

To avoid delays, please complete the required information by printing clearly in ink.

## MEMBER INFORMATION

Member \_\_\_\_\_  
First Name Initial Last Name

Plan Sponsor \_\_\_\_\_ Employer\* \_\_\_\_\_ Policy/Plan Number \_\_\_\_\_  
\*If different than plan sponsor

Address \_\_\_\_\_  
Street City Province Postal Code

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_ Email \_\_\_\_\_

## RECEIVING INSTITUTION INFORMATION

Receiving Institution Name (herein, the "Receiving Institution") CUMIS Life Insurance Company, Attn: CUMIS Retirement Services

Address (include street address, city, province and postal code) P.O. Box 5065, 151 North Service Road, Burlington, ON L7R 4C2

Telephone number (800)263-9120 Fax number (905)631-4887

Plan type:  DPSP  RPP  RSP  TFSA

Investment Instructions (if no instructions are indicated, deposit will be made according to your current "employee" allocation instructions):

Fund Name	Amount	or	Percentage
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
_____	\$ _____		_____ %
<b>Total</b>	<b>\$ _____</b>		<b>100%</b>

## MEMBER DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing Institution Name (herein, the "Relinquishing Institution") \_\_\_\_\_

Address \_\_\_\_\_  
Street City Province Postal Code

Transfer cash value of:  Full account/policy or  Partial account /policy as indicated below or on attached list

### Proceed to Member Authorization — Below is for use by Relinquishing Institution

Investment Amount	Investment Fund Description	Symbol and/or Certificate/Policy Number	Delay Transfer Until
\$ _____	_____	_____	_____ (MMM/DD/YYYY)
\$ _____	_____	_____	_____ (MMM/DD/YYYY)

## MEMBER AUTHORIZATION

I hereby request and authorize the transfer of my account and its investments as described in the Member Direction to Relinquishing Institution section of this form, from the Relinquishing Institution to CUMIS Life Insurance Company ("CUMIS"). I request that this transfer be made in cash. For the purposes of this transaction I authorize the Relinquishing Institution to liquidate all or part of my investments and I agree to pay any applicable fees, charges or adjustments related to this transaction. Further, I hereby request and authorize the Relinquishing Institution to release all of my personal information in its possession to CUMIS for the purposes of completing this investment transfer request. **Incomplete information may result in a delay in processing.**

Signature of Member/Policyholder \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY

Please send the signed and dated form directly to the Relinquishing Institution for transfer of your registered investments to CUMIS. Please direct all inquiries on your estimated transfer date and total amount to the Relinquishing Institution. CUMIS will not be responsible for any delays in processing by the Relinquishing Institution.

**ACCEPTANCE BY RECEIVING INSTITUTION**

The Receiving Institution accepts the request for transfer and, when the funds and an application for membership in the plan are received, will credit the annuitant or member under the plan or account number indicated.

Authorized Signature Heather Fleming Position or Office Manager Retirement Services Operations Date \_\_\_\_\_  
MMM/DD/YYYY

**FOR USE BY RELINQUISHING INSTITUTION ONLY**

Registered Type:  DPSP  RPP  RRSP (personal)  RRSP (spousal\*)  TFSA

\*Spouse's Name \_\_\_\_\_ Spouse's Social Insurance Number \_\_\_\_\_

Locked-in Funds:  Yes (Locked-in confirmation attached)  No

Locked-in Amount \$ \_\_\_\_\_ Sex-distinct Amount \$ \_\_\_\_\_ Unisex Amount \$ \_\_\_\_\_

Governing Legislation \_\_\_\_\_

Contact name \_\_\_\_\_ Contact Email \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax number ( \_\_\_\_\_ ) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Position or Office \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY