

(Application Form.)

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TO THE SUPERINTENDENT OF INSURANCE,  
FINANCE DEPARTMENT,  
OTTAWA.

Dear Sir,—

Please send to my address as below an application form for Insurance under the Civil Service Insurance Act.

My name appears in the last Civil Service List.

I contribute to Superannuation Revenue.

I contribute to Superannuation Fund No. 2.

I contribute to Retirement Fund.

NAME .....

ADDRESS .....

Note.—Draw a line through the two funds to which you are not a contributor.

If the applicant has joined the Service since the last Civil Service List was compiled, he should get a certificate from his Deputy Head to the effect that he is on the permanent list.

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