

INFORMATION TO HELP YOU FILL OUT THE FORM

MEMBERSHIP APPLICATION FOR GROUP PLAN (RSP)



Comité paritaire de l'entretien d'édifices publics (CPEEP) | 5455 Jean Talon East, Office 300 | Montréal QC H1S 3E8

Section 1 : Information about Group Plan

Group No. Group Plan Name **REÉR collectif du personnel d'entretien d'édifices publics région de Montréal**
 Name of Employer or Association **Comité paritaire de l'entretien d'édifices publics (CPEEP)**

Section 2 : Information about the Member (Annuitant)

Employee No. «No_civique» «Nom» Last Name «Prenom» First Name «NAS» Social Insurance No.
 «Rue» «App_Suit» Apt. «Code postal» Postal Code
 «Ville» City «Province» Province
 «Téléphone» Telephone (home) Telephone (office) Ext. (No.) «Courriel» E-mail Gender: «Sex» Male Female
 Language Preference: French English

Section 3 : Payer (To complete only for a spousal RSP)

Employee No. Last Name First Name Social Insurance No.
 Home Address (No.) Street Apt. Date of Birth
 City Province Postal Code
 Telephone (home) Telephone (office) Ext. (No.) E-mail Language Preference: French English

Section 4 : Beneficiary or estate upon death

In the event of the death of the annuitant, I hereby assign any death benefit payable under the terms of my contract to the beneficiary(ies) mentioned here below or, in the absence of a beneficiary, to my estate, subject to applicable pension legislation:

Last Name, First Name	Married or civil Union spouse	Common-law spouse	Other (please specify)	Revocable*	Irrevocable*	Proportion (%)
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

*In Quebec, if no choice is made, the designation of the married or civil union spouse is irrevocable.

Section 5 : Investment allocation for Payroll deductions, Lump-sum Contributions and Transfers from Another Plan

Please refer to your Plan's Employee Booklet.

Section 6 : Authorization

I authorize the above-mentioned employer or association to act as agent for the plan and I authorize my employer to deduct from my salary, where applicable, the prescribed contributions to the plan. This authorization remains valid until written revocation on my part.

I acknowledge having read and understood the terms and conditions of the plan and I hereby apply for membership in the plan. Any information provided constitutes an affirmation of this on my part.

I request that 88Q, Life Insurance Company Inc. issue a Retirement Savings Contract and apply for registration as an Registered Retirement Savings Plan.

I acknowledge having read the terms and conditions of this contract and agree to them. I understand that following registration of this contract, any payment made by 88Q, Life Insurance Company Inc. to me or my spouse, if applicable, and to me or my beneficiaries, is subject to applicable income tax legislation and regulations.

I acknowledge having read and understood the information provided to me concerning investment funds, the relative degree of risk, as well as the particular characteristics and advantages of each fund.

I authorize 88Q, Life Insurance Company Inc. to use the information contained in this application form, including my social insurance number (SIN), for administrative purposes. I also acknowledge having read the notice printed records and personal information and I have kept a copy of this application form for my records.

Member's Signature (Section 2) Date
 Comité paritaire de l'entretien d'édifices publics (CPEEP) | 5455 Jean Talon East, Office 300 | Montréal QC H1S 3E8 | 514 384-8840, 1 800 461-8840

Contract No.

The copy sent to 88Q must contain the original signatures and constitutes the original application form.

VERIFY AND CORRECT IF NEEDED

PLEASE LIST YOUR DATE OF BIRTH

DO NOT FILL OUT THIS SECTION

BENEFICIARY OR ESTATE AFTER DEATH PLEASE COMPLETE THIS SECTION

MANDATORY SIGNATURE AND DATE

Mandatory Form for your RRSP

CAREFULLY READ THE INFORMATION LISTED BELOW

1. PLEASE LIST YOUR DATE OF BIRTH
2. PLEASE LIST YOUR BENEFICIARIE(S)
3. PLEASE SIGN AND RETURN TO C/O:

THE PARITY COMMITTEE FOR THE BUILDING SERVICES
6455 JEAN-TALON EAST STREET, ROOM 300
MONTREAL (QUEBEC) H1S 3E8

WHY MUST I FILL OUT THE FORM?

- ⚡ SINCE JUNE 1ST, 2009, YOUR EMPLOYER HAS BEEN SENDING THE PARITY COMMITTEE RRSP CONTRIBUTIONS, ON YOUR BEHALF.
- ⚡ ONCE YOU REACH 25\$ OF RRSP CONTRIBUTIONS, THE PARITY COMMITTEE WILL TRANSFER THE MONEY INTO AN RRSP ACCOUNT WITH THE FINANCIAL GROUP SSQ.
- ⚡ TO ENABLE US TO TRANSFER THE MONEY INTO THE RRSP ACCOUNT, ON YOUR BEHALF, IT IS MANDATORY THAT YOU FILL OUT THE ENCLOSED FORM.

