



**REQUEST FOR SUPPLIES**  
CINUP Pension Plan

Your Organization: \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Quantity</b>	<b>Description</b>
_____	Group Pension Enrollment Form and CINUP Investing in Your Future
_____	Group Pension Change of Investment Direction for Future Contributions and Existing Assets and CINUP Investing in Your Future
_____	Group Pension Notice of Coverage Change Form
_____	Appointment of Beneficiary Form
_____	Group Pension Notice of Change Form
_____	Group Pension Notice of Termination of Service Form
_____	Group Pension Member Booklets
_____	Request for Supplies Form
_____	Other: _____

Please fax this form to Rice Financial Group Inc. at (204) 786-3889.  
Forms are also available on our website at [www.cinup.com](http://www.cinup.com)