



Defined Contribution Pension Plan (DCPP) enrolment form



Return the completed form to:

Sun Life, Group Retirement Services

PO Box 11001 Stn CV, Montreal QC H3C 3P3

sunlife.ca

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

Please PRINT clearly.

Plan sponsor information

Name of plan sponsor United Steelworkers Union Local 9554	Client ID C03ND	Plan 01	Contract number 49986 -G
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Classifications

Subdivision 001	Payroll ID N/A	User field N/A
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1 Personal information

First name	Middle initial	Last name	Assigned sex at birth* <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (dd-mm-yyyy)	Social Insurance Number**	Employee Number	
Address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number (day)
Email address			Telephone number (evening)
Date of enrolment (dd-mm-yyyy)	Date of employment (dd-mm-yyyy)	Province of employment	

*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.

2 Marital / relationship status declaration

Note: If your status changes in the future, please complete/submit a 'Change of records' form and notify your plan sponsor.

I certify, at the time of this declaration, based on the definition of spouse applicable under pension legislation:

☐ I have a spouse.

Spouse's first name	Middle initial	Last name	Date of birth (dd-mm-yyyy)
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☐ I do not have a spouse.

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3 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. If you have a spouse when you die, the law may stipulate that all or part of the death benefit be paid to your qualifying spouse, unless your 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 your spouse to receive all benefits, please ensure you designate your spouse as beneficiary in the space below.

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*	<input type="checkbox"/> Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you*	<input type="checkbox"/> Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you*	<input type="checkbox"/> 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.

4 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 %

5 Contributions

Required contributions:

The required contribution amount, as defined under the plan, will be deducted from your pay for deposit into the plan.

6 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 - target date funds

Pick the target date fund closest to when you will need your money.

	Percentage allocation
MFS LP Retiree Fund (X91)	%
MFS LP Retirement 2025 (X95)	%
MFS LP Retirement 2030 (X96)	%
MFS LP Retirement 2035 (X97)	%
MFS LP Retirement 2040 (X98)	%
MFS LP Retirement 2045 (QPK)	%
MFS LP Retirement 2050 (QPL)	%
MFS LP Retirement 2055 (QZB)	%
MFS LP Retirement 2060 (QJZ)	%
MFS LP Retirement 2065 (QM5)	%

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
SLA 1Yr Guaranteed Fund (012)	%
SLA 3Yr Guaranteed Fund (036)	%
SLA 5Yr Guaranteed Fund (060)	%
Sun Life GDIA (197)	%
BLK Bond Index Fund (W02)	%
PH&N Core Plus Bond Fund (QYV)	%

BLK S&P/TSX Comp Index (W35)		%
CC&L Grp Cdn Equity Fnd (X18)		%
BLK Global Equity Index (QNU)		%
BLK US Equity Index Reg (X90)		%
Mawer Global Equity Fund (QZE)		%
	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 MFS LP Retirement fund closest to without exceeding your 65th birthday.

7 Your authorization and signature

I acknowledge that by enrolling in this plan, I am bound by the terms of the group savings plan contract* between my plan sponsor and Sun Life, the applicable details of which have been or will be provided or made available to me by Sun Life or my plan sponsor as part of the enrolment process.

I understand that the funds available in my plan are offered under a group savings plan contract issued to my plan sponsor by Sun Life.

I authorize Sun Life Assurance Company of Canada (Sun Life), 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, 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.

*Group savings plan contract includes a group annuity policy issued by Sun Life.

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.

Signature

X

Date (dd-mm-yyyy)

8 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.