

Group Savings &

Retirement

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The Manufacturers Life Insurance Company (Manulife) requires the completed original enrolment forms at all times to promptly invest funds.

The employee is the owner and annuitant under the plan.

Shaded areas to be completed by the plan sponsor (your employer) prior to submitting the Enrolment Form to us.

By signing

I apply to participate in the group retirement savings plan of my employer and agree to be bound by the terms of the plan and any administrative rules established by the plan sponsor.

I authorize the following:

- the deduction of the appropriate contribution from my pay, if applicable;
- the plan sponsor (my employer) to act as my agent in contracting for benefits under the plan;
- Manulife to file an election to register my certificate under the *Income Tax Act* (Canada) and any other Provincial Income Tax Act, if applicable; and
- the plan sponsor, my employer, Manulife, its affiliates and outsourcing partners, any successor issuer, third party administrators, my financial institution(s) and any authorized market intermediary involved in the sale or administration of the plan or sale or administration of the plan or successor plan or any other plan to which my rights and benefits may be transferred, to exchange my personal information (including banking information) when required as a result of their involvement.

I understand that the personal information collected will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.

Group Retirement Savings Plan

Client No.: RS104971

Enrolment Form - employee account

If you wish to open a spousal account, you must also complete the Enrolment Form - spousal account

Client Name:

CANADA BREAD COMPANY, LIMITED **Plan Sponsor Authorization** (your employer) Original Date of Employment Date Joined Plan Member's Province of Legislation (yyyy/mm/dd) (yyyy/mm/dd) Sub-group Name: Sub-group Number: Certificate no.: Signature (print) Date (yyyy/mm/dd) Step 1 – Employee Information First name Middle Last name initial Date of birth (yyyy/mm/dd) Marital status Social insurance number (required by law for income-reporting purposes) E-mail address Home address City Province Postal code (Work) Area code & phone number (Home) Area code & phone number ☐ Male Female English Sex Language French

Must total 100%

Entitlement (%)

your designated beneficiary dies before you, we will pay the benefits from your plan to any surviving beneficiary or, if none, or if no designation is made, to your estate. Any beneficiary designation is revocable

In the event of my death, I designate the following person(s) to be the beneficiary(ies) of any amount due under my plan on or after my death in accordance with the terms of the plan in which I have an interest:

Date of birth

Relationship

Complete if beneficiary is your spouse (for Quebec applicants)

First name

Step 2 - Beneficiary Information

the following beneficiary(ies)

my estate

OR

Last name

In Quebec, the designation of your legally married spouse or civil union spouse as beneficiary is irrevocable, unless otherwise specified as provided for below. If you name your spouse, a revocable designation will facilitate any future request for a change of beneficiary. An irrevocable designation cannot be changed unless the beneficiary signs a waiver of rights.

My beneficiary designation is **REVOCABLE**. My beneficiary designation is IRREVOCABLE. OR Employee signature **Employee signature**

Appointment of trustee (for provinces other than Quebec)

In the event my beneficiary is a minor at the time the death benefit is payable, I appoint the following person as trustee to receive such funds on behalf of the beneficiary, to hold these funds until my beneficiary attains the majority age and to give a valid discharge to Manulife for such payment:

First name Last name Address Phone number (((Work) Area code & phone number (Home) Area code & phone number

Step 3 - Signature Employee signature (mandatory) (print) Date (yyyy/mm/dd)

Step 4	– Investment Instru	ıctions				
t's also	important to: - indicate your retiremen \$ (You - provide your desired tail assume it is 65. If, how	t income goal in or our objective in teri rget age, that is the vever, you wish to	der to monitor if you're on tra ms of annual income at retirem	ck in rea nent, exp re or con e, please	ching your goal. oressed in today's c vert these savings i enter it here	nto income. If you do not provide a target age we will
Your inv	vestment strategy should bions are provided.	e based on your ov	·	investme	ent instructions app	one option sly to all future deposits until alternate investment
	n 1: Target date fund owing funds vary, based or		date.			
Target retirement date		Target date funds				
	2053 and later 2048 to 2052 2043 to 2047 2038 to 2042 2033 to 2037 2028 to 2032 2023 to 2027 2018 to 2022 Prior to 2017	100% ML LifePa	th® Index 2055 - BlackRock* th® Index 2050 - BlackRock* th® Index 2045 - BlackRock* th® Index 2045 - BlackRock* th® Index 2040 - BlackRock* th® Index 2035 - BlackRock* th® Index 2035 - BlackRock* th® Index 2030 - BlackRock* th® Index 2020 - BlackRock* th® Index 2020 - BlackRock* th® Index Retirement - BlackRock	k*		
Option Code	n 2: À la carte Fund Name		Fund Manager			1
Guaran	teed Funds			F	uture Deposits	
CIA1	One year compound interest accumulator		ML Insurance Company*			
CIA3	Three year compound interest accumulator		ML Insurance Company*			
CIA5 Five year compound interest accumulator		ML Insurance Company*				
Fixed In	ncome Funds					
CBOI	Canadian Bond Index		Manulife Asset Management			
MONE	Money Market	<u> </u>	Manulife Asset Management			

ML* = Manulife

GEHEX Global Equity

CBCPF

CECCL

MICAP

FIEUS

BDPHN Bond **Equity Funds**

CIBC AM* = CIBC Asset Management Inc. PH&N* = Phillips Hager & North CC&L* = Connor, Clark & Lunn

Canadian Bond Core Plus

Canadian Equity

Canadian Equity

U.S. Equity Index

US Equity

MAWIE International Equity

Systematic Asset Rebalancing (SAR)

SAR will align all your assets quarterly to reflect your investment \min instructions.

☐ I do not want Manulife to apply Systematic Asset Rebalancing (SAR) to realign my assets.

CIBC AM*

CC&L*

Hexavest

BlackRock

Mawer

Franklin Bissett

Beutel Goodman

Step 5 – Signature

I understand that the personal information collected will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.

100%

mployee signature (mandatory)	(print)	Date (yyyy/mm/dd)
X		

- Important Notes

 A. If your investment instructions are incomplete, contributions will be invested in the appropriate target date fund based on the target age you specified. If you did not provide a target age, we will assume it is 65.

 B. Please note we (Manulife) neither suggest nor recommend any investment approach or fund in particular, whether it is a target date fund or a personal investment selection. Market-related funds are not guaranteed and the value of a member's units will vary according to market conditions and the success of the funds' manager. We are not responsible for the returns of the selected investments.

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