

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.

or **Spousal RSP** – Your spouse will be the owner and annuitant under the spousal account. Your spouse, as owner, completes sections 2, 4, 7 and 8. Section 5 is optional. You, as contributor, complete sections 3 and 6.

1 Plan Sponsor information

This section is to be completed by the plan sponsor.

Name of plan sponsor Alberta Beverage Container Recycling Corporation		Client ID C0PT0	Plan 01	Contract number 79981-G
Classifications				
Subdivision 001	Payroll ID <input type="checkbox"/> 001 - Union <input type="checkbox"/> 002 - Salaried <input type="checkbox"/> 003 - Executives	Date of employment (dd-mm-yyyy) - -		

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).
*By submitting this form you authorize your social insurance number (SIN) to be used for the purposes of tax reporting and 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.

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (dd-mm-yyyy) - -	Social Insurance Number* 	Identification number (not applicable for Spousal RSP)	
Address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number (day) - -
Email address			Telephone number (evening) - -

3 Contributor information (for Spousal RSP only)

To be completed by the contributor.

First name	Middle initial	Last name
Social Insurance Number 	Identification 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 **irrevocable** 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:

Revocable Beneficiary

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

To be completed by the contributor.

Unionized employees:

I authorize my employer to deduct the following amount to be deposited into the plan:

\$50.00 per month \$250.00 annually

In addition to the amount above, I authorize my employer to deduct an additional voluntary contribution of \$ _____ per pay to be deposited into the plan.

All other employees:

I authorize my employer to deduct 3% per pay to be deposited into the plan.

In addition to the amount above, I authorize my employer to deduct an additional voluntary contribution of \$ _____ or _____ % per pay.

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.

Option A – 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 instructions

Choose funds from one or more of the following investment approaches.

Percentages must be in whole numbers and total 100%.

Pick the multi- risk target date fund that matches your Investment Risk Profile, with the maturity date that is closest to when you will need your money.

I request Sun Life Assurance Company of Canada to allocate contributions to the plan as follows. This instruction applies to all future contributions.

built FOR me – multi-risk target date funds

Maturity Date (June 30 th of)		Percentage allocation
2020	Sun Life Financial Granite™ Aggressive 2020 Segregated Fund (IFD)	%
2030	Sun Life Financial Granite™ Aggressive 2030 Segregated Fund (IFE)	%
2040	Sun Life Financial Granite™ Aggressive 2040 Segregated Fund (IFF)	%
2050	Sun Life Financial Granite™ Aggressive 2050 Segregated Fund (IFG)	%
2020	Sun Life Financial Granite™ Conservative 2020 Segregated Fund (IFH)	%
2030	Sun Life Financial Granite™ Conservative 2030 Segregated Fund (IFI)	%
2040	Sun Life Financial Granite™ Conservative 2040 Segregated Fund (IFJ)	%
2050	Sun Life Financial Granite™ Conservative 2050 Segregated Fund (IFK)	%
2020	Sun Life Financial Granite™ Moderate 2020 Segregated Fund (IFL)	%
2030	Sun Life Financial Granite™ Moderate 2030 Segregated Fund (IFM)	%
2040	Sun Life Financial Granite™ Moderate 2040 Segregated Fund (IFN)	%
2050	Sun Life Financial Granite™ Moderate 2050 Segregated Fund (IFO)	%
	Sun Life Financial Granite™ Retirement Segregated Fund (SPT)	%

Pick from any of the funds listed on this form to build your own portfolio that matches your Investment Risk Profile.

built BY me

SLA 3Yr Guaranteed Fund (136)	%
SLA 5Yr Guaranteed Fund (160)	%
Sun Life Financial Money Market Segregated Fund (KML)	%
BlackRock Universe Bond Index Segregated Fund (HZX)	%
Sun Life Financial Universe Bond Segregated Fund (L0M)	%
Beutel Goodman Balanced Segregated Fund (HVI)	%
Sun Life BlackRock Canadian Balanced Segregated Fund (JS9)	%
Beutel Goodman Fundamental Canadian Equity Segregated Fund (PG0)	%
CC&L Group Canadian Equity Segregated Fund (J9G)	%
Greystone Canadian Equity Segregated Fund (P9V)	%
Beutel Goodman Global Segregated Fund (HZD)	%
BlackRock EAFE Equity Index Segregated Fund (J2N)	%
BlackRock US Equity Index Segregated Fund (Registered) (S9E)	%
Lazard Global Listed Infrastructure Segregated Fund (J0O)	%
MFS International Equity Segregated Fund (PCP)	%
Sun Life MFS Global Growth Segregated Fund (PD3)	%
Sun Life MFS U.S. Equity Segregated Fund (K7O)	%
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 is the Sun Life Financial Granite™ Conservative Segregated Fund closest to without exceeding your 65th birthday.

8 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, www.sunlife.ca.

Owner signature X	Date (dd-mm-yyyy) — —
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9 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.

Application for direct transfer of assets



Use this form for transfer of registered and non-registered plan assets from another financial institution to Sun Life Financial.

Instructions for annuitant/owner (The term “annuitant” means the person who is entitled to receive payments from the plan.)

Complete sections 1, 2, 3 and 6.
Forward the signed form to the financial institution currently holding the assets.

Instructions for relinquishing institution (financial institution currently holding the assets)

Complete section 5 and return the form to Sun Life Financial at the address indicated below, along with a cheque for deposit into the annuitant/owner’s account.

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

Please PRINT clearly.

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1 Owner/annuitant identification

*Your Social Insurance Number is used for administrative purposes so that information on this form is applied to your account.

First name		Middle initial	Last name	
Date of birth (dd-mm-yyyy)		Social Insurance Number*		
Address (street number and name)				Apartment or suite
City		Province	Postal code	Telephone number (day)
Email address				Telephone number (evening)

2 Direction to relinquishing institution

Relinquishing institution name			
Address (street number and name)			Suite
City	Province	Postal code	Telephone number
Plan name			Group plan number (if applicable)

Transfer all assets as at date of transfer. **or** Transfer \$ _____.

From my:

If transfer is from more than one source, complete a separate form for each source product.

RRSP/LIRA DCPP DPSP EPSP NREG TFSA RRIF/LIF/LRIF/PRIF

As a lump sum transfer to my plan with Sun Life Financial:

Plan sponsor name	Client ID C0	My account number
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3 Authorization

I hereby request the transfer of my investments as described above. I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

Signature of annuitant/owner X	Date (dd-mm-yyyy) — —
Signature of irrevocable beneficiary/former spouse (if applicable) X	Date (dd-mm-yyyy) — —

4 Locked-in confirmation

Sun Life Financial acknowledges that the assets to be transferred may be subject to restrictions regarding locked-in or non-registered funds, and confirms that the funds will continue to be administered in accordance with the applicable legislation.

5 Certification by relinquishing institution

Return the completed form along with a cheque for deposit into the owner's account.

Transferred assets must be sent in cash (not in kind).

Do not issue a T4RSP, T4RIF or T4A for the amount transferred.

I confirm that \$ _____ is transferred as directed in section 2.

Locked in amount \$	Pension jurisdiction	Pre amount \$	Post amount \$
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If the transfer is from a RRSP, complete the following:

Has the annuitant's spouse ever contributed amounts to the RRSP? No Yes, please provide:

Spouse's first name	Last name	Social insurance number
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If the transfer is from a RRIF, complete the following:

Is the transfer from a qualifying RRIF? Yes No

Does the RRIF include amounts transferred from an RRSP to which the annuitant's spouse or common-law partner has contributed? Yes No

Note: A RRIF carrier that makes a direct transfer under subsection 146.3(14.1) or paragraph 146.3(2)(e) has to pay the annuitant the minimum amount for the year.

I certify that the information in this section is true, correct and complete.

Name of institution	
Signature of authorized person X	Date (dd-mm-yyyy) - -

6 Allocation instructions for transferred assets

- Deposit to the same funds used for allocation of contributions under the above plan, or
- Deposit as indicated below:

Indicate the fund names and percentages for deposit of this transfer. If no direction is provided, the transfer will be deposited according to the direction used for allocation of contributions under the plan with Sun Life Financial.

Fund name(s)	Percentage
	%
	%
	%
Total 100%	
Signature of annuitant/owner X	Date (dd-mm-yyyy) - -

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.