



**INFORMATION ABOUT THE PLAN**

**CERTIFICATE - For internal use only**

**Contractholder**

SKIPWITH & ASSOCIATES INSURANCE AGENCY

Contract no.					Division		
4	0	5	5	0	0	0	1

**INFORMATION ABOUT THE MEMBER**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex  Male  Female

Address \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Postal code \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**BENEFICIARY DESIGNATION**

**1** Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship \_\_\_\_\_ %  Revocable\*  Irrevocable\*\*

**2** Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship \_\_\_\_\_ %  Revocable\*  Irrevocable\*\*

\* Revocable : The beneficiary designation can be changed without the beneficiary's consent.  
 \*\* Irrevocable : The beneficiary designation cannot be changed without the beneficiary's consent. Moreover, any change, such as a withdrawal or transfer, cannot be made without the beneficiary's written consent or by court order in the case of a minor.

*For Quebec only, the designation of a spouse as beneficiary is deemed to be irrevocable, unless specified above.*

**SPOUSAL ACCOUNT (Complete only if the member contributes into an account under the spouse's name)**

Spouse's last name \_\_\_\_\_ Spouse's first name \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex  Male  Female

**Beneficiary: Spousal account**  Revocable\*  Irrevocable\*\*

**1** Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship \_\_\_\_\_ %  Irrevocable\*\*

Spouse's signature \_\_\_\_\_  
*For Quebec only, the designation of a spouse as beneficiary is deemed to be irrevocable, unless specified above.*

**REGULAR CONTRIBUTIONS THROUGH PAYROLL DEDUCTIONS**

Note that the information you provide for your employee contributions will only be used by the plan sponsor.

I authorize the deduction of the following contributions from my salary :

Member's account  \$ \_\_\_\_\_ per pay or  \_\_\_\_\_ % of my salary Starting (date) \_\_\_\_\_

Member's contributions to a spousal account, if applicable  \$ \_\_\_\_\_ per pay or  \_\_\_\_\_ % of my salary Starting (date) \_\_\_\_\_

**VOLUNTARY CONTRIBUTIONS THROUGH PAYROLL DEDUCTIONS**

I authorize the deduction of the following contributions from my salary :

Member's account  \$ \_\_\_\_\_ per pay or  \_\_\_\_\_ % of my salary Starting (date) \_\_\_\_\_

**CONTRIBUTIONS THROUGH PRE-AUTHORIZED PAYMENTS (OPTIONAL)**

**(IMPORTANT : ATTACH A SPECIMEN CHEQUE)**

**For yourself**

I authorize Industrial Alliance Insurance and Financial Services Inc. to draw a cheque on my bank account according to the following instructions:

Amount to be collected (minimum \$25) : \$ \_\_\_\_\_

Starting \_\_\_\_\_

Frequency  Monthly Day (1 to 28) \_\_\_\_\_  
 Every two weeks Day (Monday to Friday) : \_\_\_\_\_  
 Weekly Day (Monday to Friday) : \_\_\_\_\_

I authorize Industrial Alliance Insurance and Financial Services Inc. to exchange personal information with the financial institution in order to execute this agreement. Transaction fees may be charged for any cheque that is not honoured by my financial institution.

Signature \_\_\_\_\_  
 Other signature if spousal account \_\_\_\_\_

**For your spouse**

I authorize Industrial Alliance Insurance and Financial Services Inc. to draw a cheque on my bank account according to the following instructions:

Amount to be collected (minimum \$25): \$ \_\_\_\_\_

Starting \_\_\_\_\_

Frequency  Monthly Day (1 to 28) \_\_\_\_\_  
 Every two weeks Day (Monday to Friday) : \_\_\_\_\_  
 Weekly Day (Monday to Friday) : \_\_\_\_\_

I authorize Industrial Alliance Insurance and Financial Services Inc. to exchange personal information with the financial institution in order to execute this agreement. Transaction fees may be charged for any cheque that is not honoured by my financial institution.

Signature \_\_\_\_\_  
 Other signature if spousal account \_\_\_\_\_

CONTINUE ON NEXT PAGE

PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO THE ADDRESS MENTIONED AT THE TOP OF THIS PAGE. MOREOVER, IF YOU REQUESTED THAT CONTRIBUTIONS BE DEDUCTED FROM YOUR SALARY, PLEASE ADVISE YOUR PLAN SPONSOR.



**INDUSTRIAL ALLIANCE**  
INSURANCE AND FINANCIAL SERVICES INC.

Group Pension Department  
522 University Avenue  
Toronto, Ontario M5G 1Y7  
Fax: (416) 585-5746 or  
1-866-395-5553

**Group RSP  
Enrolment**

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**Social Insurance Number**

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**PERSONAL INFORMATION**

In order to provide you with financial products and services, Industrial Alliance Insurance and Financial Services Inc. will establish a file in which your personal information will be kept. This file will contain information concerning your request to enrol in a retirement savings plan, as well as information about any request concerning the execution of this contract. This file will remain strictly confidential and will be kept in Industrial Alliance Insurance and Financial Services Inc. offices. Only the employees or representatives of Industrial Alliance Insurance and Financial Services Inc. who need this information as part of their duties, or any other person whom you authorize, will have access to this file. You are entitled to access the information contained in this file and, if necessary, to have it rectified by sending a written request to the following address:

Industrial Alliance Insurance and Financial Services Inc.  
Access Officer

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

**SIGNATURE**

I appoint the contractholder as the designated agent to collect and forward the contributions under this contract and I request that Industrial Alliance Insurance and Financial Services Inc. apply for registration of my contract as a retirement savings plan according to the conditions of the applicable income tax laws. I agree that my Social Insurance Number will be used as my identification number in Industrial Alliance Insurance and Financial Services Inc. or in its mandataries databases. I authorize the exchange and communication of personal information concerning myself, particularly financial information between Industrial Alliance Insurance and Financial Services Inc., the contractholder and their mandataries for the purposes of administering the plan. I have been made aware of the conditions applicable to this contract, either through the contractholder, Industrial Alliance or their mandataries and I agree with them.

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature (if contributions under the spouse's name) : \_\_\_\_\_ Date \_\_\_\_\_

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**INVESTMENT INSTRUCTIONS UPON ENROLMENT**

**TURNKEY SOLUTION AND TAILOR-MADE SOLUTION**

You must choose among the investment options from the solutions below for each account. We suggest that you complete the Your Investor Profile questionnaire in order to make an informed choice.

**Turnkey Solution**

Choose from a variety of investment options from the Turnkey Solution and let our fund managers work for you.

**Tailor-made Solution**

Choose from a variety of funds that are offered on an individual basis in order to create a personalized portfolio all your own.

Note that if you use the "All contributions" column of the Member's account, the instructions will apply automatically to all accounts. Therefore, do not enter anything in the other columns if you enter your instructions in the "All contributions" column.

You must make sure that the total percentage of each instruction below equals 100%. If you do not provide any investment instructions, or if instructions do not total 100%, contributions will be invested according to the contractholder's default instructions, where applicable. Otherwise, contributions will remain in the shuttle account until such time as valid instructions are provided.

The Asset Allocation Funds are made up of Industrial Alliance Insurance and Financial Services Inc. investment funds.

INVESTMENT OPTIONS	No.	Member's account				Spouse's account (if applicable)
		All contributions	Regular contributions	Voluntary contributions	Employer contributions	Contributions
<b>TURNKEY SOLUTION</b>						
Asset Allocation funds						
Asset Allocation - Conservative	FU506	%	%	%	%	%
Asset Allocation - Moderate	FU507	%	%	%	%	%
Asset Allocation - Balanced	FU508	%	%	%	%	%
Asset Allocation - Growth	FU509	%	%	%	%	%
Asset Allocation - Aggressive Growth	FU510	%	%	%	%	%
<b>TAILOR-MADE SOLUTION</b>						
Income funds						
Money Market	FU070	%	%	%	%	%
Income	FU170	%	%	%	%	%
Bonds	FU020	%	%	%	%	%
Bonds - series 2	FU210	%	%	%	%	%
Bonds (Addenda)	FU822	%	%	%	%	%
Bonds (McLean Budden)	FU370	%	%	%	%	%
Bonds (Natcan)	FU472	%	%	%	%	%
Emerald Canadian Bond Index (TD)	FU489	%	%	%	%	%
Long Term Bonds	FU504	%	%	%	%	%
Diversified funds						
Diversified Security	FU240	%	%	%	%	%
Diversified	FU040	%	%	%	%	%
Diversified (Jarislowsky)	FU463	%	%	%	%	%
Diversified (McLean Budden)	FU380	%	%	%	%	%
Balanced (Trimark)	FU486	%	%	%	%	%
Diversified Opportunity	FU250	%	%	%	%	%
Fidelity Canadian Asset Allocation	FU462	%	%	%	%	%
Canadian Equity funds						
Dividends	FU160	%	%	%	%	%
Canadian Equity Index	FU474	%	%	%	%	%
Canadian Equity Value	FU010	%	%	%	%	%
100% Canadian Equity Value	FU494	%	%	%	%	%
Canadian Equity (Jarislowsky)	FU488	%	%	%	%	%
Canadian Equity (Howson Tattersall)	FU533	%	%	%	%	%
Canadian Equity (Trimark)	FU487	%	%	%	%	%
Canadian Equity (Bissett)	FU260	%	%	%	%	%
Canadian Equity (McLean Budden)	FU360	%	%	%	%	%
Canadian Equity (Natcan)	FU473	%	%	%	%	%
FidelityTrue North R	FU270	%	%	%	%	%

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**INVESTMENT INSTRUCTIONS UPON ENROLMENT (CONTINUED)**

INVESTMENT OPTIONS (continued)	No.	Member's account				Spouse's account (if applicable)
		All contributions	Regular contributions	Voluntary contributions	Employer contributions	Contributions
Canadian Equity Small Cap. (Monrusco)	FU511	%	%	%	%	%
Canadian Equity Select (McLean Budden)	FU514	%	%	%	%	%
U.S. & International equity funds						
Global Equity (Templeton)	FU465	%	%	%	%	%
Global Equity (Howson Tattersall)	FU536	%	%	%	%	%
Global Equity (Brandywine)	FU537	%	%	%	%	%
Global Dividends (ABN AMRO)	FU534	%	%	%	%	%
Global Equity (Trimark)	FU485	%	%	%	%	%
Global Equity (McLean Budden)	FU390	%	%	%	%	%
Global Equity (Oppenheimer)	FU519	%	%	%	%	%
International Equity Index	FU300	%	%	%	%	%
International Equity (Templeton)	FU080	%	%	%	%	%
International Equity (Jarislowsky)	FU483	%	%	%	%	%
International Equity (Hexavest)	FU852	%	%	%	%	%
International Equity (McLean Budden)	FU467	%	%	%	%	%
U.S. Equity Index	FU180	%	%	%	%	%
US Equity (Brandywine)	FU538	%	%	%	%	%
U.S. Equity (Legg Mason)	FU468	%	%	%	%	%
U.S. Equity (Jarislowsky)	FU512	%	%	%	%	%
U.S. Equity (McLean Budden)	FU513	%	%	%	%	%
Global Real Estate (ABN AMRO)	FU540	%	%	%	%	%
Guaranteed Income Investments						
1 year guaranteed investments		%	%	%	%	%
2 year guaranteed investments		%	%	%	%	%
3 year guaranteed investments		%	%	%	%	%
4 year guaranteed investments		%	%	%	%	%
5 year guaranteed investments		%	%	%	%	%
6 year guaranteed investments		%	%	%	%	%
7 year guaranteed investments		%	%	%	%	%
8 year guaranteed investments		%	%	%	%	%
9 year guaranteed investments		%	%	%	%	%
10 year guaranteed investments		%	%	%	%	%
<b>Total</b>		<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>

I also want the investment instructions for my future contributions mentioned above to apply to the composition of my current investments (balance of my accounts), if applicable.

**It is understood that the performance of the sums invested in the investment funds is not guaranteed.**

**REINVESTMENT OF GUARANTEED INVESTMENTS AT MATURITY**

If your investments contain guaranteed investments, please indicate how you want the capital and interest to be reinvested at maturity:

- For yourself :
- In guaranteed investments (whose term is the same as that of the original investments)
  - According to current investment instructions
- For your spouse (if applicable) :
- In guaranteed investments (whose term is the same as that of the original investments)
  - According to current investment instructions

If no choice is made, the sums will be reinvested according to current investment instructions.

**SIGNATURE**

I certify that I have read the information that appears on the Your Range of Investment Options brochure and the information concerning investment funds, or that I have at least been informed as to how to obtain the said information by consulting the documentation from Industrial Alliance Insurance and Financial Services Inc. I also certify that I have been informed about guaranteed investments and the applicable interest rates, or that I have at least been informed as to how to obtain the said information.

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature (if contributions under the spouse's name) : \_\_\_\_\_ Date \_\_\_\_\_

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