



Retirement Savings Plan (RSP) enrolment form

Sun Life Financial, Group Retirement Services
PO Box 11001 Stn CV, Montreal QC H3C 3P3
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, 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 St. Francis Xavier University		Client ID C069K	Plan 01	Contract number 96793-G
Classifications				
Subdivision <input type="checkbox"/> 001 - DC Members <input type="checkbox"/> 002 - DB Members	Payroll ID N/A	User field N/A		

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)

This section is to be completed by the contributor to the account.

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

This section is to be completed by the contributor to the account.

I authorize my employer to deduct a total RSP 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 from any of the funds listed on this form to build your own portfolio that matches your Investment Risk Profile.

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

built BY me	Percentage allocation
SLA 5 Year Guaranteed Fund (060)	%
Sun Life Financial Money Market Segregated Fund (X21)	%
PH&N Bond Segregated Fund (U44)	%
TDAM Canadian Bond Index Segregated Fund (X37)	%
Fiera Sceptre Balanced Core Pooled Segregated Fund (U69)	%
PH&N Balanced Pension Segregated Fund (U01)	%
PH&N Canadian Equity Plus Pension Segregated Fund (U43)	%
Sceptre Canadian Equity Pooled Segregated Fund (Q3D)	%
PH&N Global Equity Segregated Fund (U67)	%
PH&N U.S. Equity Segregated Fund (U50)	%
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 PH&N Balanced Pension Segregated Fund.

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) - -
----------------------	--------------------------

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.