

Deferred Profit Sharing Plan (DPSP) Enrolment form

Sun Life Assurance Company of Canada, Group Retirement Services
227 King Street South PO Box 1601, Waterloo ON N2J 4C5
www.sunlife.ca

Plan Sponsor information

Name of Plan Sponsor	Client ID	Plan	Policy number	Product
Enterprise Rent-A-Car Canada Ltd. (GA 12393-1)	C033S	02	26532-G	DPSP
Classifications	This information is to be completed by Plan Sponsor			
Subdivision	Payroll ID	User field		
001	<input type="checkbox"/> C1 <input type="checkbox"/> C5 <input type="checkbox"/> C2 <input type="checkbox"/> C6 <input type="checkbox"/> C3 <input type="checkbox"/> C7 <input type="checkbox"/> C4 <input type="checkbox"/> C9	N/A		

Please PRINT clearly.
Nota: La version française de ce document est également disponible.

1 Personal information

You, as group plan member, will be the owner of the account.

Your name (first, middle initial, last)		Social insurance number	
Address (street number and name, apartment or suite)		Identification number	
City	Province	Postal Code	
Telephone number (day) ()	Telephone number (evening) ()	Date of birth (d / m / y)	Sex M F
E-mail address			
Date of enrolment (d / m / y)	Date of employment (d / m / y)		

2 Beneficiary designation

Complete this section to designate a beneficiary(ies) for your account. Otherwise, your beneficiary designation will be defaulted to your estate.

The following caution is required by Manitoba law. It may also be applicable in other jurisdictions.

Caution: Your designation of a beneficiary by means of a designation form will not be changed or revoked automatically by any future marriage or divorce.

Should you wish to change or revoke your beneficiary in the event of a future marriage or divorce, you have to do so by means of a new designation.

I, the owner, revoke any previous beneficiary designations and name as beneficiary for benefits due on my death:

Name of beneficiary	Relationship to you	Percentage of benefits
Name of beneficiary	Relationship to you	Percentage of benefits
Name of beneficiary	Relationship to you	Percentage of benefits

Where Quebec law applies, a married or civil union spouse beneficiary is irrevocable unless you make the designation revocable by checking here: Revocable

To appoint a trustee or administrator for a beneficiary who is a minor, please complete the 'Appointment of Trustee or Administrator for a minor beneficiary' form.

3 Allocation of your contributions

I request Sun Life Assurance Company of Canada to allocate contributions to the plan as follows:

This instruction applies to all future contributions. Percentages must be in whole numbers and must total 100%.

Fund name	Percentage allocation
Sun Life Financial Money Market Segregated Fund (GM8)	_____ %
CC&L Group Bond Segregated Fund (GH3)	_____ %
Fidelity Canadian Asset Allocation Segregated Fund (GAD)	_____ %
UBS (Canada) - Balanced Segregated Fund (G5H)	_____ %
Legg Mason Batterymarch Canadian Small Cap Segregated Fund (G49)	_____ %
TDAM Canadian Equity Index Segregated Fund (G2U)	_____ %
UBS (Canada) - Canadian Equity Segregated Fund (G5T)	_____ %
Legg Mason Brandywine International Equity Segregated Fund (GE9)	_____ %
TDAM U.S. Market Index Segregated Fund (G3E)	_____ %
UBS (Canada) - U.S. Equity Segregated Fund (G7L)	_____ %
Total	100%

If the total % does not equal 100%, or if this information is not completed, Sun Life Assurance Company of Canada reserves the right to invest the difference/total in the default fund chosen for the plan by your plan sponsor, which in the absence of a selection by your plan sponsor will be a money market fund.

4 Your signature of authorization

I hereby authorize Sun Life Assurance Company of Canada, its agents and service providers, to obtain, use and transmit to the Plan Sponsor, its agents and service providers, personal information about me for the purpose of plan administration.

Unless I indicate otherwise in the space provided below, information about me may also be collected, used by and shared among the members of the Sun Life Financial group of companies*, their agents and service providers to provide me with investment and insurance products and services that will help me meet my lifetime financial objectives. Information may also be shared with agents and service providers of my Plan Sponsor to allow them to provide me with personal, financial advisory services.

No, I refuse permission

*The companies in the Sun Life Financial group of companies mean only those companies identified in the Sun Life Financial Privacy Policy which is available on the Sun Life Financial Web site, www.sunlife.ca.

Owner signature X	Date (d / m / y)
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Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.