



Specimen No. RIF 210

ACCOUNT NUMBER	MASTER NO.
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Annuitant Information			
SURNAME		GIVEN NAME(S)	
CONTRIBUTOR'S SURNAME (if other than annuitant)		GIVEN NAME(S)	
Pension Lock-In	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, a copy of the agreement must be attached.	
Have you had a change of address or phone number?			PHONE NUMBER
<input type="checkbox"/> Yes (Please complete) <input type="checkbox"/> No			
NEW STREET ADDRESS		CITY	PROVINCE POSTAL CODE
Has your beneficiary changed?		<input type="checkbox"/> Yes (Please attach a Designation of Beneficiary form) <input type="checkbox"/> No	

Deposit Details					
TRANSACTION CODE	282 Internal Transfer / Renewal • 283 External Transfer				
PRINCIPAL AMOUNT (\$)	<input type="checkbox"/> Term <input type="checkbox"/> Variable	YRS / MTHS	RATE (%)	DEPOSIT DATE (MM/DD/YY)	MATURITY DATE (MM/DD/YY)
PRINCIPAL AMOUNT (\$)	<input type="checkbox"/> Term <input type="checkbox"/> Variable	YRS / MTHS	RATE (%)	DEPOSIT DATE (MM/DD/YY)	MATURITY DATE (MM/DD/YY)
PRINCIPAL AMOUNT (\$)	<input type="checkbox"/> Term <input type="checkbox"/> Variable	YRS / MTHS	RATE (%)	DEPOSIT DATE (MM/DD/YY)	MATURITY DATE (MM/DD/YY)

Signatures		
SIGNATURE OF ANNUITANT	DATE (MM/DD/YY)	ACCEPTED BY AUTHORIZED OFFICER

Additional Notes

LSM - Internal Use Only	SOURCE	BONUS LEVEL	CLASSIFICATION	SERVICE NO.	POTENTIAL INTEREST	CLASS
<input type="checkbox"/> Cheque Deposit <input type="checkbox"/> ICU Deposit <input type="checkbox"/> Internal Transfer						
NAME OF FINANCIAL INSTITUTION		INSTITUTION NO.	TRANSIT NO.	ACCOUNT NO.	CHECKED BY	