

Please complete the applicable sections below.

Member (This section is required)		
Employer Name		
Plan Type	<input type="checkbox"/> Registered <input type="checkbox"/> Non-Registered <input type="checkbox"/> Self-Employed	
Last Name	First Name	Middle Initial
Social Insurance Number		

Withdrawal Request
<p>I hereby request the following withdrawal from my voluntary contributions:</p> <p>Voluntary Withdrawal Amount \$ _____</p> <p>Voluntary withdrawals are allowed twice in a calendar year subject to a minimum of \$1,000.00, unless the total value of your voluntary contributions is less than that amount, in which case the total value will be refunded. The withdrawal will be made from all funds proportionately and will be processed on the valuation date following receipt of this form by Argus Pensions.</p> <p>Withdrawals will be subject to any applicable market value adjustment.</p> <p>Bank Deposit</p> <p>Kindly provide the following details:</p> <p> <input type="checkbox"/> HSBC Bank Bermuda <input type="checkbox"/> Butterfield Bank <input type="checkbox"/> Clarien Bank <input type="checkbox"/> Other <input type="checkbox"/> Bermuda Dollar <input type="checkbox"/> US Dollar </p> <p>Type of account: <input type="checkbox"/> Current <input type="checkbox"/> Savings Full Number _____</p> <p>Name of Account Holder(s) _____</p> <p>Telephone Number: _____</p>

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

Member's Signature

Date (MM/DD/YY)