

# Retirement Savings Plan (RSP) enrolment form



Sun Life Financial, Group Retirement Services PO Box 2025 Stn Waterloo, Waterloo ON N2J 0B4 www.sunlife.ca

Please PRINT clearly.	Nota : La version française de ce document est également disponible.										
RSP account type											
Complete a separate form for each RSP account type.	RSP – You will be the owner and the annuitant of the account.  Please complete sections 2, 4, 6, 7 and 8. Section 5 is optional.  Spousal RSP – Your spouse will be the owner and annuitant under the spousal account. Your spouse, as owner, completes sections 2, 4, 6, 7 and 8. Section 5 is optional. You, as contributor, complete sections 3 and 6.					sections 2, 4,					
1 Plan Sponsor inform	natio	า									
	The	of plan sponsor  Municipal Finar	ice Au	thority of E	Britis	sh C	olumbia	Client ID		Plan <b>01</b>	Contract number <b>65123-G</b>
	Subdiv	ifications vision		Payroll ID N/A				User field Municip	alities	3	
2 Owner information											
Note: The term "owner" has the same meaning as the term "annuitant" in subsection 146(1) of the Income Tax Act (Canada).	First r	of birth (dd-mm-yyyy)	Socia	Middle initia		t name	ntification number (ı	not applicab	ole for Sp	oousal	Male Female RSP)
*By submitting this form you authorize your social insurance number (SIN) to be used for the purposes of tax reporting and	Addre	ess (street number and nam	ie)							Apa	artment or suite
administration of benefits and where applicable, you also authorize the use of your SIN as your identification number until such time as it is replaced with a number that is not your SIN.	City				Pro	vince	Postal code	Teleph	one nur	nber (d	ay)
	Email address					Telephone number (evening)					
3 Contributor information	tion (	for Spousal RSP (	only)								
This section is to be completed by the contributor to the account.	First r	name		Middle initia	l Las	st name					
	Socia	I Insurance Number	Identificat	ion number							

## 4 Beneficiary designation

Complete this section to designate a primary beneficiary for your account.

In the absence of a beneficiary designation, and if not payable to your spouse as prescribed by law, death benefits will be paid to your estate. It is important for you to ensure that you specify in your will to whom the death benefit should be paid.

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.

If you have a spouse when you die, the law may stipulate that all or part of the death benefit be paid to your surviving spouse, unless where provided, the spouse waives the death benefit. A beneficiary designation other than your spouse would only apply to those death benefits which are not, according to the law, payable to your surviving spouse. If you wish to ensure that your spouse receives all benefits, please designate your spouse here.

I revoke any previous beneficiary designations and name as beneficiary for benefits due on my death:

Beneficiary's first name	Middle initial	Last name	Relationship to you*	Percentage of benefits
				%
				%
				%

\*Quebec: if you name your spouse as beneficiary, please indicate if this person is your common-law spouse. Otherwise we will deem this person to be your legal spouse.

**Important where Quebec law applies:** a **legal** (married or civil union) spouse beneficiary is <u>irrevocable</u> unless you indicate otherwise.

If you have an irrevocable beneficiary, you may not change your beneficiary designation and may not be able to withdraw/transfer your assets out of the plan unless you provide Sun Life Financial with the irrevocable beneficiary's written consent.

To avoid this restriction and make your beneficiary designation revocable you must check here:

**Note:** To appoint a trustee for a beneficiary who is a minor, please complete the 'Appointment of trustee for a minor beneficiary' form. In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

## 5 Contingent Beneficiary designation

Complete this section to appoint a contingent (secondary) beneficiary for your account.

If there is no surviving beneficiary at the time of my death, I declare that the following contingent beneficiary shall receive all benefits due on my death in accordance with any applicable legislation. If there is no surviving contingent beneficiary at the time of my death, the proceeds shall be paid to my estate.

I revoke all previous contingent beneficiary appointments.

Contingent beneficiary's first name	Middle initial	Last name	Relationship to you	Percentage of benefits
				%
				%
				%

6 Contributions									
This section is to be completed by	I authorize my employer to deduct a total RSP contribution of	% <b>or</b> \$ per pa	ıy.						
	Please select either Option A, B or C to allocate the total contribution amount to your RSP and/or your Spousal RSP.								
	Reminder: choose only ONE option below.								
	☐ <b>Option A</b> – Split contribution between member and spousal RSP								
	% of the total payroll deduction amount to my RSP plus								
	% of the total payroll deduction amount to my Spousal RSP								
	The total of the two percentages entered in Option $A$ must equal $100\%$								
	□ Option B – Allocate 100% of the amount deducted from my pay to my Spousal RSP								
	□ Option C – Allocate 100% of the amount deducted from my pay to my RSP								
	Signature of contributor (for Spousal RSP)								
	X								
7 Investment instruct	ione								
7 Investment instruct	ions								
Choose funds from one or more of the following investment approaches.	I request Sun Life Assurance Company of Canada to allocate contributions instruction applies to all future contributions.	outions to the plan as follows.	Γhis						
Percentages must be in whole numbers and total 100%.									
Pick the target date fund with the	built FOR me – target date funds	Percentage allocation							
maturity date that is closest to when you will need your money.	Sun Life Financial 2020 Milestone® Segregated Fund (M20)	%							
when you will need your money.	Sun Life Financial 2025 Milestone® Segregated Fund (M25)	9/0							
	Sun Life Financial 2030 Milestone® Segregated Fund (M30)	%							
	Sun Life Financial 2035 Milestone® Segregated Fund (M35)	%							
	Sun Life Financial 2040 Milestone® Segregated Fund (M40)	%							
	Sun Life Financial 2045 Milestone® Segregated Fund (M45)	%							
	Sun Life Financial 2050 Milestone® Segregated Fund (M50)	9/0							
	Sun Life Financial 2055 Milestone® Segregated Fund (M55)	%							
Pick the target risk fund that	built FOR me – target risk funds								
matches your Investment Risk	Sun Life Financial Granite™ Aggressive Segregated Fund (SHS)	0/							
Profile.									
	Sun Life Financial Granite™ Balanced Segregated Fund (SEU)								
	Sun Life Financial Granite™ Conservative Segregated Fund (SBW)								
	Sun Life Financial Granite <sup>™</sup> Growth Segregated Fund (SGG)  Sun Life Financial Granite <sup>™</sup> Moderate Segregated Fund (SDI)								
Pick from any of the funds listed	built BY me								
on this form to build your own	SLA 1 Year Guaranteed Fund (012)	%							
portfolio that matches your investment Risk Profile.									
	SLA 3 Year Guaranteed Fund (036)								
	SLA 5 Year Guaranteed Fund (060)								
	SLA Deposit Fund (098)								
	PH&N Bond Segregated Fund (PGV)								
	TDAM Canadian Bond Index Segregated Fund (KNI)  Intiglogyalar Frager Global Palanced Segregated Fund (ITL)								
	Jarislowsky Fraser Global Balanced Segregated Fund (JTL)  MES Polynoid Crowth Segregated Fund (K2D)								
	MFS Pagnonible Palanced Sogregated Fund (K2D)								
	MFS Responsible Balanced Segregated Fund (KCE)	%							

PH&N Balanced Pension Segregated Fund (PGA)

Trimark Income Growth Segregated Fund (KVC)

Beutel Goodman Small Cap Segregated Fund (HYD)

%

%

%

Fidelity True North® Segregated Fund (JLP)		%
Jarislowsky Fraser Canadian Equity Segregated Fund (JPW)		%
MFS Responsible Canadian Equity Segregated Fund (KDC)		%
PH&N Canadian Equity Plus Pension Segregated Fund (PHU)		%
TDAM Canadian Equity Index Segregated Fund (KPA)		%
CI Global Value Segregated Fund (D4Z)		%
Fidelity Global Segregated Fund (JOD)		%
Jarislowsky Fraser International Equity Segregated Fund (JSN)		%
MFS Responsible Global Research Segregated Fund (KEE)		%
PH&N Global Equity Segregated Fund (PKD)		%
Sun Life MFS U.S. Equity Segregated Fund (K7P)		%
TDAM International Equity Index Segregated Fund (KQU)		%
TDAM U.S. Market Index Segregated Fund (KPW)		%
Trimark Segregated Fund (HCV)		%
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 the default fund chosen for the plan by your plan sponsor, which in the absence of a selection by your plan sponsor will be a money market fund.

#### Your authorization and signature

I apply for a RSP to be established under the terms of the Group Annuity Policy issued by Sun Life Assurance Company of Canada.

I request that Sun Life Assurance Company of Canada apply for registration of the RSP as a registered retirement savings plan (RRSP) under the Income Tax Act (Canada) and, if applicable, under the Quebec Taxation Act.

I appoint the plan sponsor named in this Application to act as my agent for the purpose of the Plan, including payroll deductions, if applicable.

I agree to be bound by the terms of the Group Plan and, if applicable, any locking-in endorsement.

I require that all future communications, including this application and Group Plan documents, be provided in English.

I authorize Sun Life Assurance Company of Canada, its agents and service providers, to obtain, use and transmit to my plan sponsor, its agents and service providers, my personal information for the purpose of plan administration.

I also authorize Sun Life Assurance Company of Canada, its agents and service providers to transmit my personal information to the advisor appointed by my plan sponsor, if any, or to my personal advisor for the purpose of enabling in-plan advisory services.

Unless I select 'No' below, I agree that my information may be collected, used and shared with the members
of the Sun Life Financial group of companies*, their agents and service providers to inform me of other
financial products and services that they believe meet my changing needs.
□ No, I refuse permission.
*The companies in the Sun Life Financial group of companies mean only those companies identified in Sun Life Financial's Privacy Policy for Canada which is available on the Sun Life Financial website, <b>www.sunlife.ca</b> .

Owner signature	Date (dd-mm-yyyy)
x	

### Acceptance of application

Sun Life Assurance Company of Canada's acceptance of application.

Authorized signatures:

Chief Executive Officer

Secretary

## 10 Keeping your information confidential

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third party providers and reinsurers who, in some instances, may be located in jurisdictions outside Canada. Your personal information may be subject to the laws of those foreign jurisdictions. Sun Life Financial's operations worldwide and our third party providers are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at **www.sunlife.ca**, or to obtain information about our privacy practices, send a written request by email to *privacyofficer@sunlife.com*, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.