

To avoid delays, please complete the required information by printing clearly in ink.
In order to enrol you in the retirement savings plan, the following data is required.

ANNUITANT INFORMATION

Note: Annuitant is the owner of the Plan.

Annuitant _____
First Name Initial Last Name

Plan Sponsor _____ Employer* _____
* if different than plan sponsor

Address _____
Street City Province Postal Code

Social Insurance Number _____ Male Female Date of Birth _____
MMM/DD/YYYY

Telephone (_____) _____ Email _____

SPOUSAL PLAN

To be completed only if spousal plan.

My Spouse or common-law partner will contribute on my behalf. Tax receipts will be submitted by my spouse or common-law partner.

Contributor _____
First Name Initial Last Name

Social Insurance Number _____ Date of Birth _____
MMM/DD/YYYY

BENEFICIARY INFORMATION

If a minor is named as beneficiary, CUMIS suggests that arrangements be made to allow for the distribution of the benefits (e.g. appointment of a trustee) to ensure that the member's intentions are carried out. If a trustee is not appointed, the funds may be turned over to the Public Trustee (or equivalent official) or paid into court to be dispersed as stipulated under provincial legislation.

(This caution is required by Manitoba)
CAUTION: Your designation of a beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

BENEFICIARY(IES)				% Share
_____	_____	_____	_____	_____ %
<small>First Name</small>	<small>Initial</small>	<small>Last Name</small>	<small>Relationship</small>	
_____	_____	_____	_____	_____ %
<small>First Name</small>	<small>Initial</small>	<small>Last Name</small>	<small>Relationship</small>	

TRUSTEE (IF BENEFICIARY IS A MINOR)

_____ First Name Initial Last Name Relationship

Where the Civil Code of Quebec applies, any designation of spouse is irrevocable unless you make the designation revocable
 I stipulate that the designation of my spouse as beneficiary is revocable.

CONTINGENT BENEFICIARY(IES)

Contingent Beneficiary will receive the benefits if the primary beneficiary(ies) predecease(s) the owner/annuitant

_____	_____	_____	_____	_____ %
<small>First Name</small>	<small>Initial</small>	<small>Last Name</small>	<small>Relationship</small>	
_____	_____	_____	_____	_____ %
<small>First Name</small>	<small>Initial</small>	<small>Last Name</small>	<small>Relationship</small>	

TRUSTEE (IF BENEFICIARY IS A MINOR)

_____ First Name Initial Last Name Relationship

INVESTMENT OPTIONS

To be completed only if applicable.

Please refer to your employee booklet for allowable funds and percentage limits. Total allocation must equal 100%.

Percentage	Name of Fund or Identifier
_____ % to _____	_____
_____ % to _____	_____
_____ % to _____	_____
_____ % to _____	_____
_____ % to _____	_____
_____ % to _____	_____

If no funds are marked, the default fund will be selected by my plan sponsor.

REGISTRATION REQUEST AND ACKNOWLEDGEMENT

To be signed by Annuitant.

Return completed form to your employer's Human Resources Department.

CUMIS PRIVACY STATEMENT

CUMIS is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

I request the issuer to apply for registration of the Plan as an RRSP under Section 146 of the Income Tax Act (Canada). I understand that any payments out of the Plan will be taxable. I reserve the right to change the beneficiary appointed above, subject to applicable laws. I hereby appoint the Planholder to act on my behalf as agent under the Plan and apply to CUMIS Life Insurance Company as issuer of the Plan to join as of _____.

MMM/DD/YYYY

I understand that the information provided on this form will be used by CUMIS Life Insurance Company to administer the retirement plan to which I am applying for membership, and for such other lawful purposes in accordance with federal and provincial laws, as may apply.

I have been made aware of the benefits available to me under the Group Retirement Savings Plan (the "Plan") offered by my employer (the Planholder). I have elected to participate and hereby authorize the company to deduct from my earnings (or from my spouse's earnings if Spousal Group Retirement Savings Plan) the contributions to be made under the plan.

Annuitant Signature _____ Date _____

MMM/DD/YYYY