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www.csspension.com | X in 🖸





## **INVESTMENT INSTRUCTIONS**

Use this form to choose how to invest your accumulated pension funds and any future contributions in the Plan's investment options. If you wish to use our online tool to change your investments, there is no fee attached. If you choose to change your investments by submitting a paper form, the first two investment instructions completed in a calendar year are free. Any additional changes will have a \$75 fee. \*

- You may choose how to invest your accumulated pension funds and any future contributions in the investment options offered by the Plan. These are:
  - ▶ Equity Fund;
  - ▶ Bond Fund;
  - ▶ Balanced Fund; and
  - ▶ Money Market Fund
- ▶ The Balanced Fund is the default investment fund for members who don't provide investment instructions.
- For information on the Plan's investment funds, please refer to the Our Funds area of the Plan's website at www.csspension.com.
- For personal advice, please contact a qualified financial advisor, or if you have any questions contact the CSS Pension Plan.
- ▶ Please return the signed form and necessary supporting documents to us via email, fax or mail to the address above.

ection A: Member in	formation			
ocial Insurance Number <u>C</u>	<u>R</u> Member ID			
ast name	First name		Initial	Birthdate (dd/mmm/yyyy)
Address (Stree	t address or PO Box number)	(City/Town)	(Province	e) (Postal Code)
me/cell phone		Work/other	Work/other phone	
mail			Email type Work/other Home	
ection B: Investmen	t instructions			
hereby instruct my fund	s to be invested as follows:			
	Does this apply to all funds in your CSS account? Yes  This would include the following:			No
	▶ Transfer in sub-acco	ccount locked-in Variable Benef ount (this is any money tl ur CSS account from a fin	hat has been	on)
	If no is selected, please	specify which account yo	ou would like ch	hanged:
Please allocate my accumi	Lated pension funds and an		follows	
	•	cumulated pension for		Future contributions**
Balanced Fund			%	%
Money Market Fu	und		%	%
Equity Fund			%	%
Bond Fund			%	%
	I I			

\*\* If you no longer contribute to the Plan. please leave this column blank

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- Changes in market levels between the date that you complete this form and the date that your instructions take effect can change the value allocated to each fund.
- ▶ Percentages entered must total 100%

Processing fees \*(As noted earlier in paragraph 1. on page 1)

▶ When a fee is due:

- ▶ Please make your cheque or money order payable to "CSS Pension Plan" (do not send cash);
- Your investment instructions will not be implemented until the Plan has received both your fee and properly completed investment instructions form.

## Section C: Acknowledgement

By providing these investment instructions and signing this form, I acknowledge that:

- My instructions will be carried out effective as of the close of markets on the date that this form is received by 12:00 noon Saskatchewan time at the Plan's office, provided that the form has been properly completed and is accompanied by any required processing fees.
- If my instructions are received at the Plan's office after 12:00 noon Saskatchewan time, my instructions will be processed on the following day.
- My accumulated pension funds and future contributions, if any, will be invested as indicated above.
- ▶ I may change these instructions at any time by completing another form and paying any applicable processing fees.
- ▶ I am solely responsible for obtaining professional financial planning advice to determine if my investment instructions are appropriate for my personal circumstances.
- Different funds may have different returns. I am solely responsible to monitor my fund allocation to determine if and when to provide further investment instructions.

CSS investment funds are market based. I understand that my investmer guaranteed.	nt returns and my accumulated pension funds are not
I acknowledge that the CSS Pension Plan is not responsible for the effereturns, or on the value of my accumulated pension funds and future of	
Signature of member	Date: (dd/mmm/yyyy)
Please return your completed form by fax, email, mail or courier, along wit to the contact information below. Incorrect or incomplete forms will be returned for correction, causing a de	
Note: if you are signing this form with a digital signature (e.g., picture of signequirements:	gnature, software-embedded signature, etc.) these are CSS'
<ul> <li>If digitally signed without using a reputable e-signing platform/provider,</li> <li>If digitally signed using a reputable e-signing platform/provider, we requcertificate.</li> </ul>	
<b>Privacy notice:</b> Personal information on this form is collected under the a administration purposes. Please review the Privacy Policy as posted to the regarding the collection of this information, write to: <b>CSS Pension Plan</b>	
ATTN: Privacy Officer 5th Floor - 333 3rd Avenue N	
PO Box 1850 Saskatoon, SK S7K 3S2	
Section D: For office use only	
Instructions Confirmed (signed on behalf of the Plan)	Date: (dd/mmm/yyyy)

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