

# Tax-Free Savings Account (TFSA) enrolment form

Sun Life Financial, Group Retirement Services  
PO Box 11001 Stn CV, Montreal QC H3C 3P3  
www.sunlife.ca

Please PRINT clearly.

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

## 1 Plan sponsor information

This section is to be completed by the plan sponsor.

Name of plan sponsor <b>St. Francis Xavier University</b>	Client ID <b>C069K</b>	Plan <b>01</b>	Contract number <b>96794-G</b>
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### Classifications

Subdivision <input type="checkbox"/> 001 - DC Members <input type="checkbox"/> 002 - DB Members	Payroll ID N/A	User field N/A
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## 2 Owner information

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

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

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

## 3 Beneficiary designation

Complete this section to designate a beneficiary for your account. In the absence of a beneficiary designation, death benefits will be paid to your estate. It is important for you to ensure that you specify in your will to whom the death benefit should be paid.

*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 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*	Percentage of benefits
				%
				%
				%

\***Quebec:** if you name your spouse as beneficiary, please indicate if this person is your common-law spouse. Otherwise we will deem this person to be your legal spouse.

**Important where Quebec law applies: a legal (married or civil union) spouse beneficiary is irrevocable unless you indicate otherwise.**

**If you have an irrevocable beneficiary, 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 Financial with the irrevocable beneficiary's written consent.**

To avoid this restriction and make your beneficiary designation revocable you must check here:  Revocable Beneficiary

**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.

#### 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.

Contingent beneficiary's first name	Middle initial	Last name	Relationship to you	Percentage of benefits
				%
				%
				%

#### 5 Contributions by payroll deduction

I authorize my employer to deduct \_\_\_\_\_ % or \$ \_\_\_\_\_ per pay to be deposited into the TFSA.

#### 6 Investment instructions

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

**Percentages must be in whole numbers and total 100%.**

Pick the target date fund with the maturity date that is closest to when you will need your money.

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

##### built FOR me – target date funds

	Percentage allocation
BlackRock LifePath® Index 2020 Segregated Fund (QND)	%
BlackRock LifePath® Index 2025 Segregated Fund (QNS)	%
BlackRock LifePath® Index 2030 Segregated Fund (QNE)	%
BlackRock LifePath® Index 2035 Segregated Fund (QNT)	%
BlackRock LifePath® Index 2040 Segregated Fund (QNF)	%
BlackRock LifePath® Index 2045 Segregated Fund (QOP)	%
BlackRock LifePath® Index 2050 Segregated Fund (QSZ)	%
BlackRock LifePath® Index 2055 Segregated Fund (QYP)	%
BlackRock LifePath® Index Retirement Segregated Fund 1 (QNB)	%
Sun Life Financial Granite™ 2020 Segregated Fund (QQE)	%
Sun Life Financial Granite™ 2025 Segregated Fund (QQF)	%
Sun Life Financial Granite™ 2030 Segregated Fund (QQG)	%
Sun Life Financial Granite™ 2035 Segregated Fund (QQH)	%
Sun Life Financial Granite™ 2040 Segregated Fund (QQI)	%
Sun Life Financial Granite™ 2045 Segregated Fund (QQJ)	%
Sun Life Financial Granite™ 2050 Segregated Fund (QSE)	%
Sun Life Financial Granite™ 2055 Segregated Fund (QYQ)	%
Sun Life Financial Granite™ Retirement Segregated Fund (QQC)	%

##### built BY me

SLA 5 Year Guaranteed Fund (060)	%
Sun Life Financial Money Market Segregated Fund (X21)	%
PH&N Bond Segregated Fund (U44)	%
TDAM Canadian Bond Index Segregated Fund (X37)	%
Fiera Sceptre Balanced Core Pooled Segregated Fund (U69)	%
PH&N Balanced Pension Segregated Fund (U01)	%
Fiera Sceptre Canadian Equity Pooled Segregated Fund (Q3D)	%
PH&N Canadian Equity Plus Pension Segregated Fund (U43)	%
PH&N Global Equity Segregated Fund (U67)	%
PH&N U.S. Equity Segregated Fund (U50)	%

**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 Sun Life Financial Granite™ Segregated Fund closest to without exceeding your 65<sup>th</sup> birthday.

**7 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 obtain, use and transmit to my plan sponsor, its agents and service providers, my personal information for the purpose of plan administration.

I also authorize Sun Life Assurance Company of Canada, its agents and service providers to transmit 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 Financial 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 Financial group of companies mean only those companies identified in Sun Life Financial's Privacy Policy for Canada which is available on the Sun Life Financial website, [www.sunlife.ca](http://www.sunlife.ca).

Owner signature X	Date (dd-mm-yyyy) _ _ _ _
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**8 Acceptance of application**

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

Authorized signatures:

Chief Executive Officer

Secretary

**9 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 and reinsurers 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 find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information about our privacy practices, send a written request by email to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.