

Please complete **ONLY** the applicable sections below.

Member (this section is required)				
Employer Name				
Type of Plan				
<input type="checkbox"/> Registered Plan <input type="checkbox"/> Non-Registered Plan <input type="checkbox"/> Savings Plan <input type="checkbox"/> Defined Benefit Plan				
Last Name		First Name	Middle Initial	Social Insurance Number
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss				
A. Change of Contact Details				
Address				
Work Phone	Home Phone	Mobile Phone	Email Address	<input type="checkbox"/> Work <input type="checkbox"/> Personal
B. Change of Investment Options - not applicable to Defined Benefit Plans				
I hereby request that:				
<input type="checkbox"/> TOTAL CONTRIBUTIONS to be invested in the following Guaranteed Account or Argus Select Fund.				
<input type="checkbox"/> FUTURE CONTRIBUTIONS ONLY be invested in the following Guaranteed Account or Argus Select Fund. The fund selection for my previous contributions is to remain unchanged.				
I understand that:				
a. 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.				
b. The allocation for each fund will be monitored and adjusted by AFL Investments Limited on an ongoing basis to confirm to the objectives of the fund.				
Please be aware that when you change your current strategy, you will realize any capital gain or loss of the present value of the fund you are invested in. A capital gain or loss is the difference between the purchase price and the price at which the investment is sold.				
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"/>				
SEND COMPLETED FORM VIA FAX (441) 296-7920 OR EMAIL PENSIONS@ARGUS.BM BY WEDNESDAY FOR THE WEEKLY TRADE DATE OF FRIDAY.				
C. Change of Beneficiary				
Beneficiary Full Name	% of Benefit	Relationship to Member	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 Member	Date of Birth (mm/dd/yy)	Address and Contact Numbers
	N/A			

Member Signature

Date (mm/dd/yy)

Witness Signature

Date (mm/dd/yy)