

Retirement Savings Plan (RSP) enrolment form

Return the completed form to:

Sun Life Financial, Group Retirement Services

PO Box 11001 Stn CV, Montreal QC H3C 3P3

www.sunlife.ca

Should you have any questions concerning this form, please call Sun Life Financial at 1-866-733-8612

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

Please PRINT clearly.

RSP account type

RSP – You will be the owner and the annuitant of the account.

Please complete sections 2, 3, 4, 6, 7 and 8. Section 5 is optional.

1 Plan sponsor information

This information is to be completed by the plan sponsor.

Name of Plan Sponsor Bombardier Inc.	Client ID C0G72	Plan	Contract number
		01	<input type="checkbox"/> 98431-G (Bombardier Inc.)
		02	<input type="checkbox"/> 98307-G (Bombardier Aviation, Montreal)
		03	<input type="checkbox"/> 98435-G (Bombardier Aviation, Toronto)
		14	<input type="checkbox"/> 98439-G (Senior Executives of Bombardier)

Classifications

Subdivision To be determined by Sun Life Financial	Payroll ID N/A	User field N/A
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2 Owner information

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

First name		Middle initial	Last name		<input type="checkbox"/> Male
					<input type="checkbox"/> Female
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)	

*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.

**For purposes of completing this form, your Identification number is the number beginning with B for the employees of head office (Bombardier Inc.) and with B for employees of Bombardier Aviation Montreal. For the employees of Bombardier Aviation Toronto it corresponds to your badge number.

ENRLMNT



3 Employment information

Date of enrolment (dd-mm-yyyy)	Date of employment (dd-mm-yyyy)
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4 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.

Caution in all provinces except Quebec: Your designation of a beneficiary 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 make a new designation. In Quebec, a divorce granted after December 1st, 1982 cancels the beneficiary designation of the married spouse. In Quebec if you name more than one beneficiary and give them unequal shares of the benefit and one of them dies, the deceased beneficiary's share will default to contingent beneficiary or estate rather than being divided amongst the other beneficiaries.

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.

If you have a spouse when you die, the law may stipulate that all or part of the death benefit be paid to your qualifying spouse, unless your 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 your spouse to receive all benefits, please ensure you designate your spouse as beneficiary in the space below.

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*	<input type="checkbox"/> Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you*	<input type="checkbox"/> Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you*	<input type="checkbox"/> Revocable**	Date of birth (dd-mm-yyyy)	Percentage of benefits %

*Following are the values to be used for relationship

Husband (married)	Wife (married)	Civil union	Common-law	
Fiancé(e)	Friend	Former spouse	Father	Mother
Brother	Sister	Son	Daughter	Nephew
Niece	Aunt	Uncle	Cousin	Grandchild
Grandparent	Step family	Family-in-law	Institution	Other

Where Quebec law applies, a **married or civil union spouse beneficiary is **irrevocable** unless you indicate otherwise. To avoid this restriction and make your legal spouse designation revocable, you must check the revocable box above.

If your beneficiary is irrevocable, 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.

5 Contingent beneficiary designation

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.

Beneficiary's first name	Middle initial	Last name	
Relationship to you* (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you* (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
Beneficiary's first name	Middle initial	Last name	
Relationship to you* (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %

6 Contributions

I authorize my employer to deduct a total RSP contribution of \$ _____ per pay.

7 Investment instructions

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

Percentages must be in whole numbers and total 100%.

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

Help me do it - target risk funds

Pick the target risk fund that matches your Investment Risk Profile.

	Percentage allocation
Aggressive Diversified Option (HQE)	_____ %
Balanced Diversified Option (HQD)	_____ %
Conservative Diversified Option (HQC)	_____ %
Very Conservative Diversified Option (HQB)	_____ %

Let me do it

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

	Percentage allocation
Money Market Option (QMF)	_____ %
Fixed Income Option (QMG)	_____ %
TDAM Cdn Bond Index Fund (X37)	_____ %
Canadian Equity Option (QMH)	_____ %
TDAM Cdn Equity Index Fnd (X39)	_____ %
Global Equity Option (QMI)	_____ %
Real Return Assets Option (QHS)	_____ %
TDAM Intl Equity Index Fd (X41)	_____ %
TDAM US Mkt Index (Reg) (QXH)	_____ %
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 is the Conservative Diversified Option.

8 Your authorization and signature

I apply for a RSP to be established under the terms of the Group Annuity Policy issued by Sun Life Assurance Company of Canada. 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 appoint the plan sponsor named in this Application to act as my agent for the purpose of the Plan, including payroll deductions, if applicable.

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

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

I acknowledge that by enrolling in this plan, I am bound by the terms of the group savings plan contract* between my plan sponsor and Sun Life Financial, the applicable details of which have been or will be provided or made available to me by Sun Life Financial or my plan sponsor as part of the enrolment process.

I understand that the funds available in my plan are offered under a group savings plan contract issued to my plan sponsor by Sun Life Financial.

I authorize Sun Life Assurance Company of Canada (Sun Life), its agents and service providers, to collect, use and disclose to my plan sponsor, its agents and service providers, my personal information, which may include annual income information, for the purpose of plan administration.

I also authorize Sun Life, its agents and service providers to disclose 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.

*Group savings plan contract includes a group annuity policy issued by Sun Life.

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.

Owner Signature

X

Date (dd-mm-yyyy)

9 Respecting your privacy

Respecting your privacy is a priority for the Sun Life 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.

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