

PLEASE COMPLETE FIRST AND SECOND PAGE

A. Member's Statement

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)

Investment Options (Either Argus Select Funds Managed or Self-directed Funds)

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:

1. Argus Select Fund Managed Option

Please check one option below based upon your risk profile (our Investment Strategy Questionnaire can be completed as a guide)

Guaranteed Account <input type="checkbox"/> 1 Year OR <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"/>

2. Self-Directed Investment Option

Please complete and submit the attached **Self-Directed Investment Election Form**

I understand that:

- If I do not make an investment election my contributions will default to the 1 year Guaranteed Account.
- 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.
- 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.
- My choice of fund and/or Guaranteed Account can be changed at any time, without charge, by completing an Investment Election Form.

B. Employer's Statement

Member's Social Insurance No.	Date of Hire			Date of Entry into Plan			<input type="checkbox"/> Registered Plan <input type="checkbox"/> Non-Registered Plan <input type="checkbox"/> Savings Plan
	Month	Day	Year	Month	Day	Year	
							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)			

Please send completed form to Argus Pensions via fax (441) 296-7920 or email pensions@argus.bm