



**Member Enrollment  
Group Registered Pension Plan**

**To be completed by Plan Sponsor**

Plan Sponsor \_\_\_\_\_ Plan Number \_\_\_\_\_  
 Division Number \_\_\_\_\_ Class \_\_\_\_\_ Certificate Number \_\_\_\_\_  
 Plan Entry Date \_\_\_\_\_ Province of Employment \_\_\_\_\_ Employment Date \_\_\_\_\_  
Day Month Year Day Month Year  
 Earnings \$ \_\_\_\_\_ per \_\_\_\_\_ Occupation \_\_\_\_\_

**To be completed by the Member**

Member's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Full Address \_\_\_\_\_  
Street City Province Postal Code  
 Social Insurance Number \_\_\_\_\_ Sex:  Male  Female Date of Birth \_\_\_\_\_  
Day Month Year  
 Spouse's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

**BENEFICIARY DESIGNATION**

1) Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Relationship to Member \_\_\_\_\_ Share (%) \_\_\_\_\_  
 2) Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Relationship to Member \_\_\_\_\_ Share (%) \_\_\_\_\_

If the beneficiary is under 18 years of age at the time of my death, the death benefit shall be payable to the following, in trust for the beneficiary.

Name of TRUSTEE: \_\_\_\_\_

I understand that legislation may automatically entitle my spouse/common-law partner/primary beneficiary/pension partner to any prescribed benefits regardless of the chosen Beneficiary Designation above unless a "Pre-Retirement Death Benefit Waiver Form", if allowed by applicable legislation, is signed.

**INVESTMENT INSTRUCTIONS - I request that monies contributed be invested as follows:**

\* Funds available only to plans issued prior to September 30, 1994.

Money Market & Guaranteed Investments	Employer %	Member %	Member Voluntary %	Foreign Equity Funds	Employer %	Member %	Member Voluntary %
• Daily Interest Account	_____	_____	_____	• American Growth Fund	_____	_____	_____
• Guaranteed Deposit Accounts (1 to 5-year terms)				• Equitable Life Mackenzie Universal	_____	_____	_____
• 1 Year	_____	_____	_____	U.S. Emerging Growth Fund	_____	_____	_____
• 2 Year	_____	_____	_____	• Equitable Life Templeton Growth Fund	_____	_____	_____
• 3 Year	_____	_____	_____	• Equitable Life Trimark Europlus Fund	_____	_____	_____
• 4 Year	_____	_____	_____				
• 5 Year	_____	_____	_____				
• Money Market Fund	_____	_____	_____				
<b>Canadian Fixed Income Funds</b>							
• Accumulative Income Fund *	_____	_____	_____				
• Canadian Bond Fund	_____	_____	_____				
<b>Canadian Balanced &amp; Asset Allocation Fund</b>							
• Asset Allocation Fund	_____	_____	_____				
<b>Foreign Fixed Income &amp; Balanced Funds</b>							
• Equitable Life Templeton Global Bond Fund	_____	_____	_____				
• Equitable Life Trimark Global Balanced Fund	_____	_____	_____				
<b>Canadian Equity Funds</b>							
• Canadian Stock Fund	_____	_____	_____				
• Common Stock Fund *	_____	_____	_____				
• Equitable Life AIM Canadian Premier Fund	_____	_____	_____				
• Equitable Life Bissett Dividend Income Fund	_____	_____	_____				
• Equitable Life MB Canadian Equity Value Fund	_____	_____	_____				

**THE TOTAL OF ALL INVESTMENT OPTION PERCENTAGES UNDER EMPLOYER, MEMBER AND VOLUNTARY MUST EACH ADD UP TO 100%.**

**Signatures**

I understand that the investment performance of Segregated Funds is not guaranteed. I further understand that I must notify Equitable Life of Canada® in writing if I wish to change my beneficiary designation and/or investment instructions.

I hereby authorize any required deductions from my wages.

I hereby consent to the personal information willingly provided by me to the employer or plan sponsor, agent or broker and/or Equitable Life®, collected on this application and held in their files, being used by Equitable Life for the purposes of servicing and administration of group savings and retirement plans related to this application and any supplementary documents. The information on file is accessible for the above purposes only to authorized employees of, and third parties retained by, Equitable Life, as well as the employer/plan sponsor, independent agents or brokers of Equitable Life and any other person or party whom I authorize.

Signature of Member: \_\_\_\_\_ Date \_\_\_\_\_  
Day Month Year