

- In this document, care has been taken to eliminate sexual stereotyping when making gender references.
- Use this form to redeem funds and/or guaranteed deposits.
- If the request for benefits follow the death of the member, use the form “Death Settlement claim Form” (FRA682).
- In case of membership in several plans, please complete a separate form for each contract.
- Please transmit the completed and signed form to the address indicated above.

1. Identification of Group Plan

Group No.

Group Name

2. Identification of Member

Contract No.

Last Name

First Name

Date of Birth

Address (No)

Street

Apt.

City

Province

Postal Code

Sex:

☐ Female

☐ Male

Telephone (home)

Telephone (work)

Extension

Email

Language:

☐ English

☐ French

3. Reason for the benetif claim Please check the box of the event that is the reason for your claim.

☐ Job termination

☐ Disability

☐ Retirement

☐ While still employed

Indicate the date this event will be effective (except “while still employed”):

Indicate the date of the last contribution (except “while still employed”):

4. Options Choose one of these 4 options.

☐ Refund (In the “Additional Instructions” section, indicate the mailing address for the cheque, if different from above-mentioned address)

☐ Transfer Please attach the appropriate form:

☐ Form T-2151 (RPP)

☐ Direct Transfer Form from registered plans (other plans)

☐ Home Buyers’ Plan (HBP) (please attach form T-1036)

☐ Lifelong Learning Plan (LLP) (please attach form RC96)

5. Redemption amount

☐ Total redemption

or

☐ Partial redemption \$

☐ Gross

☐ Net

Do not complete this section in the case of a total redemption or if investment allocation is determined by your group.

Enter the code of the fund you wish to redeem (see list of funds) and/or the account number of the guaranteed deposits. If the claim involves the redemption of guaranteed deposits before maturity (only in the case of a redeemable guaranteed deposit), a market value adjustment will be made.

Funds:	Fund Names (see list of funds)	Code Numbers	Amount
			\$
			\$
			\$
			\$

Guaranteed deposits: Indicate the account number of each guaranteed deposit to be redeemed.

Account No.	Immediately	At maturity	Amount
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
All deposits	<input type="checkbox"/>	<input type="checkbox"/>	N.A.

6. Additional Instructions

7. Irrevocable Beneficiary Consent (if applicable)

If the beneficiary is irrevocable, his signature is required for all transfers and partial or total withdrawal of funds.

I _____, the designated irrevocable beneficiary under the contract mentioned below, consent to the transfer or partial or total withdrawal of funds.

X

Signature of the irrevocable beneficiary

Date

8. Signatures

It is understood that when locked-in funds are redeemed, their management will be governed by the applicable legislation in force. It is also understood that in the event that segregated funds and/or guaranteed deposits are redeemed, they may be subject to withholding taxes and inherent costs.

I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this form whose integrity is ensured has the same legal value as the original.

X

Member's Signature

Date

X

Signature of person responsible for benefits

Date