RMS Retirement Management Services Ltd. (RMS)
306-830 Shamrock Street Victoria, BC V8X 2V1 Canada

Retirees Dental Plan Coverage Enrollment Form

APPLICANT INFORMATION				NOTIFICATION	OFFICE USE ONLY
SURNAME				NEW MEMBER EFFECTIVE	Identification No.
FIRST NAME				Year | Month | 01 Day	Group No.
HOME MAILING ADDRESS				NOTE: Coverage begins on the first of the month you request but is subject to written confirmation from Green Shield Canada	
CITY	PROVINCE	POSTAL CODE			
Birth Date Year | Month | Day	☐ Male ☐ Female	☐ Single ☐ Couple ☐ Family			
RETIRED FROM:					
NO. JOINING PLAN	Date of Retirement Year | Month | Day	Email (Print clearly)			

DEPENDENT ENROLLMENT INFORMATION

DEPENDENTS	SURNAME	FIRST NAME	MALE (M) FEMALE (F)	BIRTHDATE YY/MM/DD
SPOUSE				/ /
1ST CHILD				/ /
2ND CHILD				/ /
3RD CHILD				/ /
4TH CHILD				/ /
5TH CHILD				/ /

I hereby apply for Dental Benefit Coverage from Green Shield Canada. By signing this enrollment form or by providing my personal information to RMS Retirement Management Services Ltd., I acknowledge and agree that the information is complete and accurate, to the best of my knowledge. I authorize the release of my information and the information concerning my spouse and my dependents, for the purpose of determining eligibility for benefits. For further information on Green Shield Canada's privacy policy and procedures, please refer to their website at www.greeenshield.ca

Signature of Applicant

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Pre-authorized Payment

Please:

1) Attach your "VOID" cheque
2) Complete the following authorization instructing your financial institution to allov RMS to debit premium payments from your chequing account.

Refer to the sample "VOID" cheque to locate the Branch Number, Institution Number and Account Number

<table>
<tr><th>FINANCIAL INSTITUTION</th><th colspan="3">ACCOUNT HOLDER(S)</th></tr>
<tr><td>Name of Financial Instituion</td><td>Mr. Mrs.
Ms. Miss</td><td colspan="2">Surname First Name</td></tr>
<tr><td>Street</td><td colspan="3">Street</td></tr>
<tr><td>City Province</td><td colspan="3">City Province Postal Code</td></tr>
<tr><td>Postal Code</td><td colspan="3">Phone
( ) -</td></tr>
<tr><td></td><td>Branch Number</td><td>Institution</td><td>Account Number</td></tr>
</table>

A debit in the amount of $______________ may be drawn from my (our) account on the first day of each month beginning ___________________. This amount may be increased/decreased at a future date to reflect premium changes. RMS will give me (us) advance written notice of the revised amount.

I (We) will give written notice to RMS, prior to the next due date of the debit, if the account information changes or I (we) wish to terminate this authorization.

I (We) acknowledge delivery of this authorization to RMS to constitutes delivery to the above noted financial institution.

Signature(s) ________________________________ Date ____ / ____ / ____
Year Month Day

____

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Sample Pre-authorized Payment Authorization

FINANCIAL INSTITUTION	ACCOUNT HOLDER(S)			
Name of Financial Instituion *PACIFIC BANK*	Mr. Mrs. Ms. Miss	Surname *DOE*	First Name *JOHN*	
Street *1234 ADMIRALS ROAD*	Street *627-909 PEMBROKE ST*			
City *VICTORIA* / Province *BC*	City *VICTORIA*	Province *BC*	Postal Code *V8T 1J1*	
Postal Code *V9Z 1A7*	Phone *(250) 555 - 4197*			
	Branch Number *210066*	Institution *770*	Account Number *964076*	

A debit in the amount of $ XX dollars may be drawn from my (our) account on the first day of each month beginning Month/Year . This amount may be increased/decreased at a future date to reflect premium changes. RMS will give me (us) advance written notice of the revised amount.

I (We) will give written notice to RMS, prior to the next due date of the debit, if the account information changes or I (we) wish to terminate this authorization.

I (We) acknowledge delivery of this authorization to RMS to constitutes delivery to the above noted financial institution.

Sample "VOID" cheque