

GROUP PLAN MEMBER CHANGE FORM



GRSP/DPSP/DCRPP Number _____
 Plan Sponsor (Employer) _____
 Account Number _____
 Planholder Name _____
 Member Name (if spousal) _____
 Province of Employment _____

Please check the change(s) being made

- Termination / Retirement / Death
- Investment Change / Transfer
- Change of Beneficiary
- Address Change
- Name Change

1. TERMINATION / RETIREMENT / DEATH

Effective date of termination _____
(DD/MMM/YYYY)

The reason for termination

- Termination of employment Retirement
- Death (Please provide copy of death certificate or funeral director's statement)
- Other, explain _____

Have all contributions been remitted in respect of plan membership to date of termination/retirement/death?
 Yes No If no, outstanding contributions will be remitted on _____
(DD/MMM/YYYY)

Plan Administrator _____ Date _____

Plan Administrator Signature _____

Temporary suspension of contributions

- Temporary layoff From _____ To _____
- Temporary leave of absence From _____ To _____

Please direct all future correspondence directly to the member at his/her home address, as follows

Name _____

Address _____

2. INVESTMENT CHANGE / TRANSFER

I hereby elect to have future contributions allocated as shown below

FUND NUMBER	ALLOCATION
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Planholder Signature _____

Date _____

TRANSFER OF FUNDS

I hereby request a transfer of my current account balance(s) as indicated below. I understand the transfer(s) will be valued at prevailing market prices.

From Fund Number	To Fund Number
_____	_____
_____	_____
_____	_____
_____	_____

3. CHANGE OF BENEFICIARY (Not applicable to Quebec residents)

I hereby revoke any previous beneficiary designation, pursuant to the provisions of the Plan, designate the person named below as my beneficiary and the person entitled to receive my interest in the above mentioned Plan, if living at my death. For DCRPP, if I have a spouse/pension partner, my spouse/pension partner may automatically be entitled to the benefits of my plan and override the beneficiary designation, unless a spousal waiver is signed by both the Member and the spouse/pension partner. I reserve the right to revoke this designation.

PRIMARY BENEFICIARY

Name (First and Last Name)	Relationship	% of Entitlement
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If I designate contingent beneficiary(ies), I acknowledge that my contingent beneficiary(ies) shall only be entitled to my plan if no primary beneficiary(ies) is alive at the date of my death.

CONTINGENT BENEFICIARY

Name (First and Last Name)	Relationship	% of Entitlement
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In the absence of a designated beneficiary, the proceeds of your Plan(s) will be paid to your Estate. The designation of a beneficiary is subject to the laws of each jurisdiction.

Planholder Signature _____

Date _____

4. ADDRESS CHANGE

New Address _____

New Phone Number _____ Planholder Signature _____

5. NAME CHANGE

Please adjust your records to change the above mentioned planholder's name

From _____

To _____

Planholder's signature prior to change _____

Planholder's new signature _____

Reason for change

- Marriage (please attach a copy of the marriage certificate)
- Return to maiden name (please attach a copy of the name change certificate, divorce document or separation agreement)
- Legally changed (please attach a copy of the name change certificate)
- Other, specify _____

This section must be completed by the Financial Advisor / Dealer Use Only

Dealer Name

Advisor Name

Dealer / Advisor Code

Date

Advisor Signature