

PLEASE COMPLETE FIRST AND SECOND PAGE

## A. Applicant Information

Employer Name				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss			Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)	
Mailing Address				
Work Phone	Home Phone	Mobile Phone		
Email Address <input type="checkbox"/> Work <input type="checkbox"/> Personal				
Domicile for Tax Purposes (if required)			FATCA Requirements (Non-Registered/Savings Plan Members Only)	
 			<input type="checkbox"/> US Person (W-9 Form to be completed) <input type="checkbox"/> Non-US Person (W-8BEN Form to be completed)	

## Beneficiary

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

Member's Signature

Date (MM/DD/YY)

<b>Member Name:</b>							
<b>Investment Options</b>							
I hereby authorize my employer to deduct from my earnings any contributions required by the Plan and request that all contributions, including employer contributions, be invested in accordance with my selection below:							
Guaranteed Account <input type="checkbox"/> 1 Year <b>OR</b> <input type="checkbox"/> 5 Year			Conservative Fund <input type="checkbox"/>				
Moderate Fund <input type="checkbox"/>			Balanced Fund <input type="checkbox"/>				
Growth Fund <input type="checkbox"/>			Aggressive Fund <input type="checkbox"/>				
I understand that:							
a) If I do not make an investment election my contributions will default to the 1 year Guaranteed Account.							
b) The value of the units of any fund will fluctuate depending on the market value of the securities held by that fund. Neither the capital value nor the rate of return is guaranteed by any of the funds except the 1 year and 5 year Guaranteed Account.							
c) The allocation for each fund will be monitored and adjusted by AFL Investments Limited on an ongoing basis to conform to the objectives of the fund.							
d) My choice of fund and/or Guaranteed Account can be changed at any time, without charge, by completing a Member Change Form.							
<b>B. Employer's Statement</b>							
Member's Social Insurance No.		Date of Hire Month    Day    Year			Date of Entry into Plan Month    Day    Year		<input type="checkbox"/> Registered Plan <input type="checkbox"/> Non-Registered Plan <input type="checkbox"/> Savings Plan
							Bermudian or Spouse of a Bermudian <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer							
Authorized Employer Representative (please print)							
Authorized Signature		Date (MM/DD/YY)					
<b>Please send completed form to Argus Pensions via fax (441) 296-7920 or email pensions@argus.bm</b>							