

Voluntary Contribution Authorization

A. Company Identification

Name of Employer

Type of Plan Registered Non-Registered Other

B. Member Information

Employee Name

Social Insurance Number

Mailing Address

Contact Number (Day)

Mobile Number

Email Address

C. Voluntary Contributions

With effect from the pay period commencing _____ I hereby request to:

- have an additional _____% of my salary deducted and contributed to the Company Pension Plan.
 change my voluntary contribution from _____% to _____% of my salary.
 cease my voluntary contribution.

I understand that these additional voluntary contributions:

1. will be treated like my regular contributions and are intended to enhance my retirement benefits.
2. will not be matched by my employer unless specified in the pension plan rules.
3. may be stopped or changed only as permitted under the Plan or as otherwise allowed by my Employer.

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

Member's Signature

Date (MM/DD/YY)

Employer Signature

Date (MM/DD/YY)