

NEW

ENROLMENT

PACKAGE



MULTI-SECTOR PENSION PLAN



NEW ENROLMENT PACKAGE

TABLE OF CONTENTS

| | |
|---|----------|
| INSTRUCTIONS FOR COMPLETING NEW ENROLMENT FORMS | 3 |
| NEW ENROLMENT FORM - SAMPLE | 4 |
| INSTRUCTIONS FOR TERMINATION REPORTING | 5 |
| TERMINATION FORM – SAMPLE | 6 |
| CONTRIBUTION REPORTING | 7 |
| INSTRUCTIONS FOR EMPLOYER CONTRIBUTION REPORT | 8 |
| SET-OFF OF CONTRIBUTION..... | 9 |
| INSTRUCTIONS FOR BENEFICIARY FORM | 10 |
| BENEFICIARY FORM - SAMPLE | 11 |
| T4 INFORMATION..... | 12 |
| WORKERS COMPENSATION..... | 13 |
| WSIB INFORMATION REQUEST FORM | 14 |
| LEAVE OF ABSENCE CONTRIBUTIONS..... | 15 |
| ELECTION TO CONTRIBUTE..... | 16 |
| LETTER - CONTRIBUTING TOWARDS PENSION WHILE ON A LEAVE OF ABSENCE | 17 |
| LEAVE OF ABSENCE INFORMATION REQUEST FORM | 18 |
| INSTRUCTIONS FOR WIRE TRANSFER | 19 |
| WIRE TRANSFER FORM | 20 |
| SUMMARY PLAN DESCRIPTION BOOKLET EXPLANATION..... | 21 |
| SUMMARY PLAN DESCRIPTION BOOKLET | Enclosed |



INSTRUCTIONS FOR COMPLETING THE NEW ENROLMENT FORM

When new employees are hired after Plan entry date at your facility and have accumulated 500 hours of work, please complete an enrolment form and submit to the Fund Office.

The new enrolment form should be completed and sent to our office by the employer in order to enroll all participants in the Plan. This form is completed once only. However should there be a change in the status of any of the data, please advise the Fund Office in writing.

We require census information on each participant to include the following:

- ❖ **Full Name**
- ❖ **SIN (if temporary please provide correct number when available)**
- ❖ **Employee Number**
- ❖ **Address – full and postal code**
- ❖ **Local Union Number**
- ❖ **Date of Birth - MM/DD/YY**
- ❖ **Date of Hire - MM/DD/YY**
- ❖ **Date of First Contribution – MM/DD/YY**
- ❖ **Sex**
- ❖ **Marital Status**
- ❖ **Employment Status – part-time or full-time**
- ❖ **List of seniority hours per participant**

Please complete all the blanks indicated on the form. Should there be any questions regarding the completion of the form, please contact the Fund Office at 905-889-6200 or 1-800-287-4816.

- In order for the Fund Office to properly credit your employees with the correct amount of past service, we require the number of working hours for each participant who was working with your facility from date of hire up to the date the facility joined the Multi-Sector Pension Plan. (i.e. Hazel White joined your employ on April 6, 1976 and your facility joined the Multi-Sector Pension Plan on April 1, 1998. The seniority hours would be computed from April 6, 1976 to March 31, 1998 inclusive. Leaves of absence etc. must be considered in this calculation.) This information is required for both full time and part time employees in **hours**.
- Should an employer make contributions for a period of less than 15 years (180 months) to the Plan, and cease to become a contributing employer, it is more than likely that benefits will be reduced when paid out on Plan termination.

Please sign and date all enrolment forms as the employer.

Please note incorrect and/or incomplete information will result in incorrect annual statements.



Multi-Sector Pension Plan

105 Commerce Valley Drive West, Suite 310, Thornhill, ON L3T 7W3
Phone: 905-889-6200 Toll Free: 1-800-287-4816 Fax: 905-889-7313 Website: www.mspp.ca e-mail address: in info@mspp.ca

NEW ENROLMENT FORM

PLEASE PRINT

*TO BE COMPLETED BY THE EMPLOYER ONLY

LAST NAME: _____ FIRST NAME: _____

SIN: _____ EMPLOYEE NUMBER: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NO: () _____ EMAIL ADDRESS: _____

GENDER: _____ MARITAL STATUS: _____ DATE OF BIRTH: ____/____/____
(MM-DD-YYYY)

HIRE DATE: ____/____/____ SENIORITY HOURS _____
(MM/DD/YYYY) (MUST BE PROVIDED UPON PLAN ENTRY)

DATE ATTAINED 500 HOURS: _____

EMPLOYMENT STATUS – FULL TIME/PART TIME: _____

UNION LOCAL NO: _____

NAME OF EMPLOYER: _____

NAME AND TITLE: _____

AUTHORIZED SIGNATURE OF EMPLOYER: _____

DATE: _____

A note about privacy: The Plan requires certain personal information about Plan Participants, their employment and their beneficiaries. For example, a pension plan needs to know the birth dates of its Participants and their social insurance numbers. The Plan must also track Participants' wages and their hours of work to ensure that all required contributions are made on their behalf. The Plan requires information about Participants' spouses, or beneficiaries, so benefits can be paid to the appropriate individual in the event of the Participant's death. Most of this information is provided to the Plan by the Participant's employer. Other information is collected directly from Participants. On occasion, the Plan may need to share some of its Participants' personal information with actuaries and other pension professionals. The Plan will take all necessary steps to protect the privacy of this information. By participating in the Plan, you are consenting to the Plan's collection, use and disclosure of this personal information.

NOTE: IT IS EMPLOYEES' RESPONSIBILITY TO INFORM THE FUND OFFICE OF THEIR ADDRESS CHANGE.



INSTRUCTIONS FOR TERMINATION REPORTING

- ❖ When an employee terminates employment with your facility, please advise the Fund Office with your monthly remittance. This can be done by completing the termination report included in this package or providing the information on your regular monthly remittance, whichever is easier.

- ❖ If your monthly reports already include year to date totals, this information need not be supplied again.

- ❖ It is important that termination dates are provided to the Fund Office so we can commence the process for benefit payment. We require the actual date of termination to include month, day and year.

**Should there be any questions regarding the termination information,
please contact the Fund Office at 905-889-6200 or 1-800-287-4816.**



Multi-Sector Pension Plan

105 Commerce Valley Drive West, Suite 310, Thornhill, ON L3T 7W3
Phone: 905-889-6200 Toll Free: 1-800-287-4816 Fax: 905-889-7313 Website: www.mspp.ca e-mail address: in info@mspp.ca

TERMINATION FORM

(TO BE COMPLETED BY EMPLOYER)

EMPLOYER NAME: _____

EMPLOYEE NAME: _____

SOCIAL INSURANCE NUMBER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TERMINATION DATE: (MM/DD/YYYY) _____

IS THERE ANY GRIEVANCE FILED FOR THE ABOVE TERMINATION DATE? Y ___ N ___

IF **YES**, DATE GRIEVANCE RESOLVED: _____

IS THE ABOVE TERMINATION A **LAY-OFF NOTICE**? Y ___ N ___

IS THIS INDIVIDUAL SUBJECT TO **RECALL RIGHTS**: Y ___ N ___

IF YES, WHEN DO RECALL RIGHTS EXPIRE: _____

REASON(S) FOR CONTRIBUTIONS RECEIVED GREATER THAN 30 DAYS AFTER
TERMINATION DATE _____

AUTHORIZED SIGNATURE OF EMPLOYER: _____

DATE: _____



CONTRIBUTION REPORTING

A report is to be submitted with each remittance cheque or wire transfer that includes the following information:

- Employee name
- S.I.N. number
- Pensionable earnings
- Employee contribution amount
- Employer contribution amount
- Contribution start date
- Contribution end date
- Year to date amount

When the periods are close to year end, would you please ensure we receive the contributions as close to the end of December as possible. This is to ensure that when employees compare T4's to the annual statement, the amounts closely approximate each other.

≈

Contributions to the Multi-Sector Pension Plan are based on the pensionable earnings as defined in the Collective Agreement and at the prescribed rate as per the Collective Agreement. Should there be any questions on this, please contact the Fund Office or your union representative.

Contributions are due 30 days after the end of the month for which they were deducted, i.e. March contributions are due April 30th. Should contributions not be received by this date, it will result in a delinquency notice and subsequent interest and liquidated damage charges.

Should an employee not have contributions in the reporting period, please indicate beside their name the type of leave they are on. If an employee is terminated please indicate date MMDDYY.

Negative contributions or reversals are not allowed by a registered Plan. Any return of contributions made in error must be requested in writing to the Board of Trustees and have approval prior to the return of contributions. See attached set-off information instruction.

≈

Self payments are allowed by the Plan for WSIB only available to residence living in (Alberta and Ontario), maternity/paternity and any other approved leaves of absence, if an election is made. Only when the Fund Office is notified of an approved leave of absence, will we forward an election form to the individual concerned. Maternity/paternity leaves are to be handled by the employer directly. If an individual elects to continue contributing to the Plan, the Fund Office will request the last four weeks of pensionable earnings from the employer in order to determine the amount the individual must contribute. In the case of WSIB leaves, the plan provides credit for the employer portion of contributions for up to one year. The employee can also apply to make self payment for the period of a WSIB leave (refer to page 12 for more information). Self payments are also available to an employee that has terminated employment and goes to work for another contributing employer and has not accumulated sufficient service with the new employer to qualify for participation prior to the expiry of the eight months Break-in-Service.

≈

Please contact the Fund Office should there be any questions at 905-889-6200 or 1-800-287-4816.



INSTRUCTIONS FOR EMPLOYER CONTRIBUTION REPORT

Contribution reports must be filed every month even if there were no covered employees in that month. The report can be provided in any format. Please keep in mind that we require the following information.

1. **Social Insurance Number** – All employee records are kept by Social Insurance Number. Therefore, it is essential that it is accurate.
2. **Employee Name** – For any new eligible employees a new enrolment form must be submitted to the Fund Office.
3. **Pensionable Earnings** – The dollar and cents amount of pensionable earnings for each employee for the period covered by the report.
4. **Employee Contributions** – The total amount of contributions made by each employee during the period covered by the report.
5. **Employer Contributions** – The total amount of contributions made on behalf of each employee during the period covered by the report.
6. **Y.T.D.** – Provide Year to Date employee and employer contributions. This amount should be the cumulative amount starting with your first pay period for the year and ending with your last pay period for the year.
7. **Date Terminated Employment** – For each employee who has terminated employment with your firm, enter the date of termination (MM/DD/YY).

**ALL EMPLOYER CONTRIBUTION REPORTS ARE TO BE SENT DIRECTLY TO THE
PENSION FUND OFFICE**



Set-Offs of Contribution

On occasion, a contributing employer to the Pension Plan indicates that by reason of a previous overpayment or other error, the employer has contributed to the Plan more than it was required to do under the terms of the Collective Agreement with the Local Union. In some instances, the employer has deducted the amount of the alleged overpayment from future contributions.

This practice is not acceptable and should not be continued. Each time a contribution is made by an employer it is attributed to a particular individual employee. That employee's records then indicate he or she is entitled to a credit for that amount. The Plan cannot reverse the amount attributed to the individual employees without further investigation.

The Income Tax Act specifically prohibits withdrawals from employee's pension accounts except where Trustees have satisfied themselves that there is no prejudice to the Plan by such.

If you, as a contributing employer, therefore believe that there has been an error made with respect to contributions, the following should be provided to the Fund Office in writing:

1. The name of the individual or individuals together with Social Insurance Number;
2. The pay periods (start date and end date) for which the claim for overpayments were made;
3. The amount of the overpayments, and
4. The reasons for believing there has been an over-contribution.

Provided the above information is made available promptly, we will investigate the claims for overpayment quickly and make arrangements for corrections of the overpayment. No deduction, however, is to be made from future contributions without the express agreement of the Plan Administrator.

Accuracy and clarity of the contributions are vitally important to individual employees. These amounts will be stated on their annual pension statements, will be reported for income tax purposes, and will affect their entitlement to pension and to the amount of transfer on termination of membership in the Plan.

You have our assurance that we will attempt to rectify discrepancies in contributions as soon as possible including circumstances where an employer has made an over payment.

Should there be any questions, please contact the Fund Office at 905-889-6200 or 1-800-287-4816.



INSTRUCTIONS FOR BENEFICIARY FORM

- ❖ This form is to be used by a member for naming a beneficiary to their pension plan monies.

- ❖ These forms are to be completed by the employee only. It is not the responsibility of the employer to have these completed.

- ❖ A beneficiary form will be mailed to the employee's home address once the Fund Office has received the new enrollment form from the employer.

- ❖ It is not the employer's responsibility to distribute these forms; they are included for information purposes only.

These forms are available through the Fund Office or on our website at www.mspp.ca

DESIGNATION OF BENEFICIARY FORM

Please note, that change of information will revoke the previous information on record

MEMBER INFORMATION

| | | | | | | | | | | | |
|---|--|---------------------|---------------|---|---|---|---|---|---|---|---|
| LAST NAME OF MEMBER | | FIRST NAME, INITIAL | | SOCIAL INSURANCE NUMBER/ID# | | | | | | | |
| ADDRESS/STREET NUMBER & NAME | | BOX NO./APT. NO. | TELEPHONE NO. | ALTERNATE PHONE NO. | | | | | | | |
| CITY, TOWN, VILLAGE | | PROVINCE | POSTAL CODE | DATE OF BIRTH | | | | | | | |
| | | | | M | M | D | D | Y | Y | Y | Y |
| MARITAL STATUS <input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> COMMON-LAW <input type="radio"/> SEPARATED <input type="radio"/> WIDOWED <input type="radio"/> DIVORCED | | EMAIL | | LANGUAGE PREFERENCE <input type="radio"/> ENGLISH <input type="radio"/> FRENCH <input type="radio"/> MALE <input type="radio"/> FEMALE | | | | | | | |

DESIGNATION OF BENEFICIARY

Your eligible spouse is automatically entitled to any death benefits that may be payable from the pension plan. If you do not have a spouse, or if you have not designated a beneficiary, any payment on your death from the pension plan will be made to your estate.

Eligible spouse: Your spouse is the person you are living with at the time of retirement or death, whichever comes first, to whom you are married or in a common-law relationship.

| | | | | | | | | | | | |
|--|--|------------------------------|--|----------------------------------|---|---|---|---|---|---|---|
| SPOUSE'S LAST NAME (if different) | | SPOUSE'S FIRST NAME, INITIAL | | SPOUSE'S SOCIAL INSURANCE NUMBER | | | | | | | |
| | | | | | | | | | | | |
| <input type="radio"/> MALE <input type="radio"/> FEMALE | | SPOUSE'S DATE OF BIRTH | | | | | | | | | |
| | | | | M | M | D | D | Y | Y | Y | Y |
| DATE OF MARRIAGE OR COMMENCEMENT OF CO-HABITATION IF CURRENTLY LIVING WITH SPOUSE | | | | | | | | | | | |
| | | | | | | | | | | | |

NON - SPOUSE BENEFICIARY DESIGNATION

| | | | | | | | |
|-------------------------|---|------------|------------------|-----------------------------|--|--|--|
| BENEFICIARY'S LAST NAME | | FIRST NAME | | BENEFICIARY'S DATE OF BIRTH | | | |
| | | | | | | | |
| RELATIONSHIP TO MEMBER | ADDRESS OF BENEFICIARY (if different from yours) - STREET NUMBER AND NAME | | BOX NO./APT. NO. | TELEPHONE NO. | | | |
| | | | | | | | |
| BENEFICIARY'S LAST NAME | | FIRST NAME | | BENEFICIARY'S DATE OF BIRTH | | | |
| | | | | | | | |
| RELATIONSHIP TO MEMBER | ADDRESS OF BENEFICIARY (if different from yours) - STREET NUMBER AND NAME | | BOX NO./APT. NO. | TELEPHONE NO. | | | |
| | | | | | | | |
| BENEFICIARY'S LAST NAME | | FIRST NAME | | BENEFICIARY'S DATE OF BIRTH | | | |
| | | | | | | | |
| RELATIONSHIP TO MEMBER | ADDRESS OF BENEFICIARY (if different from yours) - STREET NUMBER AND NAME | | BOX NO./APT. NO. | TELEPHONE NO. | | | |
| | | | | | | | |

EMPLOYEE DECLARATION

Signature of Member

Date

Witness

Date

Your signature must be witnessed by an adult other than your Spouse or Beneficiary.

A note about privacy: The Plan requires certain personal information about Plan Participants, their employment and their beneficiaries. For example, a pension plan needs to know the birth dates of its Participants and their social insurance numbers. The Plan must also track Participants' wages and their hours of work to ensure that all required contributions are made on their behalf. The Plan requires information about Participants' spouses, or beneficiaries, so benefits can be paid to the appropriate individual in the event of the Participant's death. Most of this information is provided to the Plan by the Participant's employer. Other information is collected directly from Participants. On occasion, the Plan may need to share some of its Participants' personal information with actuaries and other pension professionals. The Plan will take all necessary steps to protect the privacy of this information. By participating in the Plan, you are consenting to the Plan's collection, use and disclosure of this personal information.

105 Commerce Valley Drive West, Suite 310, Thornhill, ON L3T 7W3
Phone: 905-889-6200 **Toll Free:** 1-800-287-4816 **Fax:** 905-889-7313 **Web:** www.mspp.ca **E-mail:** info@mspp.ca

If you change your address please notify the Fund Office immediately





T4 INFORMATION

- ❖ Federal/Provincial registration number – 1085653. (Box 50)

- ❖ Report employees pension contributions in appropriate box of T4 for the year. (Box 20)

- ❖ Pension Adjustment Box – report the sum of the employee and employer contributions for year (refer to Employer’s Pension Adjustment Calculation Guide put out by Revenue Canada Taxation for further details). (Box 52)

**If there are any questions, please contact the Fund Office at 905-889-6200
or 1-800-287-4816.**

Please Note:

**It is the employer’s responsibility to prepare the T4 slips with
respect to pension contributions.**



WORKERS COMPENSATION

Under the Multi-Sector Pension Plan employees can receive coverage for a maximum period of up to one year from date of start of disability payments under the applicable provincial or federal legislation (hereinafter referred to as WSIB).

It is the employee's responsibility to notify the Fund Office of their injury. The employer should also notify the Fund Office of such injury. The Fund Office will then send out a letter to the employee's home address explaining that the employee can be credited for the employer's portion while receiving WSIB payments and providing the employee the option of making employee contributions during this period. The employer does not make any contributions for this time period. In order to receive credit while on WSIB the employee must provide the Fund Office with a copy of Notice of Approval from the appropriate compensation agency. An employee can only receive credit for each full month that the employee is absent from work while receiving WSIB.

While an employee is off on a work related injury, an employee can elect to continue contributions to the Multi-Sector Pension Plan for a period of up to one year from date of injury. If the employee wants to make contributions while on WSIB the employee must submit a written request to the Board of Directors c/o the Fund Office. The employer is asked to complete the WSIB Information Request Form for confirmation of information (copy enclosed). The contributions to the pension plan while on WSIB are based on the average of the pensionable earnings in the last four weeks preceding the date of the injury.

The Fund Office notifies the employee how much they are to contribute per month. The employee can then remit to the Multi-Sector Pension Plan a cheque in the required amount payable to "Multi-Sector Pension Plan".

If an employee works on modified duties during a month while on WSIB the employee will not get credit for that month and the employee cannot make self contributions for that month. However member contributions must be deducted from any earnings while on modified duties and employer contributions must also be remitted.

If you have any questions, please contact the Fund Office at 905-889-6200 or 1-800-287-4816



Multi-Sector Pension Plan

105 Commerce Valley Drive West, Suite 310, Thornhill, ON L3T 7W3
Phone: 905-889-6200 Toll Free: 1-800-287-4816 Fax: 905-889-7313 Website: www.mspp.ca e-mail address: in info@mspp.ca

WSIB INFORMATION REQUEST FORM

(TO BE COMPLETED BY EMPLOYER)

WSIB CLAIMANT: _____

EMPLOYEE NUMBER (IF APPLICABLE): _____

DATE OF INCIDENT: _____

DATE OF RECOVERY: _____

PENSIONABLE EARNINGS FOR THE
LAST FOUR WEEKS PRECEDING

DATE OF INJURY BY WEEK:

WEEK 1 _____

WEEK 2 _____

WEEK 3 _____

WEEK 4 _____

EMPLOYER NAME: _____

AUTHORIZED SIGNATURE OF EMPLOYER: _____

NAME & TITLE: _____

DATE: _____



LEAVE OF ABSENCE CONTRIBUTIONS

While an employee is off work on an approved Leave of Absence, an employee can elect to continue contributions to the Multi-Sector Pension Plan for a period of up to one year from the employee's leave date.

It is the employee's responsibility to notify the Fund Office of their Leave of Absence. The employer should also notify the Fund Office. The Fund Office will then send out a letter to the employee's home address informing the employee that in order to make self contributions to the plan, they must submit their request in writing to the Fund Office, attention Board of Directors.

- In order for the employee to be entitled to make self contributions they must already have made contributions in the calendar year for which they wish to make contributions.

The employer is asked to complete the Leave of Absence information Request Form (copy enclosed). The contributions to the pension plan while on Leave of Absence are based on the average of the pensionable earnings in the last four weeks preceding the date of the leave.

The Fund Office will then notify the employee the amount that they are to contribute per month. The employee then can remit directly to the Multi-Sector Pension Plan a cheque in the required amount payable to "Multi-Sector Pension Plan".

Should there be any questions, please do not hesitate to contact the Fund Office at 905-889-6200 or 1-800-287-4816.



**ELECTION TO CONTRIBUTE TO THE
MULTI-SECTOR PLAN PENSION PLAN
DURING A LEAVE OF ABSENCE**

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FUND OFFICE

I, _____, hereby elect the following
option: (Print Full Name)

Check one (✓):

- Option 1** - to continue to contribute to the Multi-Sector Pension Plan during the period in which I am on a Leave of absence up to a maximum of the (1) year provided I have worked in covered employment in the Plan year for which I wish to make self-payments.
- Option 2** - not to contribute to the Multi-Sector Pension Plan during the period in which I am on a Leave of Absence.

I understand that I will not accrue further pension benefits during the period while I am on a Leave of Absence.

Signed in _____, this _____ day of _____, 2 _____.
(City/Town)

Signature of Participant

Social Insurance Number

Telephone Number

PLEASE NOTE: If this election form is not returned, it will be assumed that Option 2 has been chosen and that you will not be making contributions to the Pension Plan. Retroactive contributions will not be permitted.

CONTRIBUTING TOWARDS PENSION WHILE ON A LEAVE OF ABSENCE

Date

Address

Dear:

Re: _____

We have been advised by the above participant that they have elected to contribute towards the pension plan during the entire period of their Leave of Absence.

Please complete the attached Information Request form in order for the Fund Office to determine the participant's contribution payment. The employer is not obligated to match the employee's payments.

Please return this form to the Fund Office **within two weeks**.

We appreciate your timely efforts in this matter.

Should you have any questions, please feel free to contact our office at 905-889-6200 or 1-800-287-4816 and we will be happy to assist you.

Yours truly,

Martin Kogan
General Manager



Multi-Sector Pension Plan

105 Commerce Valley Drive West, Suite 310, Thornhill, ON L3T 7W3
Phone: 905-889-6200 Toll Free: 1-800-287-4816 Fax: 905-889-7313 Website: www.mspp.ca e-mail address: in info@mspp.ca

LEAVE OF ABSENCE INFORMATION REQUEST FORM

(TO BE COMPLETED BY EMPLOYER)

LOA CLAIMANT: _____

EMPLOYEE NUMBER (if applicable): _____

INDICATE PAID LEAVE: YES _____ NO _____ UNPAID LEAVE: YES _____ NO _____

DATE OF LEAVE OF ABSENCE: _____

TYPE OF LEAVE (REQUIRED): _____

DATE OF RETURN: _____

PENSIONABLE EARNINGS FOR THE LAST FOUR WEEKS PRECEDING DATE OF LEAVE OF ABSENCE BY WEEK:

Week 1 _____ Week 2 _____

Week 3 _____ Week 4 _____

EMPLOYER NAME: _____

AUTHORIZED SIGNATURE OF EMPLOYER: _____

NAME & TITLE: _____

DATE: _____



INSTRUCTIONS FOR WIRE TRANSFER

Pension contributions can be received through our account at The Royal Bank of Canada.

Please provide the following wire transfer information to your financial institution in order to make payments.

CANADIAN DOLLAR PAYMENTS:

INTERMEDIARY BANK (field 56):

ROYCCAT2

Royal Bank of Canada
Toronto, ON

ACCOUNT WITH BANK (field 57):

ROTRCATT

1416031 TRANSIT 09591 003
RBC Dexia Investor Services, Toronto, ON

BENEFICIARY CLIENT: (field 58/59):

125135005

Multi-Sector Pension Plan
105 Commerce Valley Drive West, Suite 310
Thornhill, Ontario L3T 7W3

DETAILS FIELD or BANK to BANK:

/ACC/ 2025

Information Management Group

In addition, please complete and fax the attached form to the **RBC Information Management Group @ (416) 955-2102** to ensure proper credit of the incoming funds.

Please note that we are not able to receive Electronic Funds Transfers (EFTS) through this banking arrangement.



PENSION CONTRIBUTION INSTRUCTIONS

CLIENT NAME Multi-Sector Pension Plan
 PLAN ACCOUNT NAME MSPP
 RBC DEXIA ACCOUNT NUMBER 125135005
 Date: _____

Wire-In XX

| CONTRIBUTION | Contribution period Month/day/year | FROM: TO: month/day/year | \$ AMOUNT | CAD \$ | |
|--------------------------------|---------------------------------------|-----------------------------|-----------|--------|--|
| PENSION CONTRIBUTION (2025) | | | | CAD\$ | |

INSTRUCTIONS/COMMENTS

Name: _____ Authorized Signature: _____ Phone: _____

Name: _____ Authorized Signature: _____ Phone: _____

Fax to:

Information Management Group (416) 955-2102

Mail to :

RBC Dexia Investor Services Trust, Information
 Management Group, 77 King Street West, 7th Floor,
 Toronto, Ontario M5W 1P9



SUMMARY PLAN DESCRIPTION BOOKLET EXPLANATION

- ❖ The summary Plan Description Booklet is a summary of the details and terms of the Multi-Sector Pension Plan. It contains information on how and when benefits are obtained.

- ❖ It is provided to a participant by the Fund Office once a new enrolment form is submitted to the Fund Office. These are mailed by the Fund Office directly to the member's home address.

- ❖ The Summary Plan Description Booklet is amended from time to time and will be updated when necessary.

- ❖ When a new printing is done, distribution of the booklets will be done by the Fund Office.

The Summary Plan Description Booklet is available in both English and French and it is available on our website at www.mspp.ca.

We have enclosed a copy for your information and usage.