



# How to enrol in the group RRSP for employees of building services, Montreal region

# **Enrolment form**

It is important to understand that **your employer contributes for you**. However, in order for your contributions to be deposited into your group RRSP, **you must first complete your enrolment form.** 

You only have three sections to complete on this form. It is very easy and takes just a few minutes.

**IMPORTANT**: You must sign your form. Do not forget to complete the signature section on the back of your form.

## FIRST SECTION TO COMPLETE - 2. Your personal information (annuitant)

⇒ All boxes in this section must be completed.

It is **very important** to provide your **social insurance number** and your **date of birth**. This information is **required** to confirm your identity and issue your tax receipts, which is done twice a year (early January and early March).

# 1. Your group savings and retirement plan

Name of your employer or your plan sponsor REER COLLECTIF DU PERSONNEL D'ENTRETIEN D'EDIFICES PU	IBLICS REGION DE	MONTREAL			
Contract number 15383-CM	Division number Class number 001 01				
2. Your personal information (Annuitant	First name				**Example only** This is not an enrolment form.
Last Harrie	riist name				
Social Insurance Number	Date of birth Sex Female M				
Mailing address (number, street and apartment)					
City		Province			
Country	Postal code		Telephone No.		
Email address			Language French English		



# SECOND SECTION TO COMPLETE – Electronic communications agreement

This section lets us know how you want to receive your documents.

⇒ First box – electronically, or second box – by mail

We also ask whether you wish to receive our eNewsletter. Check "Yes" or "No".

Electronic communications agreement	
How would you like to receive your statements and other communications regarding your group savings and retirement plans?  I accept to receive them by email or via My Client Space, our secure website. I will be notified by email when they are available.  By mail.	**Example only** This is not an enrolment form.
Do you want to receive by email the Group Savings and Retirement eNewsletter from Industrial Alliance Insurance and Financial Services Inc.?  Yes, I accept to receive it by email. This eNewsletter provides information about retirement planning.  No.	
By accepting to receive the communications by email, I agree to check my email and send Industrial Alliance Insurance and Financial Services Inc. any change in my email address. If changes are not communicated, Industrial Alliance Insurance and Financial Services Inc. cannot be held responsible for not transmitting the information through electronic communications. Industrial Alliance Insurance and Financial Services Inc. can mail me any documents that could not be transmitted electronically if required by law, if judged appropriate or if requested by myself upon payment of appropriate fees. This consent shall enter into force as of the date it is received and applies to all the group savings and retirement plans that I have with Industrial Alliance Insurance and Financial Services Inc For additional information, contact Industrial Alliance Insurance and Financial Services Inc. in writing or by email at pension@ia.ca.	
Note: You will be able to unsubscribe from receiving electronic communications and eNewsletters at any time.	

# THIRD SECTION TO COMPLETE - 4. Your signature and other important information

<u>We absolutely need your signature</u> to set up your group RRSP account and allow you to receive your employer's contributions. Do not forget to date your signature as well.

Without your signature and the date, your enrolment will be incomplete.

#### 4. Your signature and other important information

#### **Personal Information**

In order to ensure the confidentiality of your personal information in its possession, Industrial Alliance Insurance and Financial Services Inc. will establish a file for the purposes of providing you with financial products and services. Your file will contain information about any request concerning the execution of this plan. Access to this file is limited to Industrial Alliance Insurance and Financial Services Inc. employees and agents responsible for file management, to persons you have authorized, and to persons legally entitled to do so.

Your file will be kept in Industrial Alliance Insurance and Financial Services Inc. offices. You have the right to access the personal information contained in your file, as well as to have any erroneous information corrected that you are unable to change directly on the Industrial Alliance Insurance and Financial Services Inc. website or by any other means. To do so, you must send a request in writing to the following address:

Industrial Alliance Insurance and Financial Services Inc.

Privacy Officer, PO Box 1907, Station Terminus, Quebec City, QC G1K 7M3

iA Financial Group, its affiliates and their agents can access information about me in order to know me better, better meet my needs and offer the best possible service and client experience. (If you do not wish to grant access to this information, please call us at 1-800-567-5670.)

# I, the undersigned, hereby: affirm that all statements provided in the following document are true and complete. appoint my employer as agent, if applicable, and authorize it to act on my behalf to deduct contributions from my salary as stipulated in the plan and I appoint the contractholder or sponsor, as the case may be, as the authorized agent to act on my behalf for the purposes of my participation in the plan, notably for collecting and submitting contributions as set forth in the plan, determining default investment instructions and applying such instructions to my investments if I fail to provide any investment instructions and such default instructions have been determined. confirm that I understand and accept the conditions applicable to the present contract and my responsibilities, and that I wish to enrol in the contract. request that Industrial Alliance Insurance and Financial Services Inc. register my group RSP as a registered retirement savings plan under the Income Tax Act (Canada) and, if required, that it be locked in under the provisions of any applicable legislation. consent to the exchange and communication of my personal information between Industrial Alliance Insurance and Financial Services Inc., the employer or plan sponsor and their authorized agents, including all representatives or brokers, for the purposes of administering the contract and the services provided under the contract, and I authorize the collection, use and communication of my personal information by Industrial Alliance Insurance and Financial Services Inc. for these purposes. confirm having read and understood the disclosure documents regarding this plan, including the information regarding investment options and applicable interest rates before selecting my investment instructions, and I understand my responsibilities. To be valid, your enrollment form must be signed.

# **Beneficiary designation form**

**Denis Ricard** 

Next, **you must complete your beneficiary designation form**. In this form, you identify the person or persons to whom your group RRSP assets will be attributed at the time of your death.

President and Chief Executive Officer Corporate Secretary
Industrial Alliance Insurance and Financial Services Inc. Industrial Alliance Insurance and Financial Services Inc.

Jennifer Dibblee

You also have three sections to complete on this form. It is very easy and takes just a few minutes.

**IMPORTANT**: You must sign your form. Do not forget to complete the signature section.

#### FIRST SECTION TO COMPLETE - 1. Your identification

In this section, you must complete the second line with your first name, last name and date of birth.

# 1- Your identification

Plan sponsor or Plan name		Contract number	Divis	ion number	Plan type
REER COLLECTIF DU PERSONNEL D'ENTRETIEN D'REGION DE MONTREAL	'EDIFICES PUBLICS	15383CM	001		RRSP
First name	Last name			Date of birth	
				YYYY-MM-DD	

\*\*Example only\*\*
This is not a beneficiary designation form.

# SECOND SECTION TO COMPLETE - 2. Who do you want to designate as beneficiary?

You can designate one or more individuals, a company, a non-profit organization, a trust or an association. If you designate a minor beneficiary, you must then also complete Section 3.

In the table below, **if you leave the "Type of designation" column blank**, the beneficiary is considered **revocable**, which means you can change the beneficiary without their written consent. If you enter **irrevocable**, the beneficiary must give written consent before you can make any change.

	Last name	Relationship	Date of birth	Percentage breakdown	Type of designation	
			YYYY-MM-DD			
			YYYY-MM-DD			
			YYYY-MM-DD			**Example only**
			YYYY-MM-DD			This is not a beneficiary
ou designate a minor benefi	iciary, please complete section	3.				designation form.
o the following statement:	or civil union spouse as benefic	,		•		

Without your signature and the date, your beneficiary designation will be incomplete.

5-	Sign	here	to	confirm	your	beneficiary	designation

I, the undersigned, revoke any previous beneficiary designations, if any, and name the recipient(s) mentioned in Section 2.

Signature YYYY-MM-DD Date

\*\*Example only\*\*
This is not a beneficiary designation form.

Once you have completed your forms, return them to the Parity Committee for the building services, Montreal region, at the following address:

4351, rue D'Iberville | Montréal (Québec) | H2H 2L7

The Committee will forward them to iA Financial Group (Industrial Alliance Insurance and Financial Services Inc.) to open your group RRSP account and make sure it's ready to receive your contributions.

### INVESTED IN YOU.



# Who will your money go to?

# Do you know who will receive the assets in your group retirement plan when you pass away?

Even though the beneficiary designation for death benefits might seem simple, there are lots of little details to consider. Here it is in a nutshell:

- If you have designated one or more beneficiaries for your plan, your assets will be transferred to said person(s).
- If you have not designated a beneficiary for your plan and you have a spouse at the time of death, your assets will be paid to your spouse.
- If you have not designated a beneficiary for your plan and you do not have a spouse at the time of death, your assets could be paid to your legal heirs. It's the law!
- If you do not have a valid will and you have not designated a beneficiary for your plan, your savings could be paid to your legal heirs, pursuant to the law. You might be very surprised at who receives these amounts when you die. Here's a hint: it's probably not who you expect it to be!

"Spouse" is defined differently in group pension plans depending on your province of employment. If you are unsure who falls under the definition of "spouse" for your group pension plan, please contact Human Resources.

# Want to have the final say?

Don't let the government decide for you. Ensure that your personal assets end up going to the person(s) you want. To do so:

- 1. Log in at ia.ca/myaccount
- 2. Click on **Dashboard**, then on **Your RRSP > Beneficiaries**



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