurance Number
	Female    Male	
<b>B. To be completed by the Member</b> (Please complete Section 1 or Section 2 below)		
Section 1 - For completion only by members who are:		
(a) Participating in a non-registered pension plan; or (b) NOT VESTED (less than 1 year of membership/service or as otherwise stated in your employee booklet)		
Transfer to another pension plan (options to be discussed with Pension Administrator)		
Direct Deposit	BMD	USD
Name of Bank	Account Name	
Account Number		
Wire Transfer	USD	Other
Name of Bank	SWIFT Code	
Full Address	Account Name	
Account Number		
Overseas wires will be subject to currency exchange and bank fees.		

**Section 2 - For completion only by members who are VESTED (more than 1 year of membership/service or as otherwise stated in your employee booklet)**

Transfer to an approved prescribed retirement product (options to be discussed with Pension Administrator).

Transfer to new employer's pension plan or Financial Institution Pension Plan.

Completed Locked In Transfer Agreement Form

Voluntary contributions are available as a cash refund.

**Waiver (Check and initial each of the following)**

I acknowledge that should for any contributions sent prior to receipt of this form, the contribution has to be invested and settled prior to the processing of my termination request which may delay the termination solely due to the funds which I have selected to be invested in.

I authorise and direct that my investment allocation be changed to the Interest Accumulator (1 yr) for any future contributions, if any, made after receipt of this form.

Member Signature

Date (MM/DD/YY)

### C. To be completed by the Employer

Date of Termination from active service (MM/DD/YY)	Last deduction for this member will be for the period ending (MM/DD/YY)	Reason for Termination from the plan		
		Left Employment	Deceased	Retired

Authorised Employer Representative *(please print)*

Authorised Signature

Date (MM/DD/YY)

PLEASE SEND COMPLETED FORM TO ARGUS PENSIONS VIA FAX (441) 296-7920 OR EMAIL [PENSIONSQUERIES@ARGUS.BM](mailto:PENSIONSQUERIES@ARGUS.BM)