



## Your enrolment, your way

### Your opportunity to build a nest egg for retirement!

Welcome to your Group Retirement Savings Plan (RSP) that your employer, through Desjardins Financial Security Life Assurance Company (DFS), has set up especially for you.

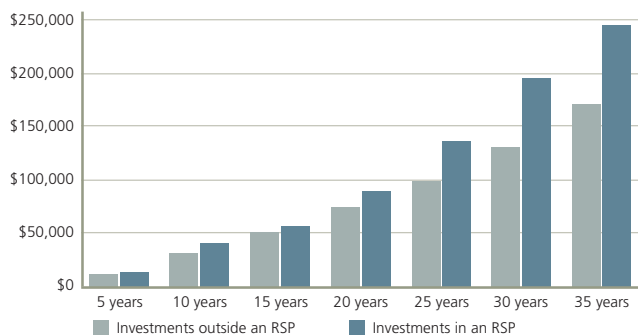
**i** We've referred to 'employer' and 'employee' in this form. These terms also include an association and association member. The employee or association member is the annuitant under this Group RSP.

A Group RSP is one of the best ways to save for retirement. Here's why:

- You decide how much you want to contribute. Your contributions may come off your paycheque automatically.
- Your contributions are tax deductible – which increases your chance of getting a tax refund.
- The earlier you start investing, the greater the opportunity for your investments to grow and you only pay taxes when you withdraw your money.
- At any time you can withdraw all the non-locked money from your RSP.
- You have access to a range of tools and services from DFS to plan your retirement and see if you're on target.

#### The RSP advantage

We've shown below how an annual contribution of \$1,000 would grow in an RSP compared to an unregistered savings account. We've assumed an average rate of return of 6%.



#### To be completed by the employer

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

# Group Retirement Savings Plan (RSP)

## Enrolment form

### Follow these easy steps:

1. Before signing up, take a few minutes to review your plan enrolment kit. It has lots of helpful information about the plan and your investment options.
2. To enrol, simply complete and return this form.
3. If you have a spouse, your Group RSP may also be available to them - if your plan permits. **Your spouse must use the form called Spousal Retirement Savings Plan (Spousal RSP).**

**i** Under federal law, a spouse is a legally married spouse or a common-law partner. The Income Tax Act (Canada) defines a common-law partner as a person of either the same or opposite sex who has lived with another person in a conjugal relationship continuously for at least 12 months, or is a parent of a child which is also the child of the partner.
4. When completing this form you must decide on the following important points:
  - Who you want as your beneficiaries to receive the money from your RSP upon your death.
  - How much you want to contribute to the plan.
  - How you want to invest your contributions.

You may wish to consult your financial advisor if you need help with these questions.
5. Please make sure you complete each section accurately and write in BLOCK LETTERS. Any information that is missing or incorrect will delay your enrolment.
6. **Important:** You must also complete the separate form called *Your investment instructions*. If you don't have this form, please ask your employer for one. If you don't send us that form with this enrolment form, or you don't make any investment choices, your contributions will be invested in a default fund selection chosen by your employer.
7. Sign this form on the last page and then send it along with the form entitled *Your investment instructions* form to your employer.

### Look for these symbols

- ⚠** = High-priority instructions and information
- i** = Helpful explanations

### Questions?

Call the Customer Contact Centre:

**1-800-968-3587**

8 a.m. to 8 p.m. Eastern time, Monday to Friday

[grouppension@dfs.ca](mailto:grouppension@dfs.ca)



## Enrolment form Write in BLOCK LETTERS.

### 1 Your personal information

**i** In this form, **you** and **your** mean the person (annuitant) applying for the RSP. **We**, **us** and **our** mean DFS.

First name		Middle initial	Last name		Gender <input type="checkbox"/> F <input type="checkbox"/> M
Date of birth (dd/mm/yyyy)	Social Insurance Number (SIN)		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Civil union (in QC only)		
Address (street number and name, apartment or suite number)					
City		Province	Postal code	Language of choice <input type="checkbox"/> E <input type="checkbox"/> F	
Phone number (day) ( )	Phone number (evening) ( )	Email address			

### 2 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.

Tell us who you want as your beneficiaries to receive the money from your 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

**!** If you designate a beneficiary to be irrevocable, you may not modify or revoke the designation, nor exercise or assign your rights under the plan, request the payment of the surrender value, or use it in any other manner, without the beneficiary's consent. A beneficiary who is a minor cannot give consent.

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

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

#### Appointing a trustee for minor beneficiaries

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.**

First name of trustee		Middle initial	Last name
Address (street number and name, apartment or suite number)			
City		Province	Postal code

### 3 How much do you want to contribute to this plan?

Choose one of the two options below:

**Option 1 – The employee contributes via payroll deductions**

Contributions can either be a percentage of every paycheque or a fixed dollar amount.

\_\_\_\_\_ % of every paycheque

**or**

\$\_\_\_\_\_, deducted from every paycheque.

## Enrolment form

### 3 How much do you want to contribute to this plan? (continued)

**Option 2 – You make a deposit**

Check one:

**Payment by cheque**

\$ \_\_\_\_\_ cheque attached, made payable to  
Desjardins Financial Security Life Assurance  
Company.

**Pre-authorized debit**

Please complete the *Individual Pre-Authorized Debit Agreement* form available online at **dfs.ca/participant** (Your transactions / Forms and documents), or call our Customer Contact Centre at **1-800-968-3587**.

### 4 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 DFS.
- You authorize us to apply to register your Group Retirement Savings Plan as a Registered Retirement Savings Plan under the Income Tax Act (Canada) and, if applicable, under the Taxation Act (Quebec).
- You authorize your employer to act as your agent to answer any administration questions, remit your contributions and give us directions on your behalf.
- You authorize us to invest all your contributions for this plan according to the instructions you gave us on the form called *Your investment instructions*. If you have not provided valid investment instructions, we will invest 100% of your contributions in a default fund selection 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 options and your beneficiaries (unless they are irrevocable).
- Any benefits paid under this Group RSP will be settled in accordance with the Income Tax Act (Canada) and, if applicable, the Taxation Act (Quebec).

**How we manage your personal information**

Desjardins Financial Security Life Assurance Company (DFS) 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, DFS may use a service provider located outside Canada to manage personal information or for other reasons.

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

To find out more about the Policy governing the management and protection of personal information or how DFS manages personal information held outside Canada, contact the DFS Privacy Officer or visit the DFS website at **www.dsf-dfs.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 Privacy Officer at the address shown below.

**Privacy Officer,  
Desjardins Financial Security Life Assurance Company  
200, rue des Commandeurs, Lévis (Québec) G6V 6R2**

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

By signing below, you consent and agree that we may collect, verify and share your personal information, in order to administer your plan and pay benefits. The people we may share information with are your employer, your legal representative, group savings representative, estate, beneficiary, spouse and the financial institutions with whom you do business. You authorize these individuals to give us any personal information we may require.

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

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

**Desjardins Financial Security,  
Group Retirement Services,  
C.P. 1355, Succ. Desjardins, Montreal, (Quebec) H5B 1C4**

Signature of employee (annuitant)

X

Date signed (dd/mm/yyyy)

Signature of employer

X

Date signed (dd/mm/yyyy)

**Send this completed form with the *Your investment instructions* form to your employer.**