



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 31st** so that the company and your contributions go into effect June 1st.

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 <i>Tresor Dan Minor</i>	Middle Initial <i>D</i>	Last name <i>NGABIRANO</i>
Date of birth (dd/mm/yyyy) <i>10/07/2024</i>	Member number (As mentioned on the communication letter) <i>H3119</i>	

For your Group RRSP

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



Date (dd/mmm/yyyy)

18/07/2024

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



Date (dd/mmm/yyyy)

18/07/2024

PLEASE RETURN ORIGINAL DOCUMENT TO HR



Insurance

Beneficiary Designation

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.

SECTION 1 – GENERAL ENROLMENT INFORMATION

Name of Employer	Can Art Aluminum Extrusion		
RBC Policy Number	Billing Division Number		
Employee Name	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	%
NAHAYO Gemma	04/12/1964	F	Mother	100%
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	%
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.

Trustee (Last Name, First Name)

Relationship to Employee

I am 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