



# Assumption Life

## PENSION PLAN

### Control Sheet

Name of plan \_\_\_\_\_

Name of contact person for the plan \_\_\_\_\_

(please print)

Telephone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Name of representative: \_\_\_\_\_ Code: \_\_\_\_\_

(please print)

Schedule of fees (check appropriate schedule): :

Head Office (also agreement with CC / CENB)

Career Agent

Broker

The monthly remittances will be made by direct deposit:  Yes  No

(If yes, an excel spreadsheet of the data must be sent by e-mail to the Financial Services Department)

<u>Documents</u>	<u>Completed</u>	<u>To be completed</u>
1. Appendix	<input type="checkbox"/>	<input type="checkbox"/>
2. Enrolment Form (excel spreadsheet for groups of 15+)*	<input type="checkbox"/>	<input type="checkbox"/>
3. Waiver	<input type="checkbox"/>	<input type="checkbox"/>
4. Confirmation of Employer's Obligation	<input type="checkbox"/>	<input type="checkbox"/>
5. Connected Person Information Form (T1007)	<input type="checkbox"/>	<input type="checkbox"/>
6. Contribution Slip (if required)	<input type="checkbox"/>	<input type="checkbox"/>
7. Allocation of Fees (Appendix IV)	<input type="checkbox"/>	<input type="checkbox"/>
8. Change of Information Form	<input type="checkbox"/>	<input type="checkbox"/>
9. Transfer Form (if required)	<input type="checkbox"/>	<input type="checkbox"/>

\*Please contact our Head Office for details

Special Request (negotiated by the employer, please specify) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date completed: \_\_\_\_\_

Date received : \_\_\_\_\_

(for Head Office use only)