



Specimen No. RSP 421-1

ACCOUNT NUMBER	MASTER NO.
----------------	------------

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			
Have you had a change of address or phone number? <input type="checkbox"/> Yes (Please complete) <input type="checkbox"/> No			PHONE NUMBER
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	270 Annuitant Deposit • 271 Internal Transfer / Renewal • 272 Transfer 273 Pension Transfer • 274 Retiring Allowance Transfer 276 Spousal Deposit				
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	