

YOUR SAVINGS PLAN

Enroll/Make Changes Form

BCE Employees' Savings Plan

This form must be completed in block letters and in ink. Do not erase, cross off or use liquid paper.

General information

Employee's last name

First name and initials

Employee number

Contributions

My contribution, expressed as a percentage of my earnings (including incentive payments but excluding overtime and differentials, if applicable), is:

(check only one box)

0% 2% 4% 6% 8% 10%

Declaration and authorization

I hereby authorize the company to deduct the contributions indicated above from my salary. I understand that deductions will take effect when this form is received and processed by the Benefits Administrator.

If I had previously authorized a contribution percentage, I consent that it be changed as indicated above. I understand that this authorization shall remain in effect until I revise or cancel it or until I cease to be eligible to participate in the Employees' Savings Plan.

I consent to the collection, use, and exchange of my personal information by:

- My employer,
- The administrators of my savings plan,
- The agents retained by my employer or the Benefits Administrator,
- Any other person who requires information for the savings plan administration.

I authorize these parties to obtain and exchange between them any information about me that they require for the purpose of determining my benefit entitlements, and for record keeping, file identification, reporting, and other services provided to my employer and me from time to time.

Signature of employee

Date

Keep a copy for your records and return the properly completed form to your HR department.

Ontario division

Bell Technical Solutions Inc.
HR department
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Plaza 2, 4th Floor
Mississauga, Ontario L5N 1V9

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Québec division

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