



Retirement Savings Plan (RSP) 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	65123-G	RRSP
Classifications		This information is to be completed by Plan Sponsor			
Subdivision	Payroll ID	User field		Municipalities _____	
001	N/A				

RSP Account type

Complete a separate form for each RSP Account type.

<input type="checkbox"/> Employee RSP Employee (as participant): Complete the RSP Application portion of this form (excluding sections 3 and 4B), and complete sections 8, 9 and 10 under Administration information (page 3).	<input type="checkbox"/> Spousal RSP Spouse (as participant): Complete the RSP Application portion of this form (excluding section 4A), and complete sections 9 and 10 under Administration information (page 3). Employee (as contributor): Complete sections 3 and 8.
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Please PRINT clearly.

Retirement Savings Plan (RSP) Application (for registration purposes)

1 Plan Sponsor information

Name of Plan Sponsor	RSP Policy number (Group Policy)
Municipal Finance Authority of British Columbia	65123-G

2 Participant information

Note: The term "participant" has the same meaning as the term "annuitant" in Section 146 of the Income Tax Act (Canada).

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 identification and the administration of my benefits.

3 Contributor (if not participant) information

This section is to be completed by employee (contributor) for Spousal RSP only.

Name of contributor (first, middle initial, last)	ID / participant number	Social insurance number

Complete either 4A or 4B below, whichever is applicable.

4A Beneficiary designation – Employee RSP

Complete for an Employee RSP.

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 which are not, by law, payable to the surviving spouse. 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
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Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation Revocable revocable by checking here:

Note: If you have a spouse when you die, the law may stipulate that the death benefit be paid to the spouse.

If you wish to name your spouse, please ensure that you complete the beneficiary designation.

If sufficient space is not available on this form for the beneficiary designation desired, check here and complete a separate sheet to be attached to this form. The attachment should also be signed and dated.

4B Beneficiary designation – Spousal RSP

Complete for a Spousal RSP.

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.

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

If sufficient space is not available on this form for the beneficiary designation desired, check here and complete a separate sheet to be attached to this form. The attachment should also be signed and dated.

5 Participant's application for Retirement Savings Plan

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

I appoint the Plan Sponsor named in this Application to act as my agent for the purpose of the RSP.

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

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

I hereby acknowledge that it is my sole responsibility to ensure that any foreign content in my RSP does not exceed the allowable limits for foreign property under the Income Tax Act (Canada).

Signature of participant X	Date (d / m / y)
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6 Sun Life Assurance Company of Canada's acceptance of application

For office use only.

Per	Title	Date
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7 Quebec participants only

I, the Participant, require that this application and documents issued thereunder be drawn up in English and that future communications relating to my participation in the Group Plan be in English.

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

Administration information

8 Payroll deduction authorization

This section is to be completed by employee (contributor).

I authorize my employer to deduct _____ % or \$ _____ per pay to be deposited into the RSP. These contributions are to be allocated to my Employee RSP and/or Spousal RSP as follows:

_____ % Employee RSP + _____ % Spousal RSP = 100%

- I am the employee of the Plan Sponsor (for Employee RSP).
 I am the contributor to my spouse's plan (for Spousal RSP).

Signature of contributor

X

9 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 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 Balanced Segregated Fund (GJM)	_____ %
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 U.S. Equity Segregated Fund ¶ (GDS)	_____ %
PH&N Global Equity Segregated Fund ¶ (GSE)	_____ %
PH&N Overseas Equity Segregated Fund ¶ (GSF)	_____ %
TDAM International Equity Index Segregated Fund ¶ (G3M)	_____ %

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.

TDAM U.S. Market Index Segregated Fund ¶ (G3D)	_____	_____	%
Trimark Segregated Fund ¶ (GS1)	_____	_____	%
	Total	100%	

¶ Foreign content legislation does not currently apply to insurance company segregated funds. As a result, legislation does not limit foreign content investment to 30%. New legislation regarding foreign content limits is pending and may include remedial action for accounts which exceed the threshold. Sun Life Assurance Company of Canada will communicate the details of the new legislation to its Plan Members and Plan Sponsors as the information becomes available.

10 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	Date (d / m / y)
X	

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