

Name of Employer _____ Group Number _____

Employee Category _____ (Ex: Management, Administration, Permanent employees etc., according to the categories established at the time your plan is issued.)

MEMBER

First Name _____ Last Name _____ Sex M F

Social Insurance Number _____ Province of Employment _____

Home Address _____
 Street _____ City _____ Province/Territory _____ Postal Code _____

Telephone Number _____ E-mail _____

Date of Birth ____/____/____ Date of Employment ____/____/____ Date of Enrolment ____/____/____
 day month year day month year day month year

SPOUSAL INFORMATION

For federally regulated pension plans, we are required to provide a copy of your pension statement to your spouse or common-law partner.

First Name _____ Last Name _____

Sex M F Date of Birth ____/____/____
 day month year

Home Address _____
 Street _____ City _____ Province/Territory _____ Postal Code _____

Telephone Number _____ E-mail _____

BENEFICIARY

Spouse _____ Date of Birth ____/____/____ Date of Union ____/____/____
 First Name Last Name day month year day month year

Beneficiary (if no spouse) _____
 First Name Last Name Relationship Percentage

Beneficiary (if no spouse) _____
 First Name Last Name Relationship Percentage

If the beneficiary is a minor you must appoint a trustee : _____

The trust will end when the intended beneficiary reaches the age of majority and has the legal capacity to give a valid discharge. I thereby instruct the trustee to pay the beneficiary, at that time, all the assets held in trust for him or her.

INVESTMENT INSTRUCTIONS (please choose from A or B below)
A- INDIVIDUAL CHOICE

Company	Fund Name	Code	Guaranteed Investments % or \$		
			Employee	Employer	Voluntary
Assumption Life	Guaranteed Interest Account, 1-year non-redeemable	GICN1			
	Guaranteed Interest Account, 3-year non-redeemable	GICN3			
	Guaranteed Interest Account, 5-year non-redeemable	GICN5			

		Code	Investment Funds % or \$		
			Employee	Employer	Voluntary
Assumption Life	Growth Portfolio	314			
	Balanced Growth Portfolio	315			
	Balanced Portfolio	320			
	Conservative Portfolio	321			
	SmartSeries Income Fund	341			
	SmartSeries 2020 Fund	333			
	SmartSeries 2025 Fund	334			
	SmartSeries 2030 Fund	335			
	SmartSeries 2035 Fund	336			
	SmartSeries 2040 Fund	337			
	SmartSeries 2045 Fund	338			
	SmartSeries 2050 Fund	339			
	SmartSeries 2055 Fund	340			
Louisbourg	Balanced Fund	86			
	Canadian Dividend Fund	7			
	Money Market Fund	9			
	U.S. Equity Fund	65			
	Preferred Share Fund	331			
	Fixed Income Fund	51			
	Canadian Small Capitalization Equity Fund	43			
	Momentum Fund	29			
Fidelity	Canadian Opportunities Fund	45			
	True North® Fund	73			
	International Growth Fund	93			
	Europe Fund	84			
	American Disciplined Equity® Fund	304			
	NorthStar® Fund	309			
	Monthly Income Fund	308			
	Canadian Asset Allocation Fund	313			
	Far East Fund	319			
	Emerging Markets Fund	329			
	NorthStar® Balanced Fund	330			
CI	Signature Corporate Bond Fund	326			
	Signature Canadian Bond Fund	78			
	Signature High Income Fund	312			
	American Value Fund	303			
	Cambridge Canadian Dividend Fund	325			
	Cambridge Canadian Asset Allocation Corporate Class Fund	322			
	Signature Global Resource Corporate Class Fund	327			
	Signature Global Dividend Fund	328			

B- DEFAULT FUND

I have decided not to make my own investment choices; I accept that my contributions will automatically be deposited to the default fund as indicated in my pension guide, unless my employer has chosen another investment fund for my pension plan.

I accept the provisions of my employer's retirement pension plan as explained and authorize my employer to deduct the required contribution from my earnings.

I hereby authorize my employer to provide Assumption Life with any information required to determine my rights in the pension plan.

_____/_____/_____
Member's Signature Witness day month year