

Name of employer/plan sponsor

Last name

SECTION 1 - EMPLOYER/PLAN SPONSOR

SECTION 2 -INFORMATION ABOUT YOU (please print)

Middle initial

Canada Post Corporation

First name

Canada Post Defined Contribution Pension (DC) Enrolment Form

Return this form, completed in full to: AccessHR B0330-2701 Riverside Dr. Ottawa, ON K1A 0B1



In this application, "you" and "your" refer to the person who is applying to become a member of the group registered pension plan/defined contribution pension (the plan), and "we," "us," and "our" refer to The Canada Life Assurance Company, the issuer of the group annuity product for the plan, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-866-716-1313 or by visiting mycanadalifeatwork.com

Policy/plan number

Division/subgroup

74216

Identification/employee number

Social insurance number (SIN)			Date of employment				Date o	f birth		Gender Languag		guage	
You authorize the use of your SIN for tax reporting, identification and record keeping		n and	уууу	mm d	dd		уууу	mm	dd	☐ Male ☐ Female		English French	
Last name of spouse/common-law partr	ame					Email	address	3					
					Required for online access and to email information about the plan or services connected with it								
Address (apt. no., street no., street)							•						
City				Province				Postal code					
If the above address is a PO box, genera	al delivery or rura	al route, als	so inclu	ude the ci	vic or st	reet add	ress belo)W			1		
Address (apt. no., street no., street)					City	,			Province		Postal code		
Telephone no. Alternate telephone no.			Province of employment					Date joined plan			<u> </u>		
Ext.								yyyy mm do					
Are you a connected person? ☐ Yes* determine whether you are a connected		1007 must	be file	d by your	employ	er with C	anada R	evenue	Agenc	y (the plan ad	ministr	ator can	help
SECTION 3 – YOUR BENEFICIARY													
You can appoint one or more beneficiar spouse or common-law partner. All design beneficiary, complete the <i>Designation of Primary beneficiary(ies)</i> on your death	nations are revo irrevocable ben	cable exce	pt in C										
		D-46 h	. !41				tionship of beneficia ox below OR Spec					0/ - 5	
Last name First name		Date of b	mm dd	Married	d civ	Quebec civil union spouse		Common-law partner		Other (child, friend, etc.		% of benefit	
]					
]					
	'											Total 10	00%
Important: Quebec residents If you appoint your married or ciperform certain transactions such the death benefit will be paid to otherwise lacks legal capacity upone the death beneficiary in this section)	h as making with il union spouse the tutor(s) of a unless a formal t	ndrawals (we revocably a beneficiary trust has be	here p y who een es	ermitted) is a mino tablished	without r (gener by will	their con ally the p or separ	sent) unl parents) ate contr	ess you or the tu act (in v	check utor or d which c	the box below: curator of a be ase, designate	: eneficia e the t	ry who rust as	
Unless the law requires otherwise, if one shares, or if there is no surviving prima benefit will be paid to your estate. Contingent beneficiary(ies) on your de	ry beneficiary(ie	beneficiarie s), to your	es prec contin	deceases igent ben	you, the eficiary(eir share (ies) nan	will be pa ned belo	aid to th w. If the	e surviv ere is n	ving primary be o contingent b	eneficia benefic	aries in e ciary(ies)	qual , the
Last name First name			Date of birth yyyy mm dd			Relat	Relationship to you				% of benef		
												Total 100	%

Application for Defined Contribution Pension (DC) enrolment form (continued) SECTION 3 – YOUR BENEFICIARY DESIGNATION (continued) Trustee (to be completed if any of your beneficiaries are minors or otherwise lack legal capacity and do not reside in Quebec; do not complete if a formal trust exists) First name Last name Trustee for (indicate beneficiary name) Relationship of trustee to you You authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) in their sole discretion, to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to appointing a trustee. Payment to the trustee(s) discharges us to the extent of the payment. SECTION 4 -PAYROLL DEDUCTION AUTHORIZATION You are enrolled automatically to contribute 4% of your earnings (your base salary, corporate team incentive (CPI) and any pensionable premiums and allowances) through payroll deductions. Canada Post will provide matching contributions as a percentage of your own contributions, based on your age and vears of continuous service. You may choose to contribute lower than four percent, by selecting one of the following percentages: I hereby authorize Canada Post to deduct one of the following contribution levels; 3% 2% 1% or 0% per pay to be deposited into my Canada Post Defined Contribution Pension account. Reducing your employee contributions will reduce Canada Post's matching contributions. **SECTION 5 – YOUR INVESTMENT SELECTION** Select investment(s) if your plan sponsor/plan administrator has given you the right to select investments for all or part of the contributions to the plan. If a selection is not made, contributions will be invested in the default investment. Cash and Equivalent Funds Lifecycle Funds (choose only one) % Blackrock Lifepath 2025 Fund BGI25 5 year Compound Interest Account CI5 Blackrock Lifepath 2030 Fund BGI30 % Money Market (LK) Fund (Mackenzie) S029 % Blackrock Lifepath 2035 Fund BGI35 % Blackrock Lifepath 2040 Fund BGI40 **Fixed Income Funds** Blackrock Lifepath 2045 Fund BGI45 % Canadian Bond Index Fund (TDAM) S079 Blackrock Lifepath 2050 Fund BGI50 % Blackrock Lifepath 2055 Fund BGI55 % Foreign Equity Funds Blackrock Lifepath 2060 Fund **BGI60** % Global Equity Fund (MFS) **GFMB** Blackrock Lifepath 2065 Fund **BGI65** % International Equity Fund (MFS) **IEMB** Islamic Global Equity Index Fund (Blackrock) **IGEIB Canadian Equity Funds** U.S. Equity Index Registered Fund (Blackrock) USIRB Canadian Equity Fund (CC&L) PCE % % Canadian Equity Index Fund (TDAM) S120

Total allocation must equal 100%

SECTION 6 - SIGNATURE

You confirm the information on this form and will update it in the future as it changes. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in the attached Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application.

Signature of applicant Date

Canada Life and design, and My Canada Life at Work are trademarks of The Canada Life Assurance Company.

Protecting your personal information

At The Canada Life Assurance Company, we recognize and respect the importance of privacy.

Your personal information:

- We establish a confidential file that contains your personal information like your name and contact and financial information
- Your information is kept in our offices or the offices of an organization authorized by us.
- You may exercise your rights to view and correct information in the file by sending a written request to us.

Who has access to your information:

- We limit access to personal information in your file to our staff or persons authorized by us who require it to perform their duties, and to other persons to whom you have granted access.
- In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside Canada.
- Your personal information may also be subject to disclosure to government authorities or others authorized under applicable law within or outside Canada.

What your information is used for:

- Personal information that we collect will be used for the purposes of administering and servicing the products you have with us, and for our internal data management and analytics purposes.
- This may include investigating claims, paying benefits, and creating and maintaining records concerning our relationship.

Your consent will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to allow you to remain in the plan.

If you want to know more:

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to our Chief Compliance Officer or refer to canadalife.com.