



Non-Registered Savings Plan (NREG) Enrolment form



Sun Life Assurance Company of Canada, Group Retirement Services
227 King Street South PO Box 1601, Waterloo ON N2J 4C5
www.sunlife.ca

Plan Sponsor information

Name of Plan Sponsor	Client ID	Plan	Policy number	Product
Municipal Finance Authority of British Columbia	C08OF	01	65124-G	NREG
Classifications	This information is to be completed by Plan Sponsor			
Subdivision	Payroll ID	User field		
001	N/A	Municipalities _____		

Please PRINT clearly.

Note: La version française de ce document est également disponible.

1 Participant information

Name of participant (first, middle initial, last)		Social insurance number	
Address of participant (street number and name, apartment or suite)		ID / participant number *	
City	Province	Postal Code	
Telephone (home) ()	Telephone (business) ()	Date of birth (d / m / y)	Sex M F

* If your ID / participant number is the same as your social insurance number, please repeat your social insurance number here.

If my ID / participant number is the same as my social insurance number, I authorize the use of such number for tax reporting, identification and the administration of my benefits.

2 Beneficiary designation

The following caution is required by Manitoba law. It may also be applicable in other jurisdictions.

Caution: Your designation of a beneficiary by means of a designation form will not be changed or revoked automatically by any future marriage or divorce. Should you wish to change or revoke your beneficiary in the event of a future marriage or divorce, you have to do so by means of a new designation.

This designation applies to all benefits under the plan.

As beneficiary for benefits due on my death, I, the Participant, revoke any previous beneficiary and name instead:

Name of beneficiary	Relationship to the participant	Percentage
Name of beneficiary	Relationship to the participant	Percentage
Name of beneficiary	Relationship to the participant	Percentage

Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here:

Revocable

To appoint a trustee or administrator for a minor beneficiary, complete the 'Appointment of Trustee or Administrator for a Minor Beneficiary' form.

3 Payroll deduction authorization

I authorize my employer to deduct _____ % or \$_____ per pay to be deposited into the plan.

4 Allocation of contributions

I request Sun Life Assurance Company of Canada to allocate contributions to the plan as follows:

This instruction applies to all future contributions. Percentages must be in whole numbers and must total 100%.

Fund name	Percentage allocation
McLean Budden Money Market Segregated Fund (DHW)	_____ %
SLA 1 Year Guaranteed Fund (012)	_____ %
SLA 3 Year Guaranteed Fund (036)	_____ %
SLA 5 Year Guaranteed Fund (060)	_____ %
Legg Mason Canadian Active Bond Segregated Fund (G17)	_____ %
McLean Budden Fixed Income Segregated Fund (DFR)	_____ %
PH&N Bond Segregated Fund (GSB)	_____ %
TDAM Canadian Bond Index Segregated Fund (G1Y)	_____ %
Jarislowsky Fraser Global Balanced Segregated Fund (HX5)	_____ %
McLean Budden Balanced Growth Segregated Fund (DEU)	_____ %
PH&N Balanced Pension Segregated Fund (GSC)	_____ %
Russell LifePoints® Balanced Growth Segregated Portfolio (DJI)	_____ %
Russell LifePoints® Balanced Income Segregated Portfolio (DJU)	_____ %
Russell LifePoints® Long-Term Growth Segregated Portfolio (DKF)	_____ %
Trimark Income Growth Segregated Fund (GQ1)	_____ %
Beutel Goodman Small Cap Segregated Fund (DUA)	_____ %
Fidelity True North® Segregated Fund (G9F)	_____ %
Jarislowsky Fraser Canadian Equity Segregated Fund (GJX)	_____ %
McLean Budden Canadian Equity Value Segregated Fund (DIX)	_____ %
PH&N Canadian Equity Plus Pension Segregated Fund (GSD)	_____ %
TDAM Canadian Equity Index Segregated Fund (G2T)	_____ %
CI Global Value Segregated Fund ¶ (D4Y)	_____ %
Fidelity International Portfolio Segregated Fund ¶ (GAR)	_____ %
Jarislowsky Fraser International Equity Segregated Fund ¶ (GLC)	_____ %
McLean Budden American Equity Segregated Fund ¶ (DHK)	_____ %
PH&N Global Equity Segregated Fund ¶ (GSE)	_____ %
PH&N Overseas Equity Segregated Fund ¶ (GSF)	_____ %
TDAM International Equity Index Segregated Fund ¶ (G3M)	_____ %
TDAM U.S. Market Index Segregated Fund ¶ (G3D)	_____ %
Trimark Segregated Fund ¶ (GS1)	_____ %
Total	100%

If the total % does not equal 100%, or if this information is not completed, Sun Life Assurance Company of Canada reserves the right to invest the difference / total in a money market fund.

¶ indicates foreign content

5 Signature of authorization

By submitting the application, I hereby authorize Sun Life Assurance Company of Canada to obtain, use and transmit to the Plan Sponsor, its agents and service providers, personal information about me for the purpose of plan administration.

Unless I indicate otherwise in the space provided below, information about me may also be collected, used by and shared among the members of the Sun Life Financial group of companies*, their agents and service providers to provide me with investment and insurance products and services that will help me meet my lifetime financial objectives. Information may also be shared with agents and service providers of my Plan Sponsor to allow them to provide me with personal, financial advisory services.

No, I refuse permission []

*The companies in the Sun Life Financial group of companies mean only those companies identified in the Sun Life Financial Privacy Policy which is available on the Sun Life Financial Web site, www.sunlife.ca.

Signature of participant X	Date (d / m / y)
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Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.