Tax-Free Savings Account (TFSA) enrolment form for Halifax Port I.L.A./H.E.A

Sun Life

Return the completed form to:
Halifax Employers Association
gmccain@hfxemp.ca

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

1 Plan sponsor information

Name of plan sponsor	Client ID	Plan	Contract number
Board of Trustees of the Halifax Port I.L.A./H.E.A. Pension Trust	**C0JIN**	**08**	**79926 -G**

Classifications

Subdivision	Payroll ID	User field
001 – Union Members	N/A	N/A

2 Owner information

Note: The term "owner" has the same meaning as the term "holder" in subsection 146.2(1) of the Income Tax Act (Canada).

First name	Middle initial	Last name	Assigned sex at birth * ☐ Male ☐ Female

Date of birth (dd-mm-yyyy)	Social Insurance Number**	Member ID

Address (street number and name)	Apartment or suite

City	Province	Postal code	Telephone number (day)

Email address	Telephone number (evening)

*We acknowledge that your lived experience may be different from your assigned sex at birth. Providing this information is optional. We use assigned sex at birth information for data analytics and total plan reporting. This information helps us identify insights we may share with your plan sponsor to help them improve the plan. We may also use this information if we need to set up an annuity for you. If you don't provide your assigned sex at birth, and we can't reach you, we'll calculate the annuity using an assumption for assigned sex at birth that is most conservative to Sun Life, which may be less favourable to you.

**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 member ID until such time as it is replaced with a number that is not your SIN.

3 Employment information

Date of enrolment (dd-mm-yyyy)	Date of employment (dd-mm-yyyy)

ENRLMNT

4 Beneficiary designation

Complete this section to designate a 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.

Caution in all provinces except Quebec: Your designation of a beneficiary 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 make a new designation. In Quebec, a divorce granted after December 1st, 1982 cancels the beneficiary designation of the married spouse.

In Quebec if you name more than one beneficiary and give them unequal shares of the benefit and one of them dies, the deceased beneficiary's share will default to contingent beneficiary or estate rather than being divided amongst the other beneficiaries.

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.

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*	☐ Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you*	☐ Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you*	☐ Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %

*Following are the values to be used for relationship

Husband (married)	Wife (married)	Spouse	Civil union	Common-law
Fiancé(e)	Friend	Former spouse	Father	Mother
Brother	Sister	Son	Daughter	Nephew
Niece	Aunt	Uncle	Cousin	Grandchild
Grandparent	Step family	Family-in-law	Institution	Other

Where Quebec law applies, **a married or civil union spouse beneficiary is **irrevocable** unless you indicate otherwise. To avoid this restriction and make your legal spouse designation revocable, you must check the revocable box above.

If your beneficiary is irrevocable, 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 with the irrevocable beneficiary's written consent.

5 Contingent beneficiary appointment

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.

Beneficiary's first name	Middle initial	Last name	
Relationship to you* (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you* (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you* (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %

6 Contributions by payroll deduction

I authorize my employer to deduct $ _____ per hour each pay period to be deposited into the TFSA.

7 Investment instructions

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

Percentages must be in whole numbers and total 100%.

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

Help me do it - multi-risk target date funds

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.

	Percentage allocation
SL Granite Aggressive Retirement Fund (QS9)	%
SL Granite 2030 Agg Fund (QSJ)	%
SL Granite 2035 Agg Fund (QXA)	%
SL Granite 2040 Agg Fund (QSK)	%
SL Granite 2045 Agg Fund (QXB)	%
SL Granite 2050 Agg Fund (QSL)	%
SL Granite 2055 Agg Fund (QYS)	%
SL Granite 2060 Agg Fund (QKL)	%
SL Granite 2065 Agg Fund (QP9)	%
SL Granite Conservative Retirement Fund (QS8)	%
SL Granite 2030 Con Fund (QSN)	%
SL Granite 2035 Con Fund (QXE)	%
SL Granite 2040 Con Fund (QSO)	%
SL Granite 2045 Con Fund (QXF)	%
SL Granite 2050 Con Fund (QSP)	%
SL Granite 2055 Con Fund (QYR)	%
SL Granite 2060 Con Fund (QKM)	%
SL Granite 2065 Con Fund (QP8)	%
SL Granite Moderate Retirement Fund (U00)	%
SL Granite 2030 Mod Fund (LY1)	%
SL Granite 2035 Mod Fund (IGL)	%
SL Granite 2040 Mod Fund (LY2)	%
SL Granite 2045 Mod Fund (IGM)	%
SL Granite 2050 Mod Fund (LY3)	%
SL Granite 2055 Mod Fund (I29)	%
SL Granite 2060 Mod Fund (ED1)	%
SL Granite 2065 Mod Fund (ML1)	%

Let me do it

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

	Percentage allocation
SLF Money Market (X21)	%
PH&N Core Plus Bond Fund (QYV)	%
Fid Can Core Equity Trust (QLU)	%
TDAM Cdn Equity Index Fnd (X39)	%
PH&N Global Equity Fund (U67)	%
TDAM Intl Equity Index Fd (X41)	%
TDAM US Mkt Index (X40)	%
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 SL Granite Mod Multi-Risk Target Date fund with the maturity date closest to without exceeding, your 65th birthday.

☐ **I hereby request my account to be re-balanced monthly to reflect the above specified fund allocation:**

Or

☐ **Do Not Rebalance**

8 Your authorization and signature

I apply for a TFSA to be established under the terms of the Group Annuity Policy issued by Sun Life Assurance Company of Canada.

I request Sun Life Assurance Company of Canada to file an election to register my arrangement as a Tax-Free Savings Account (TFSA) under the Income Tax Act (Canada) and any applicable provincial tax legislation.

I appoint the plan sponsor named in this application to act as my agent for the purpose of submitting contributions, providing my investment, withdrawal and transfer instructions and any other instructions as may be required to administer my TFSA.

I agree to be bound by the terms of the Plan and any amendments thereto.

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 collect, use and disclose to my plan sponsor, its agents and service providers, my personal information, which may include annual income information, for the purpose of plan administration.

I also authorize Sun Life Assurance Company of Canada, its agents and service providers to disclose 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 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 group of companies mean only those companies identified in Sun Life's Privacy Policy for Canada which is available on the Sun Life website, *sunlife.ca*.

Owner signature	Date (dd-mm-yyyy)
X	

9 Acceptance of application

Sun Life Assurance Company of Canada's acceptance of application.

Authorized signatures: President and Chief Executive Officer Corporate Secretary

10 Respecting your privacy

Our Purpose is to help our Clients achieve lifetime financial security and live healthier lives. We collect, use and disclose your personal information to: develop and deliver the right products and services; enhance your experience and manage our business operations; perform underwriting, administration and claims adjudication; protect against fraud, errors or misrepresentations; tell you about other products and services; and meet legal and security obligations. We collect it directly from you, when you use our products and services, and from other sources. We keep your information confidential and only as long as needed. People who may access it include our employees, distribution partners such as advisors, service providers, reinsurers, or anyone else you authorize. At times, unless we're prohibited, they may be outside your jurisdiction and your information may be subject to local laws. You can always ask for your information and to correct it if needed. In most cases, you have a right to withdraw your consent, but we may not be able to provide the requested product or service. Read our Global Privacy Statement and local policy at *www.sunlife.ca/privacy* or call us for a copy.

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