

Application for membership in a group registered pension plan (continued)

SECTION 3 – YOUR BENEFICIARY DESIGNATION (continued)

Trustee (to be completed if any of your beneficiaries are minors or otherwise lack legal capacity and do not reside in Quebec; do not complete if a formal trust exists)

Last name	First name	Trustee for (indicate beneficiary name)	Relationship of trustee to you
Mior	Donna	Dyami Donovan Cameron	Traditional Adopted Sister

You authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) in their sole discretion, to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to appointing a trustee. Payment to the trustee(s) discharges us to the extent of the payment.

SECTION 4 – PAYROLL DEDUCTION AUTHORIZATION

You authorize your employer to deduct the following from each pay:

- your required contributions under the provisions of the plan; 6% and,
- if permitted by the plan, additional voluntary contributions of 3%. You reserve the right to alter or discontinue this option.

SECTION 5 – YOUR INVESTMENT SELECTION

Select investment(s) if your plan sponsor/plan administrator has given you the right to select investments for all or part of the contributions to the plan. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
LDVDL	50 %		%
LUSET	50 %		%
	%		%
	%		%

Total allocation must equal 100%

SECTION 6 – SIGNATURE

You confirm the information on this form and will update it in the future as it changes. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in the attached Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application.

C. Cameron

Signature of applicant

Apr 25, 2022

Date

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