



NEW HIRE PACKAGE

Full-time Salaried

(benefit enrollments to include)



New Hire Checklist for Salaried Employees (For HR Department Use)

New Employee:	
Dept/Position:	
First Day of Work:	

	Signed Contract – Pay scale
	Job Description – Sign off
	Payroll Form for Finance
	Automatic Deposit
	TD IN or TD1/TDNS1
	Emergency Contact
	Medical Benefit Enrollment
	Pension Enrollment
	Code of Conduct/Confidentiality Sign off
	HR/Finance Policy Sign off
	Resume on file
	Motion on file
	Other Documents: (e.g. CRC, CAR, Vulnerable Sector, Certification)



PAYROLL NOTICE – SENT TO FINANCE

Department to Complete

S.I.N.# _____ - _____ - _____ Status # _____

Date of Birth: _____ (dd/mm/yy)

Full Name (print): _____

Address: _____

Email: _____

Telephone (home): _____ (Cell) _____

PLEASE ATTACH DIRECT DEPOSIT FORM

Position: _____ Department: _____

Supervisor: _____ Council Approval: _____

Hire/Change Date: _____ End Date (if applicable): _____

THIS SECTION TO BE COMPLETED BY HR DEPARTMENT

Salary/Wage: \$ _____ Pay Scale: _____ Bi-weekly Hours _____

- FULL (Full-time -salaried)
- STH (Hourly/on-call)
- LTH (Long Term Hourly > 3 months)
- LSK (LSK salaried)
- PART (PT salaried)

Pro-rated by month	
Daily Hours/Bi-Weekly	
Pro-rated vacation	
Pro-rated sick	
Pro-rated personal	

Comments:

Signature (Director of Administration)

Date



Determination of Exemption of an Indian's Employment Income

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee.

As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Read the instructions on the next page for more information on how to fill out this form.

Employee identification

Last name (please print)	Usual first name and initials	Social insurance number
Residential address including postal code		
Is the employee's residence located on a reserve?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Indian status

Is the employee an Indian as defined in the Indian Act? Yes No

If yes, was the employee an Indian as defined in the Indian Act:

prior to 2011?

because of Bill C-3 (also known as the Gender Equity in Indian Registration Act)? Only income earned on or after January 31, 2011, may be exempt from tax.

because of the creation of the Galpu Míkmaq First Nation Band? Only income earned on or after September 22, 2011, may be exempt from tax.

Type of exemption ¹

The employee performs employment duties:

1. entirely on a reserve 2. entirely off a reserve 3. partially on and partially off a reserve

If you chose 3, indicate the percentage of the employment duties the employee performs on a reserve: _____ %

All of the employee's employment income is exempt from income tax if any one of the following situations applies. Check the appropriate box.

the employee performs at least 90% ² of the employment duties on a reserve (guideline 1);

the employee and the employer reside on a reserve (guideline 2);

the employee performs more than 50% of the employment duties on a reserve, and the employee or the employer resides on a reserve (guideline 3); or

the employee's employment duties are connected to the employer's non-commercial activities carried on exclusively for the benefit of Indians who, for the most part, reside on reserves and the employer resides on a reserve; and the employer is:

- an Indian band that has a reserve or a tribal council representing one or more Indian bands that have reserves; or
- an Indian organization controlled by one or more such bands or tribal councils and is dedicated exclusively to the social, cultural, educational, or economic development of Indians who, for the most part, reside on reserves (guideline 4).

¹ The type of exemption is based on the Indian Act Exemption for Employment Income Guidelines. For a full description of the Guidelines including examples of exempt income and term definitions, go to canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines.

² Proration rule may apply: When less than 90% of the duties of an employment are performed on a reserve and the employment income is not exempted by another guideline, the exemption is to be prorated. The exemption will apply to the portion of the income related to the duties performed on the reserve.

Employee certification

I certify that the information given on this form is correct and complete.

Signature _____ Date _____

Instructions

- The employment income from a particular employment will not be exempt from income tax where one of the main reasons for that employment relationship is to establish a connecting factor to a reserve. A connecting factor is a fact which connects income to a reserve. For example, the fact that the employer is resident on a reserve is a connecting factor.
- If the employee's circumstances change, the employee will have to fill out a new form.
Types of changes that generally require a new TD1-IN to be completed:
 - a change in the location of the employment duties, as the result of a new position with the same employer
 - a change in the employee's residence, on or off a reserve
 - a change in the employer's residence, on or off reserveSituations that normally do not require a new TD1-IN to be completed:
 - seasonal work: where an employee works every year for the same period on reserve (for example, snow removal or landscaping)
 - employment that depends on the location of the clients/customers (for example, home repair services, social worker, or personal service worker)
- Keep a completed form on file for each employee. We may ask to review the form to verify that the income earned qualifies to be exempt from income tax based on the circumstances of the employment.
- For information on the requirements to deduct Canada Pension Plan contributions and employment insurance premiums, and for instructions on reporting requirements, see Guide T4001, Employers' Guide – Payroll Deductions and Remittances, and Guide RC4120, Employers' Guide – Filing the T4 Slip and Summary.

Employment-related income

Employment insurance benefits, retiring allowances, Canada Pension Plan benefits, Quebec Pension Plan benefits, registered pension plan benefits, wage-loss replacement plan benefits, and Canada Emergency Response Benefit will be exempt from income tax when they are received as a result of employment income that was exempt from tax. If a portion of the employment income was exempt, a similar portion of these amounts will be exempt.



NOTE: AUTOMATIC PAYROLL DEPOSIT

Please attached a certified document for automatic direct deposit. It can either be from your bank, or you can print it from your on-line banking account. You may also submit a void cheque.

Thank you.



APPENDIX C

Code of Conduct and Code of Ethics

During work hours, employees must devote themselves exclusively to their duties of employment; be prompt and courteous in their performance; as well as adhere to the policies and procedures of Sipekne'katik and work to promote Sipekne'katik, its vision, goals and objectives.

- (1) Employees must act in complete compliance with all Sipekne'katik policies and Sipekne'katik Financial Administration Law. A breach of any Sipekne'katik policy may result in progressive discipline in accordance with this policy.
- (2) Employees shall carry out the duties of their positions conscientiously, loyally and honestly, remembering that the primary work task is to serve Sipekne'katik and its members. Financial integrity is a fundamental obligation of any employee and failure to comply in any manner to manage the financial accounts of the Sipekne'katik may result in disciplinary action, up to and including immediate termination for just cause.
- (3) Employees shall respect the integrity and dignity of the organization, its programs, staff and all other affiliated agencies.
- (4) Employees shall conduct themselves, while on and off duty, in person and on all social media platforms, in a manner that will continue to reflect positively upon their employment, be a credit to themselves, their department, and Sipekne'katik. Any conduct which negatively impacts the reputation of Sipekne'katik will not be condoned and may be subject to disciplinary action, up to and including immediate termination for just cause.
- (5) Employees shall work continuously towards self-improvement through self-evaluation and training.
- (6) Information received by employees while on the job from any source is absolutely confidential and shall not be disclosed to any other person except in accordance with these policies.
- (7) Punctuality of employees is a fundamental obligation of the job. In the event of tardiness, the employee must contact the immediate supervisor before the commencement of the work day and provide an expected time of arrival.
- (8) Employees shall use their initiative to find ways of doing their work more efficiently and economically.
- (9) Employees shall follow job related directions attentively and cooperate with their Manager/Program Director.
- (10) Employees shall maintain a satisfactory standard of dress and general appearance appropriate to their duties.
- (11) Employees shall use equipment, property or supplies, which are owned, leased or rented, by Sipekne'katik for authorized purposes only.
- (12) Employees shall protect and care for all Sipekne'katik property entrusted to them and report to their relevant Manager any missing equipment or faulty equipment that requires repair.
- (13) Employees shall not engage in any public criticism of Sipekne'katik, Chief and Council, employees, or the approved policies or decisions of Sipekne'katik.
- (14) Employees are encouraged to recommend to their Manager, within their sphere of responsibility, changes of policy which they believe appropriate. Employees will bring forward any concerns regarding decisions, actions, etc., according to policies and procedures.
- (15) Employees shall not be impaired by alcohol or drugs at any time while on duty. Employees must notify their supervisor if their medical treatment impedes their ability to work safely or to meet expectations with good judgement. This includes potential side effects of any medical treatments.

(16) Gifts or Benefits

An officer or employee or a member of their family must not accept a gift or benefit that might reasonably be seen to have been given to influence the officer or employee in the exercise of their powers or performance of their duties or function.

Despite the paragraph above, a gift or benefit may be accepted if the gift or benefit

a) would be considered within

- Normal exchanges common to business relationships, or
- Normal exchanges common at public cultural events of Sipekne'katik;

b) Is given by a close friend or relative as an element of that relationship; or

c) Is a type that the policies or procedures of Sipekne'katik have determined would be acceptable if offered by Sipekne'katik to another person.

(17) Employees will not participate in, or condone any behavior that is intended to harass, degrade, humiliate, intimidate or cause fear to any other employee, member, client, volunteer of Sipekne'katik.

(18) Employees will respect the culture, traditions and teachings of the Mi'kmaq nation and act accordingly.

(19) Employees will treat others with fairness and respect and be open to other's opinions, personal preferences, and cultural differences that may be different than their own.

Name (printed)

Name (signature)

Date



**Agreement of Understanding Of the
Human Resources Policy & Financial Guidelines**

I, _____ (Name/Position Title) have been made aware of the Human Resources Policy (Administrative Policy and Procedure Manual, as approved by Chief and Council) & any relevant Financial Guidelines that are currently in effect for the Sipekne'katik. **I do understand I must perform my work-related duties in compliance with the HR Polices and Financial Guidelines.**

I am signing below that I have been given a copy of the updated polices listed here, and have read, and have been given the opportunity to ask questions to my Manager.

Name/Position Title

Signature

Date (dd/mm/yy)



APPENDIX F

Agreement of Understanding of HR Policy

1, _____ have read Sipekne'katik Human Resources Policy and Procedure Manual, which is currently in effect for Sipekne'katik and available on the Sipekne'katik website. I do understand I must perform my work-related duties in compliance with the HR Policies.

I am signing below that I have been given a copy of the updated policy listed here, and have been given the opportunity to ask questions to the Human Resources Manager.

Name/Position Title

Signature

Date (dd/mm/yy)



APPENDIX I Waiver of Liability & Emergency Care

Employee Name:	
Address:	
Phone/Cell:	
Email:	
Emergency Contacts	
Name:	
Relationship:	
Phone/Cell:	
Address:	
Emergency Contacts	
Name:	
Phone/Cell:	
Address:	
Optional Other details (e.g. special needs, allergies, medications taken regularly)	

EMERGENCY Authorization: (Emergency event: illness, distress, injury and other related)

Sipekne'katik has my permission to call my physician, Sipekne'katik Heath Center physician, 911, and/or send me to the Hospital, and the medical personnel have my permission to provide treatment that a physician deems necessary for my well-being. Sipekne'katik will make every attempt to contact the listed Emergency Contacts in the event of such an emergency.

Signature: _____ Date: _____

Group benefits enrolment form for First Nations Groups



Instructions

- Section 1 is to be completed by the plan administrator.
- All remaining sections are to be completed by the plan member and returned to your plan administrator

Please PRINT clearly. Complete the form in ink, sign and date the form on page 4 and return to your plan administrator for handling.

1 Information to be completed by plan administrator

Contract number		Contract holder name	
<input type="checkbox"/> New plan member <input type="checkbox"/> Re-hire	Date of hire/re-hire (yyyy-mm-dd)	Plan member ID	Class/Plan
Effective date of coverage (yyyy-mm-dd)		Location/billing group number	Location/billing group name
Occupation	Salary \$	Basis <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly (Hrs./Wk.) (please specify)

2 Plan member details

Plan member's last name	Middle initial	First name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Status <input type="checkbox"/> Status member <input type="checkbox"/> Non-Status member	Telephone number		Extension
Address (street number and name)			Apartment or suite
City			Province Postal code
Date of birth (yyyy-mm-dd)	Language <input type="checkbox"/> English <input type="checkbox"/> French	Email address	
Province of residence		Province of employment	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law** <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Coverage selection <input type="checkbox"/> Single <input type="checkbox"/> Family

**the Employee's partner of the opposite sex or of the same sex, who is publicly represented as the Employee's spouse and has continuously been so represented for at least the previous 12 months.

3 Refusal of benefits

If you or your dependents are presently covered for Extended Health Care and/or Dental Care benefits under another group contract you may refuse to be covered for such benefit(s) under this contract by selecting the applicable box for each benefit:

- I refuse coverage for myself and my dependents under: Extended Health Care Dental Care
- I refuse coverage for my dependents under Extended Health Care Dental Care

4 Banking details

If you wish to have your Extended Health Care and/or Dental Care benefit payments deposited directly into your bank account, attach a void cheque, direct deposit form or bank verification statement

If you do not have a chequing account, you must provide a direct deposit form or bank verification statement from your bank branch. This form must be provided by your bank, trust company, caisse populaire or credit union in Canada, and be signed and stamped by a banking representative. If your bank provides an online direct deposit form, pre-populated with your banking information, this can also be submitted. These forms must contain your name, the Bank Number, your Branch Number and Account Number to facilitate your benefit payment being deposited directly into your account

Please attach a void cheque, direct deposit form or bank verification statement

5 Spouse details

A spouse must first claim from his/her own employer's plan

Spouse's last name	Spouse's first name	Date of birth (yyyy-mm-dd)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status
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Is your spouse covered for Extended Health Care and/or Dental Care benefits by his/her employer's plan?

No Yes If yes, please indicate spouse's coverage:

Extended Health Care Family Single

Dental Care Family Single

Name of benefits carrier:

6 Children details

Covered children must first claim from the plan covering the parent with the earlier date of birth in the year.

Child's last name	Child's first name	Date of birth (yyyy-mm-dd)	Gender	Student*	Over-age disabled child**	Status
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Status <input type="checkbox"/> Non-Status

* A student is a child age 21 or over but under age 25, who is a full-time student attending an educational institution recognized by Canada Revenue Agency, as long as the child is not married or in any other formal union and is entirely dependent on you for financial support (For Quebec plan members, please check with your plan administrator for dependent student age limit.)

** To enrol an over-age disabled child, complete a Disabled Child Coverage form, and send it to us within 31 days of the date the dependent reaches the age limit.

7 Beneficiary nomination

IMPORTANT:

Be sure to show the beneficiary's first and last name, as well as the relationship to you.

You must initial any changes or deletions. Correction fluid cannot be used.

A revocable nomination can be changed at any time without the beneficiary's consent. You cannot change an irrevocable beneficiary nomination unless certain requirements are met.

If you are nominating a beneficiary who is a minor, please see section 9.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Beneficiary for **Employee BASIC Life and Accidental Death Benefits (if applicable)**

Last name	First name	Relationship to plan member	Percentage
			%
			%
			%
			%
			%
			%

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. Revocable beneficiary

If you do not nominate a beneficiary, the proceeds will be paid to your estate.

8 Appointing contingent beneficiaries

If you wish to appoint a contingent beneficiary, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my contingent beneficiary will apply to all my benefits.

Last name	First name	Relationship to plan member	Percentage
			%
			%
			%
			%
			%
			%

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. Revocable beneficiary

9 Nomination of trustee for minor beneficiary other than Quebec residents

If you wish to designate minor children as beneficiaries, a trustee must be designated.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Any payments becoming due while the beneficiary(s) is a minor* are to be made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company.

* A minor is a child who has not reached the age of majority as defined by provincial legislation

10 Authorization and signature

IMPORTANT:

You must sign and date the form.

I am authorized to disclose information about my spouse and dependents in order to enrol them in the plan.

By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information about me to underwrite, administer, adjudicate and deposit claim payments.
- My plan sponsor, and its agents to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required.
- Sun Life Assurance Company of Canada, its agents and service providers, and my plan sponsor and its agents to collect, use and disclose information about me, my spouse and dependents necessary for enrolment and for the purposes of continuing administration of the plan.

I declare that the information above is accurate and true. Inaccurate information may invalidate a claim.

A photocopy or electronic version of this authorization is as valid as the original.

Plan member signature X	Date (yyyy-mm-dd)
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Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting, administration, claims adjudication, protecting against fraud, errors or misrepresentations, meeting legal, regulatory or contractual requirements, and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).



Retirement Plan Waiver Form

I hereby acknowledge I have been offered the opportunity to participate in the Defined Contribution Pension Plan (DCPP) offered by the Shubenacadie Band Council and Participating Affiliates (Shubenacadie Band Council).

I wish to decline to participate in the Plan at this time and further acknowledge that there will be no contributions made to the plan on my behalf by Shubenacadie Band Council.

I have been provided with a complete description and explanation of the plan, and am aware that I may join the plan at any time in the future, if I choose to do so.

I understand the implications of waiving plan enrolment and participation and any questions I have had regarding my waiver of coverage have been answered to my satisfaction. I agree to waive any and all liability to Shubenacadie Band Council in this regard.

I have been encouraged by Shubenacadie Band Council to seek independent financial counsel to support my decision to not participate in the Defined Contribution Pension Plan for Shubenacadie Band Council.

<p>Member:</p> <p>Name (please print): _____</p> <p>Signature: _____</p>	<p>Date Signed:</p> <p style="text-align: center;">____ / ____ / ____</p> <p style="text-align: center;">DD MM YYYY</p>
<p>Witness:</p> <p>Name (please print): _____</p> <p>Signature: _____</p>	<p>Date Signed:</p> <p style="text-align: center;">____ / ____ / ____</p> <p style="text-align: center;">DD MM YYYY</p>

*Original form to be kept in employee file.
Copy to be provided to the employee.*

Defined Contribution Pension Plan (DCPP) enrolment form



Sun Life Financial, Group Retirement Services
PO Box 11001 Stn CV, Montreal QC H3C 3P3
www.sunlife.ca

Please PRINT clearly.

Nota La version française de ce document est également disponible

Plan sponsor information

Name of plan sponsor Shubencadie Band Council		Client ID C0HEO	Plan 01	Contract number 18771-G
Classifications				
Subdivision 001	Payroll ID N/A	User field N/A		

1 Personal information

*By submitting this form you authorize your social insurance number (SIN) to be used for the purposes of tax reporting and administration of benefits and where applicable you also authorize the use of your SIN as your identification number until such time as it is replaced with a number that is not your SIN

First name	Middle initial	Last name		<input type="checkbox"/> Male
Date of birth (dd-mm-yyyy)	Social Insurance Number*	Identification number		
Address (street number and name)				Apartment or suite
City	Province	Postal code	Telephone number (day)	
Email address			Telephone number (evening)	
Date of enrolment (dd-mm-yyyy)	Date of employment (dd-mm-yyyy)	Province of employment		

2 Marital / relationship status declaration

I certify, at the time of this declaration, based on the definition of spouse under applicable pension legislation:

Note If your status changes in the future, please complete/submit a 'Change of records' form and notify your plan sponsor

I have a spouse.

Spouse's first name	Middle initial	Last name
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I do not have a spouse.

3 Beneficiary designation

Complete this section to designate a beneficiary for your account. In the absence of a beneficiary designation, and if not payable to your spouse as prescribed by law, death benefits will be paid to your estate. It is important for you to ensure that you specify in your will to whom the death benefit should be paid.

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.

If you have a spouse when you die, the law may stipulate that all or part of the death benefit be paid to your surviving spouse, unless where provided, the spouse waives the death benefit. A beneficiary designation other than your spouse would only apply to those death benefits which are not, according to the law, payable to your surviving spouse. If you wish to ensure that your spouse receives all benefits, please designate your spouse here.

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

Beneficiary's first name	Middle initial	Last name	Relationship to you*	Percentage of benefits
				%
				%
				%

*Quebec: if you name your spouse as beneficiary, please indicate if this person is your common law spouse. Otherwise we will deem this person to be your legal spouse.

Important where Quebec law applies: a legal (married or civil union) spouse beneficiary is irrevocable unless you indicate otherwise.

If you have an irrevocable beneficiary, you may not change your beneficiary designation and may not be able to withdraw/transfer your assets out of the plan unless you provide Sun Life Financial with the irrevocable beneficiary's written consent.

To avoid this restriction and make your beneficiary designation revocable you must check here: Revocable Beneficiary

Note: To appoint a trustee for a beneficiary who is a minor, please complete the 'Appointment of trustee for a minor beneficiary' form. In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

4 Contingent beneficiary appointment

Complete this section to appoint a contingent (secondary) beneficiary for your account.

If there is no surviving beneficiary at the time of my death, I declare that the following contingent beneficiary shall receive all benefits due on my death in accordance with any applicable legislation. If there is no surviving contingent beneficiary at the time of my death, the proceeds shall be paid to my estate.

I revoke all previous contingent beneficiary appointments.

Contingent beneficiary's first name	Middle initial	Last name	Relationship to you	Percentage of benefits
				%
				%
				%

5 Contributions

Required contributions:

The required contribution amount, as defined under the plan, will be deducted from your pay for deposit into the plan.

Voluntary contributions:

- I authorize my employer to deduct % or \$ per pay to be deposited into the plan.
- I will not be making voluntary contributions.

6 Investment instructions

Choose funds from one or more of the following investment approaches.

Percentages must be in whole numbers and total 100%.

Pick the target date fund with the maturity date that is closest to when you will need your money.

Pick from any of the funds listed on this form to build your own portfolio that matches your Investment Risk Profile.

I request Sun Life Assurance Company of Canada to allocate contributions to the plan as follows. This instruction applies to all future contributions.

built FOR me – target date funds

	Percentage allocation
Sun Life Financial Granite™ 2020 Segregated Fund (BVZ)	%
Sun Life Financial Granite™ 2025 Segregated Fund (BWA)	%
Sun Life Financial Granite™ 2030 Segregated Fund (BWB)	%
Sun Life Financial Granite™ 2035 Segregated Fund (BWC)	%
Sun Life Financial Granite™ 2040 Segregated Fund (BWD)	%
Sun Life Financial Granite™ 2045 Segregated Fund (BWE)	%
Sun Life Financial Granite™ 2050 Segregated Fund (BWF)	%
Sun Life Financial Granite™ 2055 Segregated Fund (BWG)	%
Sun Life Financial Granite™ Retirement Segregated Fund (SQB)	%

built BY me

	Percentage allocation
SLA 1 Year Guaranteed Fund (012)	%
SLA 3 Year Guaranteed Fund (036)	%
SLA 5 Year Guaranteed Fund (060)	%
Sun Life Financial Money Market Segregated Fund (KMQ)	%
BlackRock Universe Bond Index Segregated Fund (J04)	%
PI&N Bond Segregated Fund (PGY)	%
Sun Life Financial Short Bond Segregated Fund (KA4)	%
Sun Life Financial Universe Bond Segregated Fund (L0P)	%
Beutel Goodman Balanced Segregated Fund (HVO)	%
MFS Balanced Segregated Fund (K6V)	%
Sun Life Dynamic Strategic Yield Segregated Fund (I8G)	%
Beutel Goodman Fundamental Canadian Equity Segregated Fund (G0M)	%
CC&L Group Canadian Equity Segregated Fund (GJ5)	%
MFS Canadian Equity Core Segregated Fund (K5W)	%
MFS Canadian Equity Growth Segregated Fund (K3B)	%
BlackRock EAFE Equity Index Segregated Fund (J2S)	%
BlackRock US Equity Index Segregated Fund (Registered) (PJ4)	%
Fiera Global Equity Segregated Fund (JEW)	%
Lazard Global Listed Infrastructure Segregated Fund (K1I2)	%
MFS International Equity Segregated Fund (PCW)	%
Sun Life MFS U S Equity Segregated Fund (DHM)	%

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.

7 Your authorization and signature

I authorize Sun Life Assurance Company of Canada, its agents and service providers, to obtain, use and transmit to my plan sponsor, its agents and service providers, my personal information for the purpose of plan administration.

I also authorize Sun Life Assurance Company of Canada, its agents and service providers to transmit my personal information to the advisor appointed by my Plan Sponsor, if any, or to my personal advisor for the purpose of enabling in-plan advisory services.

Unless I select 'No' below, I agree that my information may be collected, used and shared with the members of the Sun Life Financial group of companies*, their agents and service providers to inform me of other financial products and services that they believe meet my changing needs.

No, I refuse permission.

*The companies in the Sun Life Financial group of companies mean only those companies identified in Sun Life Financial's Privacy Policy for Canada which is available on the Sun Life Financial website, www.sunlife.ca

Signature X	Date (dd-mm-yyyy)
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8 Keeping your information confidential

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third party providers and reinsurers who, in some instances, may be located in jurisdictions outside Canada. Your personal information may be subject to the laws of those foreign jurisdictions. Sun Life Financial's operations worldwide and our third party providers are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at www.sunlife.ca, or to obtain information about our privacy practices, send a written request by email to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Appointment of Trustee or Administrator for a Minor Beneficiary



Return completed form to:
Sun Life Assurance Company of Canada, Group Retirement Services
227 King Street South PO Box 1601, Waterloo ON N2J 4C5

Please PRINT clearly.

Plan Sponsor information

Name of Plan Sponsor

Participant information

Name of participant (first, middle initial, last)

ID / participant number

Appointment of Trustee or Administrator for a minor beneficiary

This appointment applies to this(these) minor child(children) designated as beneficiary under my Group Retirement Savings products.

Name of minor beneficiary

Name of minor beneficiary

Name of minor beneficiary

Note: This form is not suitable for all purposes and you must make sure that it will carry out your intentions before signing.

In Quebec, the Administrator has limited powers and may have to account for its administration to the Public Curator. The powers of the Administrator should be defined, otherwise the Administrator will have the rights and obligations of a tutor.

In Quebec: If the beneficiary(ies) named above is/are a minor residing in the province of Quebec and you wish to name an Administrator other than his/her tutor(s) to administer the amounts payable to the minor(s), complete the section below:

If a Trustee is named, a trust according to Quebec laws must be established.

Any amount payable to the minor beneficiary(ies) during his/her minority will be paid to the individual named hereunder, as Trustee or Administrator for this(these) minor child(children).

Elsewhere in Canada (excluding Quebec), the Trustee may have to account for its administration to the Public Trustee.

Elsewhere in Canada (excluding Quebec): If the beneficiary(ies) named above is/are a minor and you wish to appoint a Trustee for your beneficiary(ies) in accordance with the provisions of the Insurance Act, complete the section below:

Any amount payable to the minor beneficiary(ies) during his/her minority will be paid to the Trustee named hereunder, as Trustee for this(these) minor beneficiary(ies).

Name of Trustee or Administrator (first, middle initial, last)

Relationship to the participant

Payment to the Trustee or Administrator shall discharge Sun Life Assurance Company of Canada. Sun Life Assurance Company of Canada cannot be responsible for the effect or sufficiency of the completed form.

Signature of participant

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.



Request for Leave Form

EMPLOYEE: _____ **DATE:** _____

Leave Type	DATE TAKEN	FROM HOUR am/pm	TO HOUR am/pm	TOTAL Hours
Vacation (include times late for work, mental health):				
Medical (Sick, Dr appts, Immediate family illness, mental health)				
Bereavement Leave See 15.9 of HR Policy				
Personal Leave: (3 days/year max) See 15.5 of HR Policy				
Overtime Taken				

Employee Signature: _____ Date: _____

Direct Supervisor's Signature: _____ Date: _____

For Office Use Only Pay Period _____ Pay Day _____ Xyntax Input _____

Note: If you are requesting any other leave, not listed on this form, please see HR Dept.