

June 13, 2024

Dear **Tresor Dan Ngabirano**,

We are writing this letter to update you of exciting changes being made to the Can Art Group Retirement Plan. We've improved our retirement plan in order to enhance the employee experience, as well as to better enable us to attract and retain talent.

First, let's share some of the highlights of the improvements in our retirement plan that we communicated a few weeks ago:

1. **Immediate Eligibility:**  
Instead of waiting 2 years to be eligible to join the current RPP, the new RRSP/DPSP will allow for immediate eligibility to enroll and contribute to the plan and receive company contributions. Please note that you will need to be on the plan for 2 years before the company contributions vest.
2. **Opportunity To Receive Higher Company Monetary Contributions Into Your Retirement Plan:** Effective June 1, 2024, you will be eligible to get a company contribution match of up to 2%. Simply put, if you contribute a portion of your pre-tax earnings each payroll into a Manulife retirement fund, the company will match your contribution up to a maximum of 2%.
3. **Flexibility To Contribute More Than Just The Company Maximum Matching Amount And To Leverage for Specific Life Events:**
  - a. Employee and employer contributions towards the new RRSP/DPSP have more flexible retirement income options than compared to the current RPP. RRSP/DPSP allow employees to make additional voluntary contributions that exceed company matching limits under the RPP.
  - b. Employee contributions to an RRSP/DPSP can be used towards first time home buyers and life-long learning vs RPP contributions which cannot be used for either.

What you need to do to take advantage of this important retirement benefit:

1. Ensure that you get enrolled into the Manulife RRSP/DPSP
2. Ensure that you complete the above by **July 31<sup>st</sup>** so that the company and your contributions go into effect June 1<sup>st</sup>.

Education sessions will be provided by Manulife to go in more depth regarding the changes mentioned above and to answer any questions you may have. In the meantime, attached are some Frequently Asked Questions, an Instructional Enrollment Guide, and Payroll Deduction Form that may help provide further clarity, including some important timelines to consider.

To make the enrolment process simple for you, we have included some of the information you will require during online enrolment:

**Plan you are joining:** 1-Can Art

**Employee Number:** H3119

**Date you started with the organization:** 12/12/2022

Kind regards,

Michael Kyritsis  
CHRO

# Payroll Deduction Authorization Form

Send your completed form to:

jsidhu@canart.com

Please print clearly in the blank boxes.

## Your personal information

First name

TRESOR Dan Minor

Middle Initial

Last name

NGABIRANO

Date of birth (dd/mm/yyyy)

10/07/2024

Member number (As mentioned on the communication letter)

H3119

## Payroll authorization

You authorize your Plan Sponsor (Employer) to deduct the specified amounts from your pay **each pay period** and submit these contributions to Manulife to invest in your RRSP.

☒ Start contributions

☐ Change contributions

☐ Stop contributions

Contribution type: **Member required**

Enter a percentage of pay \_\_\_\_\_ %

☐ 0.5%

☐ 1.00%

☒ 1.5%

☒ 2.00%

☐ Start contributions

☐ Change contributions

☐ Stop contributions

Contribution type: **Member voluntary**

Enter a percentage of pay \_\_\_\_\_ %

Please sign below

Your signature

18/10/2024

Date (dd/mm/yyyy)

## OR if you wish not to participate

**Your waiver of participation** (Check the box if you do not want to participate in this plan)

☐ I acknowledge that I have been given the opportunity to participate in the Group Retirement Savings Plan by my employer. I wish to decline to participate in the plan at this time and agree to waive any and all liability to the corporation and its successors and/or affiliated associated companies in this regard.

Please sign below

Your signature

18/10/2024

Date (dd/mm/yyyy)



## Beneficiary Designation



Insurance

## SECTION 1 – GENERAL ENROLMENT INFORMATION

By completing this form, you are asking RBC Life Insurance Company to change the information you previously provided.

**Any previous beneficiary designation or trustee appointment is revoked.**

Name of Employer Can Art Aluminum Extrusion

RBC Policy Number RBC 00003921 Billing Division Number \_\_\_\_\_

Employee Name NGABIRANO Tresor Dan Minor

Last Name First Name Middle Initial

Plan Member ID Number \_\_\_\_\_

## SECTION 2 – BENEFICIARY DESIGNATION

The beneficiary designation applies to all Life Insurance and Accidental Death Benefits under the policy. In the event of a claim, the original of this form will be requested.

If you are designating a beneficiary who is a minor, see section 4.

**For Residents of Quebec Only:**

A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking the box marked "Revocable."

Beneficiary	Date of Birth MM/DD/YYYY	Gender	Relationship	%
<u>NAHAYO</u> <u>Gemma</u>	<u>04/12/1964</u>	<u>F</u>	<u>Mother</u>	<u>100%</u>
Last Name First Name Middle Initial				
Last Name First Name Middle Initial				
Last Name First Name Middle Initial				

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

**For Residents of Quebec Only: I hereby make the above spousal beneficiary designation:**

☐ **Revocable;** I may change this beneficiary designation at any time

## SECTION 3 – DESIGNATING CONTINGENT BENEFICIARIES

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

If none of the beneficiaries designated above are surviving at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds

Contingent Beneficiary	Date of Birth MM/DD/YYYY	Gender	Relationship	%
<u>Snella</u> <u>MUTHIMPUNDU</u>	<u>07/12/1995</u>	<u>Female</u>	<u>Sister</u>	<u>100%</u>
Last Name First Name Middle Initial				
Last Name First Name Middle Initial				
Last Name First Name Middle Initial				

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

**For Residents of Quebec Only: I hereby make the above spousal beneficiary designation:**

☐ **Revocable;** I may change this beneficiary designation at any time

## SECTION 4 – APPOINTMENT OF TRUSTEE

Recommended in all provinces, except Quebec, for any beneficiary who is a minor or lacks legal capacity.

NEZERUA, Alain Brillant Friend

Trustee (Last Name, First Name) Relationship to Employee

Is hereby appointed Trustee to receive any payment due to any designated beneficiary on record with RBC Life Insurance Company who is a minor on the date such payment falls due.

Please retain this form for your records.

RBC Life Insurance Company, PO Box, 1600, 8677 Anchor Drive, Windsor, ON N9A 0B3, 1-855.264-2174, [www.rbcinsurance.com](http://www.rbcinsurance.com)

## SECTION 5 – AUTHORIZATIONS & DECLARATIONS

I reserve the right to change this designation. RBC Life Insurance Company assumes no responsibility for the validity or effect of this designation.

If I have provided personal information about any other person, I confirm that I have obtained appropriate consents, in compliance with applicable privacy laws, to provide the information and for the information to be used for the necessary purposes.

**Quebec residents only:** I acknowledge that I was offered the choice to enter into the agreements related to this insurance in English or in French and that I expressly requested to enter into a version of the agreements drawn up exclusively in English, after being provided the French version of these agreements. Therefore, I expressly agree that the agreements governing the Insurance and all of their related documents, including notices, be drawn up exclusively in English.

Résidents du Québec seulement : Je reconnais qu'on m'a offert le choix de conclure les conventions liées à cette assurance en français ou en anglais et que j'ai expressément demandé à ce que ces conventions soient rédigées exclusivement en anglais, après avoir reçu leur version française. Par conséquent, je consens expressément à ce que les conventions régissant l'assurance et tous les documents qui s'y rattachent, y compris les avis, soient rédigés exclusivement en anglais.

Signed at Windsor / Ontario this Thursday day of July August 20<sup>th</sup>, 2024  
(City/Province) (Month/Year)

X Witness (other than beneficiary) [Signature] Signature of Employee

Please retain this form for your records.

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