

**Other QUICK and EASY ways to enrol:**

- › **ONLINE:** [ia.ca/enrolnow](http://ia.ca/enrolnow) using your plan identification code: 15383CM001TP
- › **BY PHONE:** 1-800-567-5670  
Monday to Friday from 8 am to 8 pm (ET)

**ENROLMENT**

PERSONNEL ENTRETIEN D'EDIFICES PUB. MTL  
Retirement Savings Plan (RSP)

**1. Your group savings and retirement plan**

Name of your employer or your plan sponsor REER COLLECTIF DU PERSONNEL D'ENTRETIEN D'EDIFICES PUBLICS REGION DE MONTREAL		
Contract number 15383-CM	Division number 001	Class number 01

**2. Your personal information (Annuitant)**

Last name		First name	
Social Insurance Number		Date of birth YYYY-MM-DD	Sex Female <input type="checkbox"/> Male <input type="checkbox"/>
Mailing address (number, street and apartment)			
City		Province	
Country		Postal code	Telephone No. ( )
Email address		Language French <input type="checkbox"/> English <input type="checkbox"/>	

**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.

**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](mailto:pension@ia.ca).

**Note: You will be able to unsubscribe from receiving electronic communications and eNewsletters at any time.**

Need help?  
1-800-567-5670

### 3. Your contributions

**You can contribute at any time to your group savings and retirement plan in the following way:**

**1. Online payment** (you send us the money from your bank account)

Activate the online payment service through Internet banking with your financial institution. You will need the personal reference number you will receive in the mail once your enrolment is complete. To start contributing online today, call us at 1-800-567-5670 to enrol in your plan by telephone.

## 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 your application for the group savings and retirement plan as well as 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:

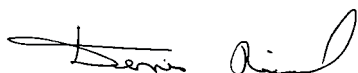
- affirm that all statements provided in the following document are true and complete.
- appoint my employer as agent, if applicable, and authorize it to act on my behalf to deduct contributions from my salary as stipulated in the plan and I appoint the contractholder or sponsor, as the case may be, 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.

YYYY-MM-DD

Annuitant Signature

Date

To be valid, your enrolment form must be signed.



**Denis Ricard**  
President and Chief Executive Officer  
Industrial Alliance Insurance and Financial Services Inc.



**Éric Jobin**  
Executive Vice President, Group Benefits and Retirement Solutions  
Industrial Alliance Insurance and Financial Services Inc.

### What's next?

#### ① Would you like to designate one or more beneficiaries?

You may fill out the *Beneficiary designation* form and attach it to your enrolment form.

#### ② Where to send your documents?

Send both your enrolment form and beneficiary designation form to the following address:

Industrial Alliance Insurance and Financial Services Inc.  
Group Savings and Retirement  
1080 Grande Allée West  
PO Box 1907, Station Terminus  
Quebec City, QC G1K 7M3  
Fax: 1-800-786-6065  
pension@ia.ca

#### ③ What will the next steps be?

You will receive a letter by mail for your records confirming your enrolment in the group savings and retirement plan. You will also receive by mail the information required to access My Client Space, our secure website and view your account information safely online.