

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 COS24	Plan 13	Policy number 63659-G	Product NREG
Classifications	This information is to be completed by Plan Sponsor			
Subdivision 001	Payroll ID	User field N/A		

Please PRINT clearly.

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

1 Personal information

You, as group plan member, will be the owner of the account.

Your name (first, middle initial, last)		Social insurance number		
Address (street number and name, apartment or suite)		Identification number		
City	Province	Postal Code		
Telephone number (day) ()	Telephone number (evening) ()	Date of birth (d / m / y)	Sex M F	
E-mail address				

2 Beneficiary designation

Complete this section to designate a beneficiary(ies) for your account. Otherwise, your beneficiary designation will be defaulted to your estate.

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.

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

Name of beneficiary	Relationship to you	Percentage of benefits
Name of beneficiary	Relationship to you	Percentage of benefits
Name of beneficiary	Relationship to you	Percentage of benefits

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

To appoint a trustee or administrator for a beneficiary who is a minor, please 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 your 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%.

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

Asset Allocation (Pre-built)

Select the pre-built portfolio that matches your Investor Risk Profile.

	Percentage allocation
<u>McLean Budden LifePlan™ Growth and Income Segregated Fund (GLS)</u>	_____ %
<u>McLean Budden LifePlan™ Growth Segregated Fund (GLT)</u>	_____ %
<u>McLean Budden LifePlan™ Income Segregated Fund (GLR)</u>	_____ %

Build your own portfolio

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

<u>McLean Budden Money Market Segregated Fund (H2P)</u>	_____ %
<u>SLA 1 Year Guaranteed Fund (112)</u>	_____ %
<u>SLA 3 Year Guaranteed Fund (136)</u>	_____ %
<u>SLA 5 Year Guaranteed Fund (160)</u>	_____ %
<u>McLean Budden Fixed Income Segregated Fund (H2N)</u>	_____ %
<u>Trimark Canadian Bond Segregated Fund (GV8)</u>	_____ %
<u>McLean Budden Balanced Value Segregated Fund (H2L)</u>	_____ %
<u>McLean Budden Canadian Equity Value Segregated Fund (H2M)</u>	_____ %
<u>Trimark Canadian Segregated Fund (GQ5)</u>	_____ %
<u>McLean Budden International Equity Segregated Fund (H2Q)</u>	_____ %
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.

5 Your signature of authorization

I hereby authorize Sun Life Assurance Company of Canada, its agents and service providers, 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.

Owner signature X	Date (d / m / y)
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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 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 view our current privacy policy, please visit www.sunlife.ca