

# GROUP PLAN MEMBER CHANGE FORM



GRSP/DPS/DCRPP Number \_\_\_\_\_

Plan Sponsor (Employer) \_\_\_\_\_

Account Number \_\_\_\_\_

Planholder Name \_\_\_\_\_

Member Name (if spousal) \_\_\_\_\_

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

Province of Employment \_\_\_\_\_

Please check the change(s) being made

- Termination / Retirement / Death
- Investment Change / Transfer
- Change of Beneficiary
- Address Change
- Name Change

**1. TERMINATION / RETIREMENT / DEATH**

Effective date of termination \_\_\_\_\_  
(DD/MMM/YYYY)

The reason for termination

- Termination of employment                       Retirement
- Death (Please provide copy of death certificate or funeral director's statement)
- Other, explain \_\_\_\_\_

Have all contributions been remitted in respect of plan membership to date of termination/retirement/death?

Yes     No    If no, outstanding contributions will be remitted on \_\_\_\_\_  
(DD/MMM/YYYY)

Plan Administrator \_\_\_\_\_ Date \_\_\_\_\_

Plan Administrator Signature \_\_\_\_\_

Temporary suspension of contributions

- Temporary layoff    From \_\_\_\_\_  
                                    To \_\_\_\_\_
- Temporary leave of absence    From \_\_\_\_\_  
  To \_\_\_\_\_

Please direct all future correspondence directly to the member at his/her home address, as follows

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. INVESTMENT CHANGE / TRANSFER**

I hereby elect to have future contributions allocated as shown below

FUND NUMBER	ALLOCATION	
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%

Planholder Signature \_\_\_\_\_

Date \_\_\_\_\_

**TRANSFER OF FUNDS**

I hereby request a transfer of my current account balance(s) as indicated below.  
I understand the transfer(s) will be valued at prevailing market prices.

From Fund Number	To Fund Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**3. CHANGE OF BENEFICIARY (Not applicable to Quebec residents)**

I hereby revoke any previous beneficiary designation, pursuant to the provisions of the Plan, designate the person named below as my beneficiary and the person entitled to receive my interest in the above mentioned Plan, if living at my death. For DCRPP, if I have a spouse/pension partner, my spouse/pension partner may automatically be entitled to the benefits of my plan and override the beneficiary designation, unless a spousal waiver is signed by both the Member and the spouse/pension partner. I reserve the right to revoke this designation.

**PRIMARY BENEFICIARY**

Name (First and Last Name)	Relationship	% of Entitlement
1.		
2.		
3.		

If I designate contingent beneficiary(ies), I acknowledge that my contingent beneficiary(ies) shall only be entitled to my plan if no primary beneficiary(ies) is alive at the date of my death.

**CONTINGENT BENEFICIARY**

Name (First and Last Name)	Relationship	% of Entitlement
1.		
2.		
3.		

In the absence of a designated beneficiary, the proceeds of your Plan(s) will be paid to your Estate. The designation of a beneficiary is subject to the laws of each jurisdiction.

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4. ADDRESS CHANGE

New Address \_\_\_\_\_

\_\_\_\_\_

New Phone Number \_\_\_\_\_ Planholder Signature \_\_\_\_\_

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5. NAME CHANGE

Please adjust your records to change the above mentioned planholder's name

From \_\_\_\_\_

To \_\_\_\_\_

Planholder's signature prior to change \_\_\_\_\_

Planholder's new signature \_\_\_\_\_

Reason for change

- Marriage (please attach a copy of the marriage certificate)
  - Return to maiden name (please attach a copy of the name change certificate, divorce document or separation agreement)
  - Legally changed (please attach a copy of the name change certificate)
  - Other, specify \_\_\_\_\_
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This section must be completed by the Financial Advisor / Dealer Use Only

\_\_\_\_\_  
Dealer Name

\_\_\_\_\_  
Advisor Name

\_\_\_\_\_  
Dealer / Advisor Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature