



ELECTION OF RETIREMENT OPTION

Name of Company:			
Retiree:			
Date of Retirement:			
PLEASE INDICATE WHICH PENSION OPTION YOU HAVE CHOSEN			
Cash Lump Sum	Yes	% Amount _____	No
Single Life	Joint Life Spouse's Name _____	% Continuation _____	
Guarantee Period	0 Guarantee		
	5 Year Guarantee		
	10 Year Guarantee		
	15 Year Guarantee		
	Other		
PLEASE INDICATE THE TYPE OF IDENTIFICATION ENCLOSED			
National Identification Card		Baptismal Certificate	
Birth Certificate		Passport	
Driving Licence			
PLEASE PROVIDE COMMUNICATION/PAYMENT INFORMATION			
Mailing Address	Bank Account		
PLEASE PRINT ADDRESS BELOW	PLEASE PRINT BANK NAME, ADDRESS, A/C NO & NAME(S)		
PLEASE CONFIRM BENEFICIARY INFORMATION			
Does your current beneficiary information remain the same? Yes No			
If No, please complete and return an Appointment of Beneficiary form.			
Signature		Date:	