

Employer _____ Group Number _____ Member Number _____

Employee Category _____ (Ex: Management, Administration, Permanent employees etc., according to the categories established at the time your plan is issued.)

MEMBER

First Name _____ Last Name _____ Social Insurance Number _____

 Address _____ Telephone Number _____
Street City Province/Territory Postal Code
1. CHANGE OF INVESTMENT INSTRUCTIONS

Please refer to our list of funds below. Applies only if employer allows individual choice.

Fund Name	Fund Code	(% or \$)		
		Employee	Employer	Voluntary

INVESTMENT FUNDS

Segregated Fund	Fund Code	Segregated Fund	Fund Code
Assumption Life Funds		True North® Fund	73
Growth Portfolio	314	International Growth Fund	93
Balanced Growth Portfolio	315	Europe Fund	84
Balanced Portfolio	320	American Disciplined Equity® Fund	304
Conservative Portfolio	321	NorthStar® Fund	309
SmartSeries Income Fund	341	Monthly Income Fund	308
SmartSeries 2020 Fund	333	Canadian Asset Allocation Fund	313
SmartSeries 2025 Fund	334	Far East Fund	319
SmartSeries 2030 Fund	335	Emerging Markets Fund	329
SmartSeries 2035 Fund	336	NorthStar® Balanced Fund	330
SmartSeries 2040 Fund	337	CI Funds	
SmartSeries 2045 Fund	338	Signature Corporate Fund	326
SmartSeries 2050 Fund	339	Signature Canadian Bond Fund	78
SmartSeries 2055 Fund	340	Signature High Income Fund	312
Louisbourg Funds		American Value Fund	303
Balanced Fund	86	Cambridge Canadian Dividend Fund	325
Canadian Dividend Fund	7	Cambridge Canadian Asset Allocation Corporate Class Fund	322
Money Market Fund	9	Signature Global Resource Corporate Class Fund	327
U.S. Equity Fund	65	Signature Global Dividend Fund	328
Preferred Share Fund	331	Interest Accounts	GIC Code
Fixed Income Fund	51	Guaranteed Interest Account, 1-year non-redeemable	GICN1
Canadian Small Capitalization Equity Fund	43	Guaranteed Interest Account, 3-year non-redeemable	GICN3
Momentum Fund	29	Guaranteed Interest Account, 5-year non-redeemable	GICN5
Fidelity Funds			
Canadian Opportunities Fund	45		

2. TRANSFER BETWEEN FUNDS

Please refer to our list of funds on page 1. Applies only if employer allows individual choice.

- Transfers may be subject to specific contract provisions. Please check with your employer.
- Please indicate below the details of the desired transfer.
- Indicate the amount or percentage of assets to be transferred from the fund.
- Guaranteed interest deposits cannot be transferred until their respective maturity dates.

Transfer from employee (EE), employer (ER), voluntary (VOL)				Transfer to employee (EE), employer (ER), voluntary (VOL)			
	Fund Name	Fund Code	(% or \$)		Fund Name	Fund Code	(% or \$)
<input type="checkbox"/> EE				<input type="checkbox"/> EE			
<input type="checkbox"/> ER				<input type="checkbox"/> ER			
<input type="checkbox"/> VOL				<input type="checkbox"/> VOL			
<input type="checkbox"/> EE				<input type="checkbox"/> EE			
<input type="checkbox"/> ER				<input type="checkbox"/> ER			
<input type="checkbox"/> VOL				<input type="checkbox"/> VOL			
<input type="checkbox"/> EE				<input type="checkbox"/> EE			
<input type="checkbox"/> ER				<input type="checkbox"/> ER			
<input type="checkbox"/> VOL				<input type="checkbox"/> VOL			

3. WITHDRAWAL OF VOLUNTARY CONTRIBUTIONS

- a. I would like to make a: Partial withdrawal of \$ _____ Total withdrawal Gross (before tax) Net (after tax)
- b. Please pay me this amount by: Cheque Direct Deposit (include void cheque)
- c. Please complete my withdrawal: Prorated As per following instructions

Withdrawal from Fund (Name)	Fund Code	Amount % or \$

Name of Irrevocable Beneficiary (please print)

Signature of Irrevocable Beneficiary

Date: ____/____/____
Day Month Year

4. CHANGE OF ADDRESS

<u>New Address</u>	<u>Previous Address</u>
Street:	Street:
City:	City:
Province/Territory:	Province/Territory:
Postal Code:	Postal Code:
Telephone No.:	Telephone No.:
E-Mail:	E-Mail:

5. NAME CHANGE Marriage Divorce Other _____

New Name _____ Date of change: ____/____/____
First Name Last Name Day Month Year

6. CHANGE OF BENEFICIARY: If permitted under applicable laws, I hereby revoke all previous beneficiary designations and name the following person(s) as my beneficiary/beneficiaries.

Spouse _____ Date of Birth: ____/____/____ Date of Union: ____/____/____
 First Name Last name Day Month Year Day Month Year

Primary Beneficiary (if no spouse) Revocable or Irrevocable

First Name	Last Name	Age	Relationship to annuitant (In Quebec, relationship to owner)	%

If the beneficiary is a minor, a trustee must be appointed. Trustee: _____

Contingent Beneficiary Revocable or Irrevocable

(Applies only if all above-named primary beneficiaries die before the annuitant.)

First Name	Last Name	Age	Relationship to annuitant (In Quebec, relationship to owner)	%

Revocable: Consent of beneficiary is not required to change beneficiary designation.

Irrevocable: Consent of beneficiary is required to change beneficiary designation.

I understand that, subject to applicable laws, all death benefits shall be payable to my spouse or, if I have no spouse, to my designated beneficiary or to my estate, as the case may be.

 Signature of Owner Date ____/____/____
 Day Month Year

Signature of irrevocable beneficiary. In Quebec, the designation of a spouse or common-law partner as beneficiary is irrevocable, unless otherwise stipulated. All other beneficiary designations are revocable, unless otherwise stipulated. The designation of an irrevocable beneficiary limits your rights under the contract, and his/her consent will be required for all future transactions, including withdrawals, assignments and beneficiary changes.

As irrevocable beneficiary, I hereby give my consent to the above change.

 Name of Irrevocable Beneficiary (please print) Signature of Irrevocable Beneficiary Date ____/____/____
 Day Month Year

7. SPECIAL INSTRUCTIONS

x _____ x _____
 Signature of Member Signature of Witness or Broker

I, the undersigned, hereby declare that all the information provided herein is truthfully given to the best of my knowledge and request that Assumption Life make the requested changes.

Signed at _____ this _____ day of _____ 20 _____.