

## EMPLOYER/PLAN SPONSOR INFORMATION

*To be completed by the Employer/  
Plan Sponsor*

Employer/Plan Sponsor Name \_\_\_\_\_ Policy/Plan Number \_\_\_\_\_

## MEMBER INFORMATION

*To be completed by the Member*

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

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

Business Phone Number (\_\_\_\_\_) \_\_\_\_\_ Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ Email \_\_\_\_\_

I am a First Nations person. Treaty Number \_\_\_\_\_

Have all contributions to the plan been made from salary earned on a reserve?  Yes  No

If yes, and employee is a Status Indian, Please provide 10 digit Indian Registry Number \_\_\_\_\_

## WITHDRAWAL INSTRUCTIONS

*To be completed by the Member*

Complete this section to request a cash withdrawal, or a direct transfer to another registered plan.

Applicable tax will be deducted from a cash payment and the amount received will be considered taxable income by Canada Revenue Agency in the year of the withdrawal.

Note: Due to potential market fluctuations, withdrawal requests for specific dollar amounts from a CUMIS market-based fund will be limited to 90% of the estimated value.

### CASH PAYMENT

Withdraw funds from my:

DPSP  RPP  RSP  TFSA

Employer consent may be required. Please refer to your plan member booklet for all in-service withdrawal rules. Applicable federal and provincial legislation may not allow cash payments from a DPSP/RPP

Amount requested:

The total value of the funds available

If funds are being withdrawn from your plan, should the plan remain open?

Yes, I will continue to participate  No, I will not be making any further contributions

\$ \_\_\_\_\_ before tax is withheld. \$ \_\_\_\_\_ after tax is withheld.

Any partial withdrawal will be made from investments according to the CUMIS Life rules and procedures in effect at the time of the withdrawal.

For a transfer from an RSP or TFSA, a Transfer Authorization for Registered Investments form is required with Parts 1 through 4 completed.

For a direct transfer from an RPP or DPSP, Form T2151 is required with Area 1 complete. We require a completed transfer form from your financial institution.

### DIRECT TRANSFER TO ANOTHER REGISTERED PLAN

Amount requested:

The total value of the funds available

If funds are being transferred from your plan, should the plan remain open?

Yes, I will continue to participate  No, I will not be making any further contributions

\$ \_\_\_\_\_

Any partial transfer will be made from investments according to the CUMIS Life rules and procedures in effect at the time of the withdrawal.

Canada Revenue Agency Form T1036 with Area 1 completed and signed must be attached to this form.

### HOMEBUYER'S WITHDRAWAL (RSP PLANS ONLY)

Amount requested:

\$ \_\_\_\_\_

Any partial withdrawal will be made from investments according to the CUMIS Life rules and procedures in effect at the time of the withdrawal.

Closing date of purchase \_\_\_\_\_  
MMM/DD/YYYY

Canada Revenue Agency Form RC96 with Part 1 completed and signed must be attached to this form.

### LIFELONG LEARNING WITHDRAWAL (RSP PLANS ONLY)

Amount requested:

\$ \_\_\_\_\_

Any partial withdrawal will be made from investments according to the CUMIS Life rules and procedures in effect at the time of the withdrawal.

## CASH PAYMENT INSTRUCTIONS

Cheque requested

Direct Deposit - If you would like the withdrawal amount deposited directly into your bank account please complete the information below:

Name of your Financial Institution \_\_\_\_\_

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

Bank Number \_\_\_\_\_ Transit Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
3 Digits 5 Digits Maximum 12 Digits

Note: Please attach a void cheque for account verification purposes.

## SPECIAL INSTRUCTIONS

To be completed by the Member

\_\_\_\_\_  
\_\_\_\_\_

## CONSENT OF IRREVOCABLE BENEFICIARY

***This section must be completed if you have named an irrevocable beneficiary***

I agree to the withdrawal(s) and/or transfer(s) as selected by the member above and I hereby transfer to the member all my rights in the above described plan to the extent of such withdrawal(s) and/or transfer(s).

Signature of irrevocable beneficiary \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY

Signature of witness\* \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY

\*person must be at least 18 and not the plan member

## PRIVACY AND AUTHORIZATION

***This section must be completed for:***

***All in-service withdrawals from a DPSP***

***In-service withdrawals from an RSP, where the plan requires employer consent prior to the withdrawal being made***

### EMPLOYER/PLAN SPONSOR SIGNATURE

Signature of employer/plan sponsor\* \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY

\*must be authorized person

To be signed by the Member

### MEMBER'S SIGNATURE

I request that CUMIS Retirement Services proceed with the withdrawal(s) and/or transfer(s) as outlined in this form.

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

#### CUMIS PRIVACY STATEMENT

CUMIS is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.