



# Standard Life Express™ Implementation package

## Your implementation checklist

### 1

**Complete the implementation package and return the following documents to your Standard Life Manager, Business Development (MBD).**

- 1 **Implementation package** (which generates the employee Summary of main provisions) – fax or email electronic version for quicker implementation  
Non-profit organizations are not permitted to have a DPSP because contributions must be based on profits.
- 2 **Application** (RSP) signed by the client – fax and keep original
- 3 **Application** (TFSA), if applicable, signed by the client – fax and keep original
- 4 **Terms of agreement** (DPSP) signed by the client – fax and keep original
- 5 **Client identification supplementary information** (DPSP) completed and signed by the client – fax and keep original
- 6 **Board of Directors Resolution** (DPSP) completed and signed by the client – fax and keep original. It is typically appended to the next formal Board Meeting minutes.
- 7 **Trust agreement** (DPSP) signed by the client – fax and keep original
- 8 **T2214 form** (DPSP) completed in part and signed by the client – fax and keep original
- 9 **New broker contracting documents** (*only required for new advisors to Standard Life*). Contact your MBD to obtain a copy of these documents.

**Note:** the client should retain all originals as Standard Life and/or the Canada Revenue Agency may request them at any time. Each affiliated company/subsidiary must have its own plan and complete its own package.

### 2

**Proceed with the member enrolment process.**

- 1 **Obtain member enrolment packages** – choose one of the following two approaches
  - ✓ **Print** one copy for each employee at <https://viproom.standardlife.ca/pin/Login.jsp> and insert the printed employee *Summary of main provisions* (created in step One above)
    - ▣ You must ensure the member package contains the *Plan for life™* brochure, the Rates of Return & Investment Management Fees and the enrolment forms, corresponding to the selected investment menu and the Summary of main provisions.
  - ✓ **Order** pre-assembled enrolment packages and complete section 9 in part A of this implementation package.
- 2 **Hold a member enrolment session and hand out the enrolment packages:** a template of the presentation is available for you online at <https://viproom.standardlife.ca/pin/Login.jsp>

### 3

**Return enrolment forms.**

- ✓ Paper enrolment – return to your MBD
  - ▣ Member enrolment form signed by the client and the member – mail original
  - ▣ Spousal enrolment form (if applicable) signed by the client, the member and the spouse – mail original
- ✓ Online enrolment – return to address indicated online
  - ▣ Member Beneficiary designation form signed by the member – mail original
  - ▣ Spouse Beneficiary designation form signed by the spouse – mail original

**Standard  
Life**

**will receive all required documentation and will**

- ✓ Contact you for any missing information regarding the enclosed implementation material;
- ✓ Contact the employer to review the plan administration within two business days of completing the implementation;
- ✓ Send the material issued by Standard Life to you and/or the client as per the instructions noted in section 12.

## Part A (mandatory) - Basic information

### 1 Applicant identification at Standard Life

Standard Life sales office	<input type="checkbox"/> Calgary <input type="checkbox"/> Halifax <input type="checkbox"/> London <input type="checkbox"/> Montréal <input type="checkbox"/> Quebec City <input type="checkbox"/> Toronto <input type="checkbox"/> Vancouver		
Standard Life Group Savings & Retirement client number <sup>(1)</sup>	RS	For a new client, contact your Standard Life sales office	
Does the applicant named in Section 2 have group benefits with Standard Life?	<input type="checkbox"/> No	MBD name: _____	
	<input type="checkbox"/> Yes, indicate Policy:	Tel: - - ext. Cell: - -	
		Address: _____	
		Tel: 1- - - ext. Fax: - -	
		Email: _____	

(1) Available to new clients and those who already sponsor a plan under the Standard Life Express product.

### 2 Applicant's name and business contact information

Full official legal name of employer participating in the plan <sup>(2)</sup>	_____		
	<input type="checkbox"/>	_____, operating as _____ <small>(company number) (see sample company name)</small>	
Main business address	(No., street, suite)		
City	Province	Postal code	
General telephone (if any)	- - ext.	General fax (if any)	- -
Nature of business			

(2) Must be a single employer (i.e. single legal entity). You must indicate the full official legal name of the employer (example: "232567 Ontario Ltd., operating as Sample Company"). If an affiliated company or subsidiary of the employer also wants to participate, the affiliated company/subsidiary must have its own plan and provide all required documents (completed and signed). If requested, we will set up the plan of each affiliate/subsidiary under the existing client number of the main sponsor/client to facilitate the client's administration.

### 3 Applicant authorized signing officer (for application purposes)

Last name	First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Title	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French	
Telephone	- - ext.	Fax	- - Email

### 4 Applicant designated representative with web access (primary administrator)

Full access to the VIP Room provides consolidated client information for all members. This primary administrator is authorised to assign access to other parties on the VIP Room.		<input type="checkbox"/> Same as signing officer <input type="checkbox"/> Other (specify below)	
Last name	First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Title			
Business address	(No., street, suite)	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French
City	Province	Postal code	
Telephone	- - ext.	Fax	- - Email
<input type="checkbox"/> We would like to designate a different day-to-day contact – please complete the form <i>Part A (optional) – Administrators/subgroups</i>			

### 5 Agent of record (firm or individual named on your license)

<input type="checkbox"/> Firm <i>Capsil Code:</i>  <i>(Internal only)</i>	Name		
	Business address	(No., street, suite)	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
	City	Province	Postal code
	Note: the firm day-to-day contact is as specified in section 6		
<b>Or</b>			
<input type="checkbox"/> Individual <i>Capsil Code:</i>  <i>(Internal only)</i>	Last name	First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
	Title		
	Business address	(No., street, suite)	Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
	City	Province	Postal code
	Telephone	- - ext.	Fax

## Part A (mandatory) - Basic information

### 6 Agent of record - representative with web access

Access to the VIP Room is granted with access to client information for all members. This representative is <b>NOT</b> authorised to assign access to others.		<input type="checkbox"/> Same as individual agent of record named under section 5 <sup>(3)</sup> <input type="checkbox"/> Agent of record day-to-day contact indicated below	
Last name	First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Title			
Business address	(No., street, suite)	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French
City	Province	Postal code	
Telephone	- - ext.	Fax	- - Email

(3) Web access can only be provided to an individual person and not a firm.

### 7 Contribution remittance method

Contributions are remitted with eServicing using Electronic Fund Transfer (EFT), Internet banking or Wire transfer. Our Standard Life Representative will discuss these options when reviewing the administration of the plan with the plan sponsor.

### 8 Member grouping for reporting purposes <sup>(4)</sup>

- No special member grouping (i.e. reports will show all members)  
 Group members by subgroup to have reports at subgroup level (ex: employees have different administrators, are in different locations or have different payrolls) – please complete the form *Part A (optional) – Administrators/subgroups*

(4) It is very important to group members correctly at implementation. Please note that Standard Life will automatically create a different subgroup for the administration of the plan(s), where necessary.

### 9 Member enrolment

Expected date of member enrolment sessions?	(YYYY/MM/DD)		
Members will be enrolled using (select applicable option(s))	<input type="checkbox"/> Paper enrolment	Do you wish to order pre-assembled member enrolment packages <sup>(6)</sup> ?	<input type="checkbox"/> No, they will be printed directly from Standard Life web site
	<input type="checkbox"/> Online enrolment <sup>(5)</sup>		<input type="checkbox"/> Yes, please send the kits to the individual agent of record named in Section 5 or if it is a firm to the attention of the day-to-day contact specified in section 6.

(5) Within five to seven business days after receiving the completed implementation package, the sponsor will receive a PIN to enter basic member information on the VIP Room. A PIN letter will then be issued and mailed to each member who will logon to the member VIP Room to complete enrolment. The member will need to print, sign, and mail the beneficiary form to Standard Life.

(6) The number of copies per language is as requested in section 16.

### 10 Investment menu (applies to all members)

Investment menu selected <sup>(7)</sup>	<input type="checkbox"/> Monitored Avenue Portfolio Program 1	<input type="checkbox"/> Monitored Avenue Portfolio Program 2
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(7) Subject to conditions described in the selected program overview.

### 11 Pricing information (applies to all members)

Estimated number of members		Estimated annual cash flow	
Base Annual Investment Management Fees ("IMF")	<b>1.975%</b>	Guaranteed and daily interest rates	<b>Base Rate*</b>

\* Standard Life Canada's based interest rate for group plans.

### 12 Issued material prepared by Standard Life

Issued material (i.e. policy and official plan text) should be sent to	<input type="checkbox"/> Policyholder (i.e. applicant named in sections 2 and 3) with a copy to the agent of record
	<input type="checkbox"/> Agent of record (named in section 5) for delivery to the policyholder

## Part A (optional) – Administrators/subgroups

You must only complete this form, if you have indicated that you would like to:

- designate a different day-to-day contact for administration purposes under section 4, and/or
- group members by subgroup under section 8

If in section 8, you indicated you had no special member grouping, go directly to sections c) and d) below:

a) Member subgroup #1		
Subgroup full name (maximum of 70 characters)		
Subgroup short name / identifier (maximum of 5 characters)		
Subgroup day-to-day contact / administrator*	<input type="checkbox"/> Same as primary administrator named under section 4	
	<input type="checkbox"/> As specified below under c)	Should this administrator receive reports for the specific subgroup? <input type="checkbox"/> Yes <input type="checkbox"/> No

b) Member subgroup #2		
Subgroup full name (maximum of 70 characters)		
Subgroup short name / identifier (maximum of 5 characters)		
Subgroup day-to-day contact / administrator*	<input type="checkbox"/> Same as primary administrator named under section 4	
	<input type="checkbox"/> As specified below under d)	Should this administrator receive reports for the specific subgroup? <input type="checkbox"/> Yes <input type="checkbox"/> No

The day-to-day administrator(s) named below are Standard Life contact for administration purposes:

c) Day-to-day contact / administrator*						
Last name	First name			<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Title						
Business address (No., street, suite)	Language of correspondence				<input type="checkbox"/> English <input type="checkbox"/> French	
City	Province	Postal code				
Telephone	- - ext.	Fax	- -	Email		

d) Day-to-day contact / administrator* (only, if more than one)						
Last name	First name			<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Title						
Business address (No., street, suite)	Language of correspondence				<input type="checkbox"/> English <input type="checkbox"/> French	
City	Province	Postal code				
Telephone	- - ext.	Fax	- -	Email		

\* The applicant-designated representative with web access (referred to as the primary administrator under section 4 in *Part A (mandatory) – Basic information*) will provide the administrator(s) named above with the appropriate access to the VIP Room.

Part B (mandatory) – Plan details

**13 Plan information**

**Deferred Profit Sharing Plan (DPSP)**

Plan name	Deferred Profit Sharing Plan for the employees of the employer named in Part A (mandatory) – section 2 under “Full official legal name of employer participating in the plan”		
Effective date (YYYY/MM/DD) <sup>(9)</sup>	<i>Note: This date cannot be before the day all the requirements are sent by registered mail to CRA. You may therefore propose an effective date, but the effective date will be confirmed by the Canada Revenue Agency.</i>		
Do you have any employees considered “Connected persons” <sup>(10)</sup> ?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes. If so, do you wish to make them eligible to a retirement savings plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**Employer-sponsored Retirement Savings Plan (RSP)**

Plan name <sup>(8)</sup>	Retirement Savings Plan for the employees of the employer named in Part A (mandatory) – section 2 under “Full official legal name of employer participating in the plan”		
Effective date (YYYY/MM/DD) <sup>(9)</sup>			

**Tax-Free Savings Account (TFSA)**

Plan name	The Standard Life Tax-Free Savings Account		
Effective date (YYYY/MM/DD) <sup>(9)</sup>			

(8) As per Canada Revenue Agency, the term “Registered” may not be part of the plan name.

(9) The date may not be before the effective date of the plan with Standard Life.

(10) “Connected Person” is defined in subsection 8500(3) of the income tax regulations and includes a person who meets one or more of the following conditions. The person: owns, directly or indirectly, at least 10% of the issued shares of any class of the capital stock of the employer, or of any other corporation that is related to the employer; does not deal at arm’s length with the employer; or is a specified shareholder of the employer under paragraph (d) of the definition of “specified shareholder” in subsection 248(1) of the *Income Tax Act*.

In accordance with the *Income Tax Act*, “Connected persons” are not entitled to join a Deferred Profit Sharing Plan.

If some employees are considered “Connected persons” and you wish to make them eligible to a retirement savings plan (RSP), you must complete the Retirement Savings Plan provision page in section 15 with the employment class defined as “Connected persons”. Since they cannot join the Deferred Profit Sharing plan, the employer may choose, as an alternative, to contribute in the Retirement Savings Plan.

**14 Summary of main provisions (for members)**

Does the Agent of record want to have his contact information appear at the end of the summary?	<input type="checkbox"/> No						
	<input type="checkbox"/> Yes, show name and phone number of	<input type="checkbox"/> Agent of record – individual named in section 5					
		<input type="checkbox"/> Agent of record – representative with web access named in section 6					
		<input type="checkbox"/> As follows	<table border="1"> <tr> <td>Last name</td> <td></td> </tr> <tr> <td>First name</td> <td></td> </tr> <tr> <td>Telephone</td> <td>- - ext.</td> </tr> </table>	Last name		First name	
Last name							
First name							
Telephone	- - ext.						
Do all employees (other than employees considered “Connected persons”) have the same plan provisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, indicate how many employment classes with different plan provisions the plan holds <sup>(11)</sup> ? <input type="checkbox"/> 2 classes <input type="checkbox"/> 3 classes					

(11) The employment classes are defined in section 15. The number of employment classes for employees who are not considered “Connected Persons” indicated above must match the exact number of plan provisions pages in section 15.

Part B (mandatory) – Plan details

Note: you must complete one plan provisions page for each employment class defined. Please add additional pages as needed.

15 Plan provisions

Description of eligible employment class						
This employment class is defined as	<input type="checkbox"/> All Employees					
	Employees who are <sup>(12)</sup> :	<input type="checkbox"/> Salaried	<input type="checkbox"/> Unionized	<input type="checkbox"/> Management	<input type="checkbox"/> As selected in electronic menu	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Non unionized	<input type="checkbox"/> Non management	<input type="checkbox"/> Permanent <sup>(12)</sup>	
Eligibility waiting period (RSP)						
Full-time employees	<input type="checkbox"/> Immediately on the date of hire			Part-time employees	<input type="checkbox"/> Same as full-time	
	<input type="checkbox"/> On the first of the month following completion of (months of service with the employer):				<input type="checkbox"/> Immediately on the date of hire	
	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months				<input type="checkbox"/> On the first of the month following completion of (months of service with the employer):	
					<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	
				<input type="checkbox"/> Not eligible		
Eligibility waiting period (DPSP)						
Full-time employees	<input type="checkbox"/> Immediately on the date of hire			Part-time employees	<input type="checkbox"/> Same as full-time	
	<input type="checkbox"/> On the first of the month following completion of (months of service with the employer):				<input type="checkbox"/> Immediately on the date of hire	
	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months				<input type="checkbox"/> On the first of the month following completion of (months of service with the employer):	
					<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	
				<input type="checkbox"/> Not eligible		
Participation of eligible employees (RSP)						
Full-time employees	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary		Part-time employees	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary <input type="checkbox"/> Not applicable / not eligible
Participation of eligible employees (DPSP)						
Full-time employees	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary		Part-time employees	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary <input type="checkbox"/> Not applicable / not eligible
Annual earnings (RSP)						
<input type="checkbox"/> N/A – Employee required contributions described below are not based on a percentage of annual earnings						
Are defined as follows	<input type="checkbox"/> T4 earnings, as reported by the employer					
	<input type="checkbox"/> Base salary, as determined by the employer, plus the payment for (if applicable):					
	<input type="checkbox"/> Overtime		<input type="checkbox"/> Bonuses	<input type="checkbox"/> Commissions	<input type="checkbox"/> Expenses allowances	
Annual earnings (DPSP)						
<input type="checkbox"/> N/A – Employer contributions described below are not based on a percentage of annual earnings						
Are defined as follows	<input type="checkbox"/> Same as Annual earnings – RSP described above					
	<input type="checkbox"/> T4 earnings, as reported by the employer					
	<input type="checkbox"/> Base salary, as determined by the employer, plus the payment for (if applicable):					
	<input type="checkbox"/> Overtime		<input type="checkbox"/> Bonuses	<input type="checkbox"/> Commissions	<input type="checkbox"/> Expenses allowances	
Employee required contributions (RSP)						
<input type="checkbox"/> None (employees are not required to contribute but may elect to make voluntary contributions <sup>(13)</sup> ) – Go to “Employer contributions” section						
Are defined as follows (select one option)	<input type="checkbox"/> \$ _____ per pay					
	<input type="checkbox"/> _____% of the employee annual earnings					
	<input type="checkbox"/> a minimum of _____% up to a maximum of _____% of the employee annual earnings					
	<input type="checkbox"/> a percentage of employee annual earnings, based on years of completed service with the employer					
	_____ %			less than _____ years		
	_____ %			at least _____ but less than _____ years		
	_____ %			_____ or more years		
May be withdrawn during employment <sup>(14)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No, unless withdrawals are made for the Home Buyers’ Plan or Lifelong Learning Plan				
May be directed to a spousal account <sup>(15)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

(12) You can only select two boxes if one of them is “Permanent” (ex: if you select Permanent and Salaried, the employment class is “Permanent Salaried Employees”).  
 (13) Employee voluntary contributions are always permitted and a percentage, as selected by the employee, may be directed to the spousal plan.  
 (14) Any withdrawal restrictions on employee required contributions also apply to such contributions directed to the spousal account.  
 (15) Standard Life will automatically set up a spousal account to allow employees to contribute for their spouse in their spousal account.



Part B (mandatory) – Plan details

**Note:** you must only complete this part if you have indicated in section 13 that employees considered “Connected persons” are eligible to join a Retirement Savings Plan.

**15 Plan provisions (RSP)**

Description of eligible employment class						
This employment class is defined as		Employees designated as “Connected persons”				
Eligibility waiting period						
Full-time employees	<input type="checkbox"/> Immediately on the date of hire		Part-time employees	<input type="checkbox"/> Same as full-time		
	<input type="checkbox"/> On the first of the month following completion of (months of service with the employer): <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months			<input type="checkbox"/> Immediately on the date of hire		
				<input type="checkbox"/> On the first of the month following completion of (months of service with the employer): <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months		
				<input type="checkbox"/> Not eligible		
Participation of eligible employees						
Full-time employees	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary	Part-time employees	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Not applicable / not eligible
Annual earnings						
<input type="checkbox"/> N/A – Employee required contributions and employer contributions described below are not based on a percentage of annual earnings						
Are defined as follows	<input type="checkbox"/> T4 earnings, as reported by the employer					
	<input type="checkbox"/> Base salary, as determined by the employer, plus the payment for (if applicable): <input type="checkbox"/> Overtime <input type="checkbox"/> Bonuses <input type="checkbox"/> Commissions <input type="checkbox"/> Expenses allowances					
Employee required contributions						
<input type="checkbox"/> None (employees are not required to contribute but may elect to make voluntary contributions <sup>(13)</sup> ) – go to <i>Employer contributions</i> section						
Are defined as follows (select one option)	<input type="checkbox"/> \$_____ per pay					
	<input type="checkbox"/> _____% of the employee annual earnings					
	<input type="checkbox"/> a minimum of _____% up to a maximum of _____% of the employee annual earnings					
	<input type="checkbox"/> a percentage of employee annual earnings, based on years of completed service with the employer _____ % less than _____ years _____ % at least _____ but less than _____ years _____ % _____ or more years					
May be withdrawn during employment <sup>(14)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No, unless withdrawals are made under the Home Buyers' Plan / Lifelong Learning Plan				
May be directed to a spousal account <sup>(15)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Employer contributions						
Are defined as follows (select one option)	<input type="checkbox"/> \$_____ per pay					
	<input type="checkbox"/> _____% of the employee required contributions					
	<input type="checkbox"/> _____% of the employee annual earnings					
	<input type="checkbox"/> a minimum of _____% up to a maximum of _____% of the employee annual earnings					
<input type="checkbox"/> a percentage of employee annual earnings, based on years of completed service with the employer _____ % less than _____ years _____ % at least _____ but less than _____ years _____ % _____ or more years						
May be withdrawn during employment <sup>(14)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No, unless withdrawals are made under the Home Buyers' Plan / Lifelong Learning Plan				
May be directed to a spousal account <sup>(15)</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

(13) Employee voluntary contributions are always permitted and a percentage, as selected by the employee, may be directed to the spousal plan.

(14) Any withdrawal restrictions on employee required contributions and/or employer contributions also apply to such contributions directed to the spousal account.

(15) Standard Life will automatically set up a spousal account to allow employees to contribute for their spouse in their spousal account.

**16 Number of copies to print (for kits and summary of main provisions)** English \_\_\_\_\_ French \_\_\_\_\_



# Application Employer-sponsored Retirement Savings Plan

We, \_\_\_\_\_ (the applicant), acting as agent for and on behalf of the  
(Full official legal name of employer participating in the plan)

employees to be included in the Employer-sponsored Retirement Savings plan (the "plan") hereby make application to The Standard Life Assurance Company of Canada (Standard Life Canada) and Standard Life Assurance Limited (Standard Life) for a policy to be issued to us to take effect from the date stated in the policy. The policy will be jointly issued by the Standard Life Assurance Company of Canada and by Standard Life Assurance Limited, a Scottish company, in the course of its insurance business in Canada.

We agree:-

- to supply Standard Life Canada with all information and documents deemed necessary to fulfil its obligations under the policy. This includes but is not limited to, our approval (email or other written approval) of the pricing terms associated to the policy, the provisions of the plan and the confirmation of the investment funds selected for the plan. Such approval can be given by our representative who has responsibility for the administration of the plan, or by the agent of record named below. Standard Life Canada shall be entitled to act upon the instructions that we or our authorized representative have provided without further investigation or validation by Standard Life Canada;
- that full access to the Standard Life VIP Room be provided to the designated representative we have named for that purpose and we authorise such representative to assign access to other parties, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
- (a) \_\_\_\_\_ has been appointed as our agent of record for the plan to arrange for and service the policy on an ongoing basis;  
(b) that access to the Standard Life VIP Room be provided to our agent of record, designated representative with web access, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
- that the fees may include a commission from Standard Life Canada to the agent of record following the acquisition of the group policy, and that an additional compensation in the form of bonuses may also be provided;
- that we are under no obligation to transact any other business with Standard Life Canada or Standard Life or any other person or company as a condition of Standard Life Canada and Standard Life issuing the policy to us;
- to comply with federal and/or provincial privacy legislation regarding the privacy of personal information collected, used, and disclosed in relation to the plan and to obtain the written consent of each member of the plan to the exchange of such information and to provide such written consent to Standard Life Canada in the manner or form deemed appropriate by Standard Life Canada for the ongoing administration of the plan;
- to provide each member of the plan with a written explanation of the terms and conditions of the plan, any applicable plan amendments and an explanation of his or her rights and duties with respect to the benefits available to him or her under the terms of the plan;
- that the policy will be established on the basis of the specimen policy forming part of Standard Life Canada Specimen plan No. RSP267-046 (Employer-Sponsored RSP) that is pre-approved by Canada Revenue Agency and we acknowledge and accept that any modification to the specimen plan offered under this policy be binding on the policyholder and its members;
- that this application, together with the Quotation established in connection with the policy, will form the basis of the contract between the applicant and The Standard Life Assurance Company of Canada and Standard Life Assurance Limited.

The policy is an annuity contract that is based on the following terms:

This policy includes benefits that are not guaranteed and which fluctuate with the market value of the assets of the funds supporting them.

Employees: Such employees as are included under the plan. The benefits of employees are derived from income earned in Canada.

Annuity: The amounts and types of annuity are determined according to the terms of the policy, unless provided otherwise in the plan.


Premiums: The applicant will remit all premiums to Standard Life Canada for investment.

Standard Life Guaranteed funds are only made available to those members whose investments in Standard Life Canada Guaranteed funds have reached the Assuris maximum protection limit for registered group policies and who wish to secure additional Assuris coverage by investing in Standard Life Guaranteed funds. Assuris is a not for profit corporation, funded by the life insurance industry, that protects Canadian policyholders against loss of benefits due to the financial failure of a member company. Details about the extent of Assuris' protection are available at [www.assuris.ca](http://www.assuris.ca) or in its brochure, which can be obtained from your financial advisor, life insurance company or Assuris from [info@assuris.ca](mailto:info@assuris.ca) or by calling 1-800-268-8099.

If this application is signed in Quebec:

The undersigned acknowledges having requested that this application and its policy be provided in the English language;

Le soussigné reconnaît avoir demandé que la présente proposition et la police soient établies en anglais.

<b>Signature</b>		
<b>Signature of duly authorized officer</b>	<b>Title</b>	
		
<b>Name (please print)</b>	<b>Signed at</b>	<b>Date (YYYY/MM/DD)</b>

**Policy no (to be completed by Standard Life):** RS - \_\_\_\_\_



# Application The Standard Life Tax-Free Savings Account (the "plan")

We, \_\_\_\_\_ (the applicant), acting as agent for and on behalf of the  
(Full official legal name of employer participating in the plan)

employees to be included in the Standard Life Tax-Free Savings Account (the "plan") hereby make application to The Standard Life Assurance Company of Canada (Standard Life Canada) and Standard Life Assurance Limited (Standard Life) for a policy to be issued to us to take effect from the date stated in the policy. The policy will be jointly issued by the Standard Life Assurance Company of Canada and by Standard Life Assurance Limited, a Scottish company, in the course of its insurance business in Canada.

We agree:-

- to supply Standard Life Canada with all information and documents deemed necessary to fulfil its obligations under the policy. This includes but is not limited to, our approval (email or other written approval) of the pricing terms associated to the policy, the provisions of the plan and the confirmation of the investment funds selected for the plan. Such approval can be given by our representative who has responsibility for the administration of the plan, or by the agent of record named below. Standard Life Canada shall be entitled to act upon the instructions that we or our authorized representative have provided without further investigation or validation by Standard Life Canada;
- that full access to the Standard Life VIP Room be provided to the designated representative we have named for that purpose and we authorise such representative to assign access to other parties, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
- (a) \_\_\_\_\_ has been appointed as our agent of record for the plan to arrange for and service the policy on an ongoing basis;  
(b) that access to the Standard Life VIP Room be provided to our agent of record, designated representative with web access, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
- that the fees may include a commission from Standard Life Canada to the agent of record following the acquisition of the group policy, and that an additional compensation in the form of bonuses may also be provided;
- that we are under no obligation to transact any other business with Standard Life Canada or Standard Life or any other person or company as a condition of Standard Life Canada and Standard Life issuing the policy to us;
- to comply with federal and/or provincial privacy legislation regarding the privacy of personal information collected, used, and disclosed in relation to the plan and to obtain the written consent of each member of the plan to the exchange of such information and to provide such written consent to Standard Life Canada in the manner or form deemed appropriate by Standard Life Canada for the ongoing administration of the plan;
- to provide each member of the plan with a written explanation of the terms and conditions of the plan, any applicable plan amendments and an explanation of his or her rights and duties with respect to the benefits available to him or her under the terms of the plan;
- that the policy will be established on the basis of the specimen policy forming part of Standard Life Canada Specimen plan No. TFSA267-0016 (The Standard Life Tax-Free Savings Account) that is pre-approved by Canada Revenue Agency and we acknowledge and accept that any modification to the specimen plan offered under this policy be binding on the policyholder and its members;
- that this application, together with the Quotation established in connection with the policy, will form the basis of the contract between the applicant and The Standard Life Assurance Company of Canada and Standard Life Assurance Limited.

The policy is an annuity contract that is based on the following terms:

This policy includes benefits that are not guaranteed and which fluctuate with the market value of the assets of the funds supporting them.

Employees: Such employees as are included under the plan. The benefits of employees are derived from income earned in Canada.

Annuity: The amounts and types of annuity are determined according to the terms of the policy, unless provided otherwise in the plan.


Premiums: The applicant will remit all premiums to Standard Life Canada for investment.

Standard Life Guaranteed funds are only made available to those members whose investments in Standard Life Canada Guaranteed funds have reached the Assuris maximum protection limit for registered group policies and who wish to secure additional Assuris coverage by investing in Standard Life Guaranteed funds. Assuris is a not for profit corporation, funded by the life insurance industry, that protects Canadian policyholders against loss of benefits due to the financial failure of a member company. Details about the extent of Assuris' protection are available at [www.assuris.ca](http://www.assuris.ca) or in its brochure, which can be obtained from your financial advisor, life insurance company or Assuris from [info@assuris.ca](mailto:info@assuris.ca) or by calling 1-800-268-8099.

If this application is signed in Quebec:

The undersigned acknowledges having requested that this application and its policy be provided in the English language;

Le soussigné reconnaît avoir demandé que la présente proposition et la police soient établies en anglais.

<b>Signature</b>		
<b>Signature of duly authorized officer</b>	<b>Title</b>	
		
<b>Name (please print)</b>	<b>Signed at</b>	<b>Date (YYYY/MM/DD)</b>

**Policy no (to be completed by Standard Life):** RS \_\_\_\_\_ - \_\_\_\_\_



# Terms of agreement Deferred Profit Sharing Plan

We, \_\_\_\_\_ (the applicant), hereby agree to the following terms and conditions in relation to the group policy to be issued to Standard Life Trust Company (Standard Life Trust), as trustee of the Deferred Profit Sharing Plan for \_\_\_\_\_, by The Standard Life Assurance Company of Canada (Standard Life Canada) and by Standard Life Assurance Limited (Standard Life Limited), a Scottish company, in the course of its insurance business in Canada, with effect from the date stated in the policy.

### Terms and Conditions

We agree:-

1. to duly execute a Trust agreement with Standard Life Trust in conjunction with the plan;
2. to supply Standard Life Canada with all information and documents deemed necessary to fulfill its obligations under the policy and the obligations of Standard Life Trust under the terms of the Trust agreement. This includes but is not limited to, our approval (e-mail or other written approval) of the pricing terms associated to the policy, the provisions of the plan and the confirmation of the investment funds selected for the plan. Such approval can be given by our representative who has responsibility for the administration of the plan, or by the Agent of Record named below. Standard Life Canada shall be entitled to act upon the instructions provided without further investigation or validation by Standard Life Canada;
3. that full access to the Standard Life VIP Room be provided to the designated representative we have named for that purpose and we authorise such representative to assign access to other parties, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
4. (a) \_\_\_\_\_ has been appointed as our agent of record for the plan to arrange for and service the policy on an ongoing basis;  
(b) that access to the Standard Life VIP Room be provided to our agent of record, designated representative with web access, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
5. that the fees may include a commission from Standard Life Canada to the Agent of Record following the acquisition of the group policy, and that an additional compensation in the form of bonuses may also be provided;
6. that we are under no obligation to transact any other business with Standard Life Trust, Standard Life Canada or Standard Life Limited or any other person or company as a condition of the issuance of this policy;
7. to comply with federal and/or provincial privacy legislation regarding the privacy of personal information collected, used, and disclosed in relation to the plan and to obtain the written consent of each member of the plan to the exchange of such information and to provide such written consent to Standard Life Canada in the manner or form deemed appropriate by Standard Life Canada for the ongoing administration of the plan;
8. to provide each member of the plan with a written explanation of the terms and conditions of the plan, any applicable plan amendments and an explanation of his or her rights and duties with respect to the benefits available to him or her under the terms of the plan.

If this *Terms of agreement* is signed in Quebec:

The undersigned acknowledges having requested that this application and its policy be provided in the English language;

Le soussigné reconnaît avoir demandé que la présente proposition et la police soient établies en anglais.

<b>Signature</b>		
<b>Signature of duly authorized officer</b>	<b>Title</b>	
<b>Name (please print)</b>	<b>Signed at</b>	<b>Date (YYYY/MM/DD)</b>

**Policy no (to be completed by Standard Life):** RS \_\_\_\_\_ - \_\_\_\_\_



## Client identification supplementary information Deferred Profit Sharing Plan

Client no.	Corporation registration certificate no.

**Ownership details**

*(to be completed when the plan sponsor is a corporation or an entity)*

As required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations*, the following information must be provided when applicable.

Please provide the name and occupation of all directors of the corporation.

Name	Occupation

Please provide the name, address and occupation of all individuals who directly or indirectly own or control 25% or more of the shares of the corporation or control 25% or more of the entity (other than a corporation), such as a trust or association.

Name	Address	Occupation	% Shares

I certify to the best of my knowledge the information supplied within this form is accurate.

Signature of the plan sponsor	Date (YYYY/MM/DD)

# Board of Directors Resolution Deferred Profit Sharing Plan

## RESOLUTION of the Board of Directors of

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WHEREAS: \_\_\_\_\_ (the "Company") having decided to establish the Deferred Profit Sharing Plan for Employees of \_\_\_\_\_ (the "plan") effective \_\_\_\_\_, and

WHEREAS: the Company reserved the right to amend or discontinue the plan at any time; and

WHEREAS: the Company wishes to select the Investment Manager for the plan fund; and

WHEREAS: the Company wishes to select the Custodian for the plan fund.

**NOW THEREFORE IT IS RESOLVED THAT:**

1. The Investment Manager of the plan fund shall be Standard Life Canada effective \_\_\_\_\_
2. The Custodian of the plan fund shall be Standard Life Trust effective \_\_\_\_\_
3. The proper officers of the Company be and hereby are authorized and directed to do all such things and to execute all such documents as may be necessary to give effect to this resolution and to carry out its intent.

CERTIFIED to be a true and correct copy of a resolution passed by the Board of Directors of \_\_\_\_\_ at a meeting of the Board held on \_\_\_\_ day of \_\_\_\_\_.

<b>Signature</b>		
Signature of duly authorized officer	Title	
→ X		
Name (please print)	Signed at	Date (YYYY/MM/DD)

<b>Additional signature (if applicable)</b>		
Signature of duly authorized officer	Title	
→ X		
Name (please print)	Signed at	Date (YYYY/MM/DD)



## Trust agreement – Page 1 of 2 Deferred Profit Sharing Plan

THIS TRUST AGREEMENT made this \_\_\_\_\_

BETWEEN:

\_\_\_\_\_ (hereinafter referred to as the "Company")

- AND -

STANDARD LIFE TRUST COMPANY

a trust company incorporated under the *Trust and Loan Companies Act* (Canada)

(hereinafter referred to as the "Trustee")

WHEREAS the Company has adopted a deferred profit sharing plan for its employees known as the \_\_\_\_\_ deferred profit sharing plan (hereinafter referred to as the "plan") and which plan as it may be amended from time to time is collectively made a part hereof; and

WHEREAS under the plan funds will be contributed to the Trustee, which funds as and when received by the Trustee will constitute a trust fund for the benefit of the members of the plan or their beneficiaries or estates; and

WHEREAS the Company desires the Trustee to administer such trust fund and the Trustee is willing to administer the same pursuant to the terms of this agreement.

NOW THEREFORE in consideration of the premises and the mutual covenants herein contained the Company and the Trustee do hereby covenant and agree as follows:

- (1) The Trustee shall receive any contributions paid to it pursuant to the terms of the plan. The Contributions so received together with the income therefrom (hereinafter referred to as the "Trust fund") shall be held, invested, managed and administered pursuant to the terms hereof. The Trustees shall not be responsible for the collection of any funds required by the plan to be paid to the Trustee.
- (2) The Trustee shall from time to time make payment out of the Trust fund of all amounts which under the terms of the plan are to be paid for the benefit of the members of the plan and their beneficiaries and estates, and upon such payment being made, the amount thereof shall no longer constitute a part of the Trust fund.
- (3) No part of the Trust fund shall be used for, or diverted to purposes other than those provided in the plan, other than such part as is required to pay taxes and administration costs and expenses. In the event that the plan is terminated, after all claims and liabilities of the Trust fund under the terms of the plan have been satisfied, the assets of the Trust fund will, within ninety days of termination be applied for the benefit of the participants and beneficiaries in accordance with the value of the respective accounts as found by a special valuation of the Trust fund as at the date the plan is terminated.
- (4) The Trustee shall have in addition to any other powers and authority to which trustees may be entitled at law, the following powers and authority in the administration of the Trust fund:
  - (i) To purchase or sell any security recognized as a "qualified investment" under the *Income Tax Act*, or the regulations thereunder, and to act generally as owner and exercise all rights associated with ownership thereof.
  - (ii) To purchase life insurance or annuity policies or units in a segregated fund of an insurance company authorized to carry on business in Canada.
  - (iii) To borrow money on a short-term basis to facilitate the payment of benefits under the plan without forcing a distress sale of long term investments.
  - (iv) To hold cash or bank deposits.
  - (v) To employ agents, lawyers or accountants and to pay them out of the Trust fund.
- (5) The powers given in clause (4) above shall be limited to the extent that the Trustee shall not be permitted to invest in notes, bonds, debentures or similar obligations of the Company or of any other corporation with which it does not deal at arm's length nor in the shares of any corporation at least 50% of the property of which consists of such property.
- (6) The Trustee shall cause full and accurate records of the administration of the Trust fund to be kept and shall render to the Company not less frequently than annually a report or accounting in reasonable detail of the transactions and assets and liabilities of the Trust fund.
- (7) The Trustee shall be entitled to receive such reasonable fees and administration charges as may be established from time to time and the reimbursement of all disbursements reasonable incurred by it in the performance of its duties hereunder in accordance with the fee schedule provided to the Company, as it may from time to time be amended by agreement between the Trustee and the Company.



**Trust agreement – Page 2 of 2**  
**Deferred Profit Sharing Plan**

- (8) In the absence of gross negligence or wilful misconduct, the Trustee shall incur no liability for any act of omission.
- (9) The Trustee may resign at any time by giving thirty days' written notice and the Company may remove the Trustee by giving it thirty days' written notice. In the event of such resignation or removal of the Trustee, the Company shall appoint a successor Trustee by an instrument in writing and such successor trustee shall have the same powers and duties as the Trustee.
- (10) The Trustee shall honour its obligations under the *Income Tax Act* with respect to withholding of taxes.
- (11) The Company and the Trustee shall have the right at any time, by mutual consent to amend, in whole or in part, any or all of the provisions of this agreement with the concurrence of the authorities administering the relevant income tax legislation. Any such amendment shall be in writing.
- (12) The Trustee hereby accepts this trust and agrees to administer the Trust fund in accordance with the terms and conditions of this agreement.
- (13) This agreement shall be construed and enforced according to the laws of the Province in which the Company has its head office and all provisions hereof shall be administered according to the laws of the said province.

IN WITNESS WHEREOF the parties hereto have executed these presents the date and year first above written.

Per: \_\_\_\_\_

Per: \_\_\_\_\_

STANDARD LIFE TRUST COMPANY

Per: \_\_\_\_\_

Per: \_\_\_\_\_



**T2214**  
**Deferred Profit Sharing Plan**

Please use the following link to obtain a copy of the form T2214, Canada Revenue Agency (CRA) application for a Deferred Profit Sharing Plan: <http://www.cra-arc.gc.ca/E/pbg/tf/t2214/t2214-09e.pdf>

Then,

- ▣ **Complete the following:**
  - Fiscal year end
  - Business number
  - Section 5
  - Name of authorised officer of applicant in section 10
- ▣ **Sign section 10**
- ▣ **Forward the document to Standard Life who will complete the remaining fields.**