Group Retirement Savings Plan with Restrictions on Withdrawals

Enrolment form

Welcome to your Group Retirement Savings Plan with Restrictions on Withdrawals (Group Restricted RSP or plan) that your employer has set up for you through Desjardins Financial Security Life Assurance Company (Desjardins Insurance).

(Write in BLOCK LETTERS)

1 Plan information (to be completed by you or by the employer)

Name of employer				Date employee joined company (dd/mm/yyyy)
McMaster University				
Group number	Subgroup number	Employee number	Province of employment	Date employee joined plan (dd/mm/yyyy)
G003908	**0001**			

2 Your personal information

*In this form, **you** and **your** mean the person (annuitant) applying for the Group Restricted RSP. **We**, **us** and **our** refer to Desjardins Insurance. The terms **employer** and **employee** also include an association and association member.*

First name	Middle initial	Last name	Gender
			☐ F ☐ M

Date of birth (dd/mm/yyyy)	Social Insurance Number (SIN)	Marital status
		☐ Single ☐ Married ☐ Common-law ☐ Civil union (in QC only)

Address (street number and name, apartment or suite number)

City	Province	Postal code	Language of choice
			☐ E ☐ F

Phone number (home)	Phone number (mobile)	Phone number (work)
( )	( )	( ) ext.

Email address

3 Who will be your beneficiaries?

If you do not name a beneficiary, the value of your plan will be paid to your estate upon your death.

If you designate a beneficiary to be irrevocable, you may not modify or revoke the designation without the beneficiary's consent. A beneficiary who is a minor cannot give consent.

Tell us who you want as your beneficiaries to receive the money from your Restricted RSP upon your death. All beneficiaries are revocable (meaning you can change them at any time) unless specified otherwise.

Exception – if you are a Quebec resident

If you are a Quebec resident and name your married spouse or your civil spouse as the beneficiary, the designation will be irrevocable unless you check this box: ☐ **Revocable**

Name (first, last)	Relationship to you	If minor, date of birth (dd/mm/yyyy)	Percentage allocated
			%
			%
			%
			Total 100%

☐ If you want to name more than three beneficiaries, check this box and attach a separate page with the additional names and percentages.

*If you name a minor as a beneficiary, you must name a trustee. A minor is a child who has not reached the legal age as defined by provincial law. A trustee can be a family member or a friend, or an institution like a bank or trust company. **Do not complete the trustee information if you are a Quebec resident.***

Appointing a trustee for minor beneficiaries

First name of trustee	Middle initial	Last name

Address (street number and name, apartment or suite number)

City	Province	Postal code

4 How much do you want to contribute to this plan?

⚠ *Make sure you respect your annual RRSP deduction limit. Each year, refer to your latest notice of assessment sent by the Canada Revenue Agency to confirm your maximum deductible contribution.*

Contributions to your plan are mandatory and calculated in accordance with the formula specific to your employee group.

For more information, or to make additional voluntary contributions, please contact your Human Resources (HR) department.

5 Please sign here

By signing below, you understand and agree that:

- The information you have provided in this enrolment form is true and accurate.
- You are applying for membership in the plan, in accordance with the terms of the plan and the group contract issued to the employer by Desjardins Insurance.
- You authorize us to register your Group Retirement Savings Plan with Restrictions on Withdrawals as a Registered Retirement Savings Plan under the *Income Tax Act* (Canada).
- You confirm that you were informed of the restrictions on withdrawals in effect under the plan and consent to comply with the restrictions.
- You authorize your employer to act as your agent to answer any administrative questions, remit your contributions and give us directions on your behalf.
- You authorize us to invest all contributions for this plan according to the instructions you have given us on the *Your investment instructions* form. If you have not provided valid investment instructions, we will invest 100% of your contributions in a default fund chosen by your employer.
- You understand that your money invested in unit value funds will vary according to market conditions.
- You may at any time change the amount of your contributions, your investment instructions, and your beneficiaries unless they are irrevocable.
- You authorize us to deduct fees from the amount standing to your credit if we have to search for you or remit your assets to an organization responsible for the application of an act regarding unclaimed property. In order to know the applicable fees, refer to the group contract issued to your employer.
- If you no longer participate in your employer's plan, and we do not receive instructions from you, you authorize us to transfer your benefit to the Desjardins Insurance *Your transition plan* Group RRSP or its locked-in account if applicable.
- You authorize us, during this transfer, to proceed with the registration of this Retirement Savings Plan as a Registered Retirement Savings Plan under the *Income Tax Act* (Canada).
- Any benefits paid under this Group Restricted RSP will be settled in accordance with the *Income Tax Act* (Canada) and any applicable provincial law.

How we manage your personal information

Desjardins Insurance handles your personal information in a confidential manner. We keep your information on file so that you can benefit from our various financial services, including retirement plans, insurance, annuities and credit. Your information is consulted only by those of our employees who need to do so in the course of their work. In the course of its business, Desjardins Insurance may use a service provider located outside Canada to manage personal information or for other reasons.

To find out more about the Policy governing the management and protection of personal information or how we manage personal information held outside Canada, contact our Chief Privacy Officer or visit our website at **www.desjardinslifeinsurance.com**.

You have the right to review your personal information in our files and correct anything that is incomplete, ambiguous or not relevant.

We may also send information on our promotions and offer new products to those on our client list. If you do not wish to receive these offers, you may have your name removed from the list.

To make changes to the items mentioned above, you must send a written request to the:

Desjardins Group Chief Privacy Officer
100 rue des Commandeurs, Levis QC G6V 7N5

Your consent for us to collect and use your personal information:

By signing below, you consent to your personal information being collected, verified and shared in order for us to administer your plan and pay benefits.

The people we may share information with are your employer, your legal representative, your group plan representative, your estate, your beneficiary, your spouse and the financial institutions you do business with. You authorize these individuals to give us any personal information we may require.

You authorize us to use your Social Insurance Number (SIN) for income tax purposes.

Desjardins Insurance may also share your personal information with authorized agents to carry out statistical analyses and satisfaction surveys to learn more about our clients and our markets.

If you do not authorize us to use your personal information as described above, please send a written request to:

Desjardins Insurance
Group Retirement Savings
PO BOX 1355 STN Desjardins, Montreal QC H5B 1C4

ⓘ *The **annuitant** is the person who is entitled to receive the retirement income from this Group RSP.*

Signature of employee (annuitant)

X

Date signed (dd/mm/yyyy)

Complete and sign the ***Your investment instructions*** form.

Signature of the issuer

X

Group Retirement Savings Plan with Restrictions on Withdrawals

Important: Use this form to tell us how you would like to invest the contributions. Please make sure you complete the information accurately, write in BLOCK LETTERS and sign on Page 2. Return this form with your enrolment form to Desjardins Insurance.

Questions?

Call the Customer Contact Centre: **1-800-968-3587**
8 a.m. to 8 p.m. Eastern time, Monday to Friday.
www.dfs.ca/participant

1 Your personal information

*In this form, **you** and **your** mean the person who owns the plan. **We**, **us** and **our** refer to Desjardins Insurance. The terms **employer** and **employee** could also include an **association** and **association member**.*

Group number	Name of employer or plan sponsor		Participant or employee number
G003908			
First name		Middle initial	Last name

2 How do you want to invest the contributions?

If you do not complete this section, or the percentages you allocate do not total exactly 100%, the contributions will be invested in a default fund chosen by the employer.

You can change your investment instructions at any time by going online to **www.dfs.ca/participant**.

First, complete the investor profile questionnaire found in your enrolment guide or online at **www.dfs.ca/participant**. Then, refer to the document, *Your investment funds, your way* in your enrolment kit and choose **one** of the two options below.

☐ Option 1 – Choose a Lifecycle Path

This is the easiest investment option – you'll automatically be assigned investments that correspond to your risk tolerance and age. **Note:** If you choose this option, it will apply to **all** your group plans.

Choose only one fund

- ☐ DFS BlackRock® LifePath® Retirement Index I
- ☐ DFS BlackRock® LifePath® 2020 Index
- ☐ DFS BlackRock® LifePath® 2025 Index
- ☐ DFS BlackRock® LifePath® 2030 Index
- ☐ DFS BlackRock® LifePath® 2035 Index
- ☐ DFS BlackRock® LifePath® 2040 Index
- ☐ DFS BlackRock® LifePath® 2045 Index
- ☐ DFS BlackRock® LifePath® 2050 Index
- ☐ DFS BlackRock® LifePath® 2055 Index
- ☐ DFS BlackRock® LifePath® 2060 Index

If you chose Option 1, go to Section 5. Do not complete Option 2 below.

OR

☐ Option 2 – Choose your own mix of funds

List below the funds you have chosen with the contribution percentage that you're allocating to each fund. You can choose Market-Related or Guaranteed funds, or a combination of both. The total of your allocations must be exactly **100%**.

*Should you wish to change your investment instructions for these funds, you must complete the **Request to change your investment instructions** form.*

Fund number	Fund name	Contribution percentage
Market-Related funds		
		%
		%
		%
		%
		%
		%
Guaranteed funds		
		%
		%
		%
		Total 100%

Sign on Page 2

Your investment instructions

3 Please sign here

By signing below, you understand and agree that:

- you authorize us to invest the contributions according to the instructions you have given us on this form and in accordance with the terms of your plan or plans.

Your signature	Date signed (dd/mm/yyyy)
X	

Send this completed form with your signed enrolment form to Desjardins Insurance.