

Retirement Savings Plan (RSP) 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	26531-G	RRSP
Classifications		This information is to be completed by Plan Sponsor			
Subdivision	Payroll ID	User field			
001	<input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4	<input type="checkbox"/> C5 <input type="checkbox"/> C6 <input type="checkbox"/> C7 <input type="checkbox"/> C9		N/A	

RSP Account type

Complete a separate form for each RSP Account type.

"You" refers to group plan member.

RSP – You will be the **owner and the annuitant** of the account. Please complete sections 2 to 10, as applicable (excluding sections 3 and 6).

OR

Spousal RSP – Your spouse will be the **owner and the annuitant** of the spousal account. Your spouse, as owner, completes sections 2 to 10, as applicable (excluding sections 3, 6 and 8). You, as contributor, complete sections 3 and 8.

Please PRINT clearly.

Retirement Savings Plan (RSP) Application (Sections 1 to 7 are for registration purposes)

1 Plan Sponsor information

Name of Plan Sponsor	RSP Policy number (Group Policy)
Enterprise Rent-A-Car Canada Ltd. (GA 12393-1)	26531-G

2 Personal information (to be completed by the owner of the account)

Note: The term "owner" has the same meaning as the term "annuitant" in subsection 146(1) of the Income Tax Act (Canada).

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			

3 Contributor information (for Spousal RSP only)

This section is to be completed by the contributor for Spousal RSP only.

Contributor's name (first, middle initial, last)	Identification number	Social insurance number

4 Beneficiary designation (to be completed by the owner of the account)

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

Note: If you have a spouse when you die, the law may stipulate that the death benefit for any locked-in funds be paid to the spouse. If you wish to name your spouse for all benefits, please ensure that you complete the above beneficiary designation.

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.

5 Your application for Retirement Savings Plan (RSP) (to be completed by the owner of the account)

I hereby apply for a RSP or Spousal RSP, to be established under the terms of the Group Policy issued by Sun Life Assurance Company of Canada.

I appoint the Plan Sponsor named in this Application to act as my agent for the purpose of the RSP. I request that Sun Life Assurance Company of Canada apply for registration of the RSP as a registered retirement savings plan (RRSP) under the Income Tax Act (Canada) and, if applicable, under the Quebec Taxation Act.

I agree to be bound by the terms of the Group Plan and, if applicable, any locking-in endorsement.

Owner signature X	Date (d / m / y)
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6 Sun Life Assurance Company of Canada's acceptance of application

Donald A. Stewart *Jim Wilson*

Authorized signatures: Chief Executive Officer Secretary

7 Quebec residents only

I require that all future communication, including this application and Group Plan documents, be provided in English.

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

Administration information

8 Payroll deduction authorization (to be completed by the contributor)

This section is to be completed by the contributor.

I authorize my employer to deduct _____ % or \$ _____ per pay to be deposited into the RSP. These contributions are to be allocated to my RSP and/or Spousal RSP as follows:

_____ % RSP + _____ % Spousal RSP = 100%

- I am the employee of the Plan Sponsor (for RSP).
 I am the contributor to my spouse's plan (for Spousal RSP).

Signature of contributor

X

9 Allocation of your contributions (to be completed by the owner of the account)

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 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.

10 Your signature of authorization (to be completed by the owner of the account)

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)

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.