



**EMPLOYEE BENEFITS DIVISION**  
Guardian Life Centre, 12 Trafalgar Rd. Kingston 5

**GUARDIAN RETIREMENT SCHEME (GRS)  
RE- ALLOCATION FORM  
EB 164**

<sup>3</sup>Name: Mr. Mrs. Miss Dr. \_\_\_\_\_  
*First* *Middle* *Last* *Maiden*

<sup>1</sup>GRS Account No: ..... <sup>2</sup>TRN.....

Please re-allocate my contribution to the following funds as stated below:

<i>Fund</i>	<i>New Contribution %</i>	<i>Fund Balance %</i>
<i>GRS Deposit Administration Fund (GRS DAF)</i>		
<i>GRS Diversified Fund (GRS DF)</i>		
<i>GRS Money Market Fund (GRS MMF)</i>		
<i>GRS Fixed Income Fund (GRS FIF)</i>		
<i>GRS Foreign Currency Fund (GRS FCF)</i>		
<i>GRS Equity Fund (GRS EF)</i>		
<i>GRS International Equity Fund (GRS IEF)</i>		

I hereby declare that this document shall form part of the documentation for my GRS membership application.

Signed at ..... this ..... day of ..... 20 .....

.....  
Signature of Contributor

.....  
Witness

*N.B. A Contributor is allowed one re-allocation per year. Request for any additional re-allocation, during the year, will attract a fee of 2%, computed on the amount being re-allocated. The company reserves the right to adjust the rate from time to time.*

**For Official Use: Index by GRS Account No., TRN, Name**