

Please complete first and second page

A. Applicant Information						
Mr.	Mrs.	Ms.	Miss		Male	Female
Last Name		First Name			Middle Initial	
Date of Birth (MM/DD/YY)		Social Insurance Number				
Residential Address						
Mailing Address						
Work Phone Number		Home Phone Number			Mobile Phone Number	
Email Address						
Bermudian	Spouse of Bermudian	Work Permit Holder	PRC	Ex-Spouse of Bermudian		
Attach a certified copy of valid Passport ID or Driver's License or Government issued photo ID, and proof of address (i.e., utility bill, bank account statement, Land Tax invoice, etc. within the last 3 months)						
B. Contingent Contact						
Last Name		First Name			Middle Initial	
Mailing Address						
Email Address					Phone Number	
C. Investment Options (Either Argus Select Funds Managed or Self-directed Funds)						
1. Argus Select Funds Managed Options Please check one option below based upon your risk profile (our Investment Strategy Questionnaire can be completed as a guide).						
Guaranteed Account	1 Year	OR	5 Year	Conservative Account		
Moderate Fund				Balanced Fund		
Growth Fund				Aggressive Fund		
2. Self-Direct Investment Option Please complete attached Self-Directed Investment Election Form						

D. Beneficiary

Beneficiary Full Name	% of Benefit	Relationship to Applicant	Date of Birth (MM/DD/YY)	Address and Contact Numbers

(Please assign a trustee if the above beneficiary(ies) is under 18 years of age, as minors cannot give a valid receipt and discharge for benefits payable.)

Trustee Full Name	% of Benefit	Relationship to Applicant	Date of Birth (MM/DD/YY)	Address and Contact Number
	N/A			

E. Payment and Method

Initial Deposit Amount		Payment Method			Source of Funds
BMD	USD	Cheque	Direct Deposit	Plan Transfer	

I hereby apply for the above plan in accordance with the Argus Prescribed Retirement Product. I reserve the right to change the beneficiary(ies) subject to any restrictions under applicable legislation. I agree that the administration fee of 1.5% per annum will be deducted from my account.

Applicant's Signature

Date (MM/DD/YY)

Witness Signature

Date (MM/DD/YY)

Plan Number

Effective Date (MM/DD/YY)