

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.

PLAN SPONSOR/EMPLOYER INFORMATION

Plan Sponsor BC Regional Council of Carpenters Employer* _____

Company # 3105 Employer/Sponsor Identification # 7290 Division #** 7290D2

* If different than plan sponsor ** If Applicable

OWNER/ANNUITANT INFORMATION

The owner/annuitant is the individual who will own the Group RSP.

Owner/Annuitant _____ Participant ID # _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Phone Number _____ Social Insurance Number _____

Date of Birth _____ Male Female Email _____
MM/DD/YYYY

Marital Status: Single Married/Civil Union Common-Law/Partnered

INVESTMENT OPTIONS

NOTE:

- If the applicant does not make an investment option selection, the funds will be invested in the default option selected by the plan sponsor as shown below.
- CUMIS LifePlan Retirement Funds: Select the ONE that is closest to your planned retirement date.
- The CUMIS Retirement Security Fund and/or Guaranteed Interest Accounts may be subject to market value adjustment.

The total allocation must equal 100%

If you do not make an investment choice, your contributions will be invested in the CUMIS LifePlan Retirement (MFS) Funds.

Target Date		BlackRock Index Managed Asset Allocation	
<input type="checkbox"/> CUMIS LifePlan Retiree (MFS)	_____ %	<input type="checkbox"/> CUMIS Conservative Balanced Index Fund (BLK)	_____ %
<input type="checkbox"/> CUMIS LifePlan Retirement 2025 (MFS)	_____ %	<input type="checkbox"/> CUMIS Moderate Balanced Index Fund (BLK)	_____ %
<input type="checkbox"/> CUMIS LifePlan Retirement 2030 (MFS)	_____ %	<input type="checkbox"/> CUMIS Aggressive Balanced Index Fund (BLK)	_____ %
<input type="checkbox"/> CUMIS LifePlan Retirement 2035 (MFS)	_____ %		
<input type="checkbox"/> CUMIS LifePlan Retirement 2040 (MFS)	_____ %		
<input type="checkbox"/> CUMIS LifePlan Retirement 2045 (MFS)	_____ %		
<input type="checkbox"/> CUMIS LifePlan Retirement 2050 (MFS)	_____ %		
<input type="checkbox"/> CUMIS LifePlan Retirement 2055 (MFS)	_____ %		
<input type="checkbox"/> CUMIS LifePlan Retirement 2060 (MFS)	_____ %		
Yield Pass Through			
<input type="checkbox"/> CUMIS Retirement Security Fund	_____ %		

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

First Name Initial Last Name Relationship _____ %

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

First Name Initial Last Name Relationship _____ %

TRUSTEE (IF BENEFICIARY IS A MINOR)

First Name Initial Last Name Relationship _____

REGISTRATION REQUEST AND ACKNOWLEDGEMENT

To be signed by Owner/Annuitant.

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

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 _____.

MM/DD/YYYY

I understand that the information provided on this form will be used by CUMIS Life Insurance Company ("CUMIS") to administer the retirement savings 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 hereby authorize my employer, CUMIS, or any other person or organization involved in the administration of this Plan to release and exchange any and all information necessary for the purpose of administration of this Plan.

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.

I authorize the use of my Social Insurance Number for the purposes of tax reporting.

I hereby authorize the advisor, as appointed by my Planholder, online access to my information for the purposes of assisting me with the understanding of my account. I understand that the web site will be used to provide information only. I also understand that the advisor will not be able to implement any changes to my account, or request any activity be done on my behalf, such as inter-fund transfers or beneficiary name changes online. I further authorize the advisor to receive reports outlining the account balances, contribution history, investment mix and other plan member information to assist the advisor in servicing my account.

Owner/Annuitant Signature _____ Date _____
MM/DD/YYYY

To be completed by plan sponsor/employer (if required).

Plan Sponsor/Employer acknowledgement of eligibility _____
MMM/DD/YYYY

Signature of Plan Sponsor/Employer Date _____
MMM/DD/YYYY

PRIVACY STATEMENT

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.

Submit this form to: 201 City Centre Drive, Suite 1000, Mississauga, ON L5B 4E4 or Fax to: (416) 865-1301
NOTE: Should you have any questions about this form or transaction please call toll-free 1-855-889-5096