

TO BE RETYPED ON BAND LETTERHEAD WITH APPROPRIATE POLICY NUMBERS

Office of the Superintendent of Financial Institutions
13th Floor, Kent Square
255 Albert Street
Ottawa, Ontario
K1A 0H2

Dear Sir/Madame:

Re: Group Pension Plan No. _____ (Saskatchewan First Nation)
OSFI Registration No. _____
Revenue Canada Registration No. _____

Please be advised that, effective (date), (insert client/band name) will be transferring our pension plan from (current pension carrier) to (insert new pension carrier).

Our pension plan will continue under the same registration number. All service and membership accumulated under our existing plan with (current pension carrier) will be counted when determining years of service and membership under the new registered plan with Group Retirement Services.

If you have any questions, you may contact our broker, *Canadian Shield Insurance Services Ltd.*, or our office directly.

Thanking you in advance.

Sincerely,

Plan Administrator/Signing Officer
(insert client/band name)

CC:

Don Anderson
Canadian Shield Insurance Services Ltd.
437 Main Street North
Moose Jaw, Saskatchewan
S6H 0W5

Pension Administration Department
(insert new pension carrier name)
(insert new pension carrier address)
(insert address)