



Savanna Well Servicing Inc.
Suite 1000, 734 7 Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

NEW HIRE PACKAGE

Welcome to the Savanna Well Servicing team! In this package you will find important information about your pay and benefits as well as information about what you will need while working on a Savanna Well Servicing rig. Please read through the package carefully and complete all of the forms.

Before you get started, please review our corporate policies which can be found at:
<https://www.savannaenergy.com/canada-well-servicing/>

Or scan the QR code below to go to our new hire portal website.



If you have not already done so, please provide a copy (picture/scan) of the following: a void cheque or direct deposit form, all of your valid safety tickets (e.g. H2S Alive, standard first aid, etc.), 5-year commercial driver's abstract, and driver's license (front and back). You may include this with your new hire package or provide to your Crew Coordinator.

We look forward to working with you!

Enclosed you will find the following documents that you may keep with you (these are also available on our new hire portal).

- **Current Payroll Calendar**
- **General Holiday Calendar**
- **Workwear Checklist and Guide**

IMPORTANT INFORMATION FOR "RIG MANAGERS & DRILLERS/OPERATORS"

For **Rig Managers and Drillers/Operators**, please make sure to provide the following information in your new hire package or to your Crew Coordinator:

- 1. Vehicle Registration Information**
- 2. Vehicle Insurance Information**



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Once you have started working on a rig, here's what you can expect to receive from Savanna via e-mail within the next few weeks, please make sure to check your e-mails and junk folder!

Payroll Provider – ADP Workforce Now

Savanna's payroll provider is ADP Workforce now. After your first day of work, you will receive an e-mail within your first month from Savanna containing instructions on how you can register online so that you can view your electronic pay statements.

Benefits Provider – Industrial Alliance

Eligible employees are covered under the group benefits plan on their first day of work (on a rig). Savanna's group benefits carrier is Industrial Alliance Financial Group. For those covered by this plan, you can register with Industrial Alliance ("iA") online to obtain an electronic copy of your benefits card and submit online claims. More information on how you can register online with iA will be given once you have started work at Savanna. This information will be sent to you via e-mail.

Employee Stock Savings Plan – Sun Life

Savanna offers all eligible employees the option of joining the company's Employee Stock Savings Plan. Employees are eligible to participate after completing 3-months of continuous service at Savanna. Your participation in the plan is optional.

Once you are eligible to participate, you will make contributions into an individual RRSP account. The company will make matching contributions in the form of Company shares into an individual Employee Stock Plan (ESP) account. These are investment accounts for the benefit of each member.

Savanna Well Servicing Work Wear Checklist



TYPES OF WORK WEAR	CHECK BELOW
Boots - Steel Toe, High ankle, Green Triangle	
Leather	
Rubber	
Winter	
Gloves - Multiple Layer Season Appropriate	
Green kings	
Leather	
Insulated	
Impact	
Salt & Pepper liners	
Rubber	
Weather Related - Rain / Snow / Cold	
Rain gear – Fire Retardant, High Visibility, No Hood	
Hard Hat liner – Fire Retardant	
Long Underwear – Tops and Bottoms	
Sweaters – Natural fibers, No Hood	
Bama socks – Couple Pairs, Keeps moisture off your feet	
Work socks – Multiple pairs	
Sweat pants – Couple pairs for layers, natural fibers	
T-Shirts – Few to change if contaminated, natural fibers	
Duffle Bag	
To transport and store clothing, water resistant.	
Medium to large size - some people also use hockey bags.	



New Hire Employee Checklist

Savanna Well Servicing Inc.

Employee Legal Name		<input type="checkbox"/> New Hire
Position		<input type="checkbox"/> Referral
Location		<input type="checkbox"/> Rehire
HR / Payroll / Benefits Documents		Check Box
General Information Form (preferably NOT handwritten)		<input type="checkbox"/>
Recruitment Form		<input type="checkbox"/>
Energy Safety Canada Connect Access Permission Form		<input type="checkbox"/>
Signed Offer of Employment Letter		<input type="checkbox"/>
Direct Deposit Application Form		<input type="checkbox"/>
Direct Deposit Form From Banking Institution		<input type="checkbox"/>
Payroll Deduction Authorization Form		<input type="checkbox"/>
Personal Tax Credit Return - TD1 Federal		<input type="checkbox"/>
Personal Tax Credit Return - TD1 Provincial (AB Only)		<input type="checkbox"/>
TD4 Memo & TD4 Letter of Responsibility		<input type="checkbox"/>
Declaration of Exemption - TD4		<input type="checkbox"/>
Determination of Exemption - TD1-IN (if applicable)		<input type="checkbox"/>
Self-Identification Questionnaire (optional)		<input type="checkbox"/>
Group Benefits Application Form (Industrial Alliance)		<input type="checkbox"/>
Confidentiality Disclosure		<input type="checkbox"/>
Employee Policy Acknowledgement		<input type="checkbox"/>
Alcohol and Drug Policy Acknowledgement including Policy Highlights		<input type="checkbox"/>
Safety Boots Program Voucher Issued (if applicable)		<input type="checkbox"/>
Employee Stock Savings Plan Enrollment Form (SunLife - Optional)		<input type="checkbox"/>
Employee Referral Form (if Applicable)		<input type="checkbox"/>
CAOEC or Internal Competency Book Given to the Employee		
Greenhand <input type="checkbox"/>	Date Issued	Copy of Energy Safety Canada (or Enform) Competency certificate(s) given to Crew Coordinator (if applicable) <input type="checkbox"/>
Floorhand <input type="checkbox"/>	Date Issued	
Derrickhand <input type="checkbox"/>	Date Issued	
Operator <input type="checkbox"/>	Date Issued	
Copies of Safety Training Certificates (1 Per Page) [Example: H2S, First Aid, CSO, etc]		<input type="checkbox"/>
Fire Extinguisher Exam & Certificate		<input type="checkbox"/>

Proof of Completion (To be filled out by Orientation Facilitator)	
Date Completed	
Facilitator Name	
Facilitator Signature	

Fill-in the section below. Please print clearly.



Savanna Well Servicing Inc.

General Information Form – Field Employees

Employee Legal Name		Rehire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address		Postal Code	
City and Province		SIN	
Date of Birth (DD / MMM / YYYY)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone (with area code)		Cell Phone (with area code)	
E-mail Address			
Health Care Card #		Province	
Emergency Contact Full Name		Relationship to Employee	
Emergency Contact Phone Number(s) with area code			
Driver's License Number		Province	
Expiry Date (DD / MMM / YYYY)		Class	
Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No		
--- The section below must be completed by HR ONLY ---			
Employee ID:			
Start Date: (DD / MMM / YYYY)			
Pay Rate:			
Benefits Eligibility:	<input type="checkbox"/> Waived <input type="checkbox"/> 3 Month Wait		
Position:			
Location & Rig Number:			
Completed by: (Type/Print Name of HR)			



Recruitment Form

Savanna Well Servicing Inc.

NEW HIRE PERSONAL INFORMATION			
Full Name			
Are you a Canadian Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, are you legally able to work in Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REQUIRED INFORMATION: RELEVANT SERVICE RIG EXPERIENCE		
(Note: Indicate numbers of years of experience, if any, below)		
Industry Experience <i>(Indicate No. of Years)</i>		
Thermal Experience <i>(Indicate No. of Years)</i>		
Conventional Experience <i>(Indicate No. of Years)</i>		
Abandonment Experience <i>(Indicate No. of Years)</i>		
Enform Service Rig Competency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate level:

HOW DID YOU HEAR ABOUT SAVANNA:		
Have you previously been employed in any other division of Savanna former or current (e.g. Lakota, Western Lakota, Trailblazer, Akuna, Accell, Command Coil, Great Plains, D&D Oilfield Rentals, Cantool, Savanna Drilling, Savanna Well Servicing, Savanna Corporate, Chinook Drilling)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, which Company?		When?
If no, how did you hear about us?	Industry/CAOEC <input type="checkbox"/> Media <input type="checkbox"/> Brochure <input type="checkbox"/> Referral <input type="checkbox"/> Website <input type="checkbox"/> Career Fair <input type="checkbox"/> Name of referrer: _____ Other (please explain): _____	



Recruitment Form

Savanna Well Servicing Inc.

PRE-PLACEMENT MEDICAL / FITNESS EVALUATION AND SUBSTANCE SCREENING

Savanna Well Servicing Inc. (“Savanna”) believes in a substance free work place environment for the health and safety of all our employees. Also, an employee’s ability to safely and efficiently carry out their job tasks is a critical element of the service we provide. Employment with our company is conditional to meeting the requirements/standards of our Pre-placement Medical/Fitness Evaluation and Substance Screening. The information that is obtained in the screening process will be maintained in a confidential manner. In the event that pre-placement medical testing is not completed prior to work placement, continued employment will be conditional on the completion of a medical/fitness and substance screening within a reasonable time frame.

Are you willing to submit to a Medical/Fitness Exam and Substance Screening? Yes No

EMPLOYMENT APPLICATION & DISCLOSURE STATEMENT

By signing below, the applicant is confirming that all information stated in their application or on his/her resume submitted in the application for employment is true and complete to the best of his/her knowledge. The applicant also confirms that there is no misleading or pertinent information deliberately left out that would lead to the appointment of a position with Savanna. **(Please initial here)** _____

As well, the applicant agrees he/she will be truthful and accurate and will not provide misleading or deliberately leave out pertinent information if he/she undergoes Savanna’s pre-placement medical /fitness evaluation and substance screening process. **(Please initial here)** _____

The applicant understands that any false information, omission or misrepresentation provided on this application or during the pre-employment testing process is just cause for rejection of the application or, if employed, termination of employment for just cause. **(Please initial here)** _____

I also understand that if I am a successful applicant and become employed by Savanna that any pictures of me could be used for promotional purposes. **(Please initial here)** _____

Signature

Date



Direct Deposit Application Form

Employee's Full Name:	Social Insurance Number (SIN):
Employee's Home Address:	
Terms and Conditions: <ul style="list-style-type: none">• Your paycheque can be direct deposited to a banking institution of your choice.• The Account MUST be in the employee's name.• You may direct your pay into a single bank account only.• If the VOID cheque or verified bank information is missing the employee's paycheque will be mailed to their home address on file.• We will not accept any hand written bank accounts!	
Attach VOID cheque or verified bank information here.	
DECLARATION: I hereby authorize Savanna Well Servicing Inc. ("Savanna") and/or subsidiaries to deposit my net pay to my account as noted above.	
Employee Signature:	Date Signed:

Please complete and return to Payroll.

Payroll Deduction Authorization



Employee's Full Name	
<p>I acknowledge that during the course of my employment with Savanna Well Servicing Inc. ("Savanna" or "Company"), Savanna may incur costs relating to me for the following items that are not covered as part of my employment or for which I may receive a benefit outside of the workplace ("Deductible Costs"). I hereby authorize Savanna to deduct from my pay through payroll the actual cost to it of such Deductible Costs without prior notice to me:</p>	
<ul style="list-style-type: none"> a) Unauthorized purchases by me of personal goods on Company accounts or unauthorized use by me of Company Credit Card (if applicable); b) Fines associated with photo radar, red light or other traffic violations relating to a Company vehicle operated by me; c) Costs resulting from damage by me to property of Company or its customers (including vehicles) that is willful or negligent; d) My unpaid/unauthorized accommodation costs and expenses, including, but not limited to meals, phone calls, damages, movie rentals, etc.; e) Safety Boots Program cost and/or Prescription Safety Glasses Program cost, if my employment is terminated (voluntarily or involuntarily) within six (6) months of being issued a voucher through this program; f) If immediately required for my position, the cost associated with the Company obtaining a Commercial Driver's Abstract on my behalf if I am unable to provide this when initially hired; g) *Actual Mandatory Safety Training course costs in the following circumstances: <ul style="list-style-type: none"> (i) if I fail to attend a scheduled training course; (ii) if I do not pass or complete a training course; (iii) if I do not pass my ninety (90) day probationary period with Savanna; or (iv) if I voluntarily resign or am terminated for cause within six (6) months of course completion. h) *Actual Pre-employment Testing (drug and alcohol testing) costs in the following circumstances: <ul style="list-style-type: none"> (i) If I request unpaid time off or unpaid leave of absence during my ninety (90) day probationary period (reimbursed upon return to work); (ii) if I do not pass my ninety (90) day probationary period with Savanna; or (iii) if I voluntarily resign prior to the expiration of my ninety (90) day probationary period. i) *Actual Unreturned Mandatory Safety Equipment (PPE) costs in the following circumstances: <ul style="list-style-type: none"> (i) If I request unpaid time off or unpaid leave of absence during my ninety (90) day probationary period (reimbursed upon return to work); (ii) If I do not pass my ninety (90) day probationary period with Savanna; or (iii) If I voluntarily resign prior to the expiration of my ninety (90) day probationary period. 	
<p>*Current Deductible Costs known to Savanna are listed in the attached Schedule "A"</p>	
<p>Employee Acknowledgement and Signature: By signing below, I confirm that I have reviewed this form and irrevocably authorize Savanna to deduct through payroll (including my final pay) costs for the items as stated above.</p>	
Employee Name: (please print)	
Employee Signature:	
Date:	
Witness Name: (please print)	
Witness Signature:	
<p><i>Please complete, sign and return to your Crew Coordinator and/or HR Representative.</i></p>	



SCHEDULE "A" DEDUCTIBLE COSTS (Updated January 8, 2024)

****Mandatory Safety Training Costs:**

(Actual cost of training as required under Savanna's *Health Safety Environment Management System* manual and training matrix or as otherwise requested by Savanna for business needs) - As applicable

Common Safety Orientation	\$70.00
CAODC Floorhand Competency Book	\$48.00
CAODC Derrickhand Competency Book	\$48.00
CAODC Driller/Operator Competency Book	\$48.00
H2S Alive	\$180.00
Standard First Aid	\$175.00
BC First Aid OFA Level 1	\$205.00
Airbrakes	\$200.00
Confined Space Entry	\$155.00
ESC Fall Protection	\$295.00
ESC Rig Rescue	\$295.00
Detection and Control	\$150.00
Special Oilwell Boiler	\$800.00
Well Service BOP	\$685.00 - \$890.00 (Range)

SureHire - Audiogram and mask fit test (x2): \$108.00 - Power Center, \$144.25 - Canada Wide (Annual)
 ECS - Audiogram and mask fit test (x2): \$90.00 (Annual)

****Pre-employment Testing Costs:**

(Actual cost of testing by provider - average cost listed)
Current providers are SureHire and ECS Occupational Testing

SureHire - Power Centre costs: \$406.00
 SureHire - Canada Wide costs: \$556.00

ECS costs: \$357.00

****Safety Boots Program Costs:**

\$250.00 plus applicable taxes

****Prescription Safety Glasses Program Cost:**

\$200.00

Unreturned Mandatory Safety Equipment Costs:

Pair of Coveralls \$122.00 - \$128.00
 Hard hat \$40.00
 Impact gloves \$16.55 - \$33.00

****Commercial Driver's Abstract:**

\$15 plus applicable fees (if any)

*****The above indicated amounts are average costs and subject to change without notice by third party provider. Actual costs will be confirmed prior to payroll deduction.***

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only Country of permanent residence	Social insurance number

<p>1. Basic personal amount – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2</p>	21,885
<p>2. Age amount – If you will be 65 or older on December 31, 2024, and your net income from all sources will be \$45,400 or less, enter \$6,099. You may enter a partial amount if your net income for the year will be between \$45,400 and \$86,060. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2024 Personal Tax Credits Return.</p>	
<p>3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$1,685 or your estimated annual pension.</p>	
<p>4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$16,882.</p>	
<p>5. Spouse or common-law partner amount – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if all of the following conditions apply:</p> <ul style="list-style-type: none"> • You are supporting your spouse or common-law partner • Your spouse or common-law partner lives with you • Your spouse's or common-law partner's net income for the year will be less than the amount on line 1 	
<p>6. Amount for an eligible dependant – Enter the difference between the amount on line 1 and your eligible dependant's estimated net income for the year if all of the following conditions apply:</p> <ul style="list-style-type: none"> • You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by • The dependant is related to you and lives with you • The dependant's net income for the year will be less than the amount on line 1 	
<p>7. Caregiver amount – Enter \$12,669 if you are taking care of a dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> • The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older) • The dependant lives with you • The dependant has a net income of \$20,142 or less for the year <p>You may enter a partial amount if the dependant's net income for the year will be between \$20,142 and \$32,811. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.</p>	
<p>8. Amount for infirm dependants age 18 or older – Enter \$12,669 if you are supporting an infirm dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> • The dependant lives in Canada and is related to you or your spouse or common-law partner • The dependant is 18 years or older • The dependant has a net income of \$8,369 or less for the year <p>You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,369 and \$21,038. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You cannot claim an amount for a dependant you claimed on line 7.</p>	
<p>9. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p>10. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p>11. TOTAL CLAIM AMOUNT – Add lines 1 to 10. Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.</p>	

Filling out Form TD1AB

Fill out this form if you have income in Alberta and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1AB for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

Total income is less than the total claim amount

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)	Employee number
Address			Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

15,705

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,041 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$15,705) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

\$

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



Savanna Well Servicing Inc.
Suite 1000, 734 7 Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

MEMORANDUM

TO: All Well Servicing Employees

SUBJECT: **2024 TD4 Forms and Subsistence Payments**

Field employees in our Canadian Well Servicing division are required to fill out one **TD4 form** and a **TD4 Letter of Responsibility** form on an annual basis.

For any recalls or rehires within the year, it is the employee's responsibility to contact the payroll department to ensure that we have a form on file for 2024. Please note that, new hires will be filling out the form as part of their new hire package.

The **TD4 Letter of Responsibility** is a document stating that the employee is responsible to notify Payroll if he/she is returning home daily from the rig location or if they no longer satisfy the conditions on the TD4 form. Please write your name, sign and date this document.

Employees who are not staying in a camp and do not meet the criteria above are to immediately notify Payroll. Failure to comply with the above policies could result in employees being audited and potential penalties and interest owed to CRA.

Rig Managers: Please mark the "TD4" boxes for each employee's time sheet in CRM. Enter "Yes" if the employee is in fact staying in a non-camp location and eligible for non-tax subsistence and a "No" if the employee is returning home daily.

Rig Managers: Please ensure copies of these forms and this email are made available to the employees on your rigs.

Please return the signed forms to the payroll office. If these forms are not returned your subsistence will be fully taxable.

Forms should be submitted to: Payroll and your Crew Coordinator

SWSCA-Payroll@savannawellservicing.com

Should you have any questions, please call Iryna Timofyeyeva at 403-218-8095 and leave a message. Your call will be returned within 2 working days.



Savanna Well Servicing Inc.
Suite 1000, 734 7 Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

TD4 LETTER OF RESPONSIBILITY

Declaration of Exemption - Employment at a Special Work Site

I _____ (Enter Full Legal Name), employee of Savanna Well Servicing Inc. (“Savanna”) acknowledge and accept responsibility to notify Savanna’s Payroll team if the following conditions are **not** met:

- My principal place of residence is available for me to live in. I do not rent it to anyone.
- Because of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location.
- My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site.

Employees who do not meet the criteria above are to immediately notify Savanna’s Payroll team through the contact below and will be taxed on non-camp subsistence.

Savanna Payroll E-mail: SWSCA-Payroll@savannawellservicing.com

Savanna Payroll Phone: 403-218-8095

You understand that failure to comply with the CRA legislation could result in penalties and interest.

Savanna has agreed that the following conditions are met:

- The duties the employees must perform at the special work site are temporary in nature and, by reason of distance, the employees are not expected to return daily to their principal places of residence.
- The board and lodging provided, or the allowance received by the employees have been for a period of at least 36 hours spent at the special work site (including the time the employees spend travelling between work and residence).
- The benefits or allowances for transportation given to the employees relate only to the period the employees receive the allowances, or their value for board and lodging.

Employee Acknowledgement and Signature:

By signing below, you acknowledge that you have read, understood, and accept the terms and conditions outlined in this document.

Employee Signature

Date Signed

Declaration of Exemption – Employment at a Special Work Site

Who can use this form?

Use this form if you are an employee who works at a special work site. It will allow your employer to determine if the following benefits can be excluded from your income:

- the value of, or an allowance (not in excess of a reasonable amount) for expenses for, board and lodging provided by your employer at a special work site
- the value of, or an allowance (not in excess of a reasonable amount) for expenses for, transportation to and from your principal place of residence and a special work site

Your employer will exclude these benefits or allowances from your income if **all** the conditions explained below are met.

You and your employer should fill out this form when you begin your employment at a special work site or if your employment situation at a special work site changes.

For more details, see Interpretation Bulletin IT-91, Employment at Special Work Sites or Remote Work Locations.

Employee information (please print)

Last name		First name and initial(s)		Social Insurance Number	
Address of your principal place of residence (self-contained domestic establishment)					Postal code
Number of kilometers between your principal place of residence and the special work site (one way)			km	Location where you live while you are employed at the special work site	
				Many Various Locations	

Employee's certification

I certify that I meet **all** of the following conditions:

- I maintain a self-contained domestic establishment as my principal place of residence at the address above.
- My principal place of residence is available for me to live in. I do not rent it to anyone.
- By reason of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location.
- My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site.

Year	Month	Day	Signature of employee

Employer information (please print)

Name of employer	Savanna Well Servicing Inc																		
Address	Suite 1000, 734 - 7 Ave SW, Calgary, AB T2P 3P8																		
Type of business	Oil & Gas Well Servicing	Account number (from Form PD7A, Remittance voucher)																	
Name of proprietors or partners (if applicable)																			
Exact location of the special work site (including the municipality)			The benefits or allowances below are available under:																
Many various well site locations - AB / SK / BC			<input type="checkbox"/> collective agreement <input checked="" type="checkbox"/> company policy																
Period of work at the special work site requiring the employee to be away from his or her principal place of residence for at least 36 hours.																			
		Year	Month	Day	Year	Month	Day												
		From	2	0	2	3	1	2	1	0	to	2	0	2	4	1	2	2	1

Employer details of benefits or allowances (give an estimate if you do not know the exact amount)

	Board	Lodging	Board and lodging	Transportation	Other
Amount paid to employee for:	\$	\$	\$	\$	\$
Value of free:	\$	\$	\$	\$	\$

Continued on next page

Employer's certification

I certify that **all** of the following conditions are met:

- The duties the employee has to perform at the special work site are temporary and, by reason of distance, the employee is not expected to return daily to his or her principal place of residence.
- The board and lodging provided or the allowance received by the employee have been for a period of at least 36 hours spent at the special work site (including the time the employee spends travelling between the principal place of residence and the special work site).
- The benefits or allowances for transportation given to the employee relate only to the period the employee also receives the value of, or allowances for, board and lodging.

After you complete this form with your employee, keep it with your payroll records in case we ask to see it.

Year	Month	Day	Signature of employer or authorized officer

Note: Employers should contact their tax services office if they receive a Form TD4 with doubtful statements. Any person who knowingly completes or accepts a Form TD4 with false or deceptive statements commits an offence.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

INSTRUCTIONS: DETERMINATION OF EXEMPTION FORM TD1-IN

For new employees, you may complete the following TD1-IN form if you self-identify as an Indigenous person in Canada and if you anticipate that you may work on a reserve.

If this may not pertain to you, you may leave the following form blank.

Please note, the terms used below and on this form are taken directly from the Government of Canada website.

Please complete the following TD1-IN form if you are an individual who:

(1) Is an Indigenous person as defined in the Indian Act

and

(2) Think your income is tax exempt or partially tax exempt.

This form will be used to determine the correct tax treatment of your income.

If you may have any questions about this form, please contact Savanna's Payroll team at swsca-payroll@savannawellservicing.com

Determination of Exemption of an Indian's Employment Income

The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Use this form if you think your income is tax exempt or partially tax exempt. Your employer will use your answers in Part 1 to help determine the correct tax treatment of your income.

You and your employer should fill out this form, in addition to Form TD1. You must fill out these forms when you start a new job on a reserve or if your employment situation on a reserve changes. For more information about employee and employer responsibilities, go to canada.ca/tax-filing-form-td1.

Part 1 – Employee information (to be filled out by the employee)

1.1 Are you registered under the Indian Act?

- Yes. Continue to Section 1.2.
 No. **Do not** use this form.

For more information, go to canada.ca/indian-status.

1.2 Are you a treaty beneficiary of a First Nation with a final or self-government agreement that ends the tax exemption under section 87 of the Indian Act?

- Yes. **Do not** use this form.
 No. Continue to section 1.3.

To confirm the effective date of the agreements and the expiry dates, go to canada.ca/tax-indigenous-end-dates.

1.3 Fill out your name and address. Continue to section 1.4.

Last name (please print)	First name and initials	Social insurance number
Address of principal place of residence including postal code		

1.4 Do you live on a reserve? This means it is your principal place of residence and is the centre of your daily routine.

- Yes No

Employee Certification

I certify that the following information is correct and complete:

- I am registered under the Indian Act
- I am **not** a treaty beneficiary of a First Nation with a final or self-government agreement that ends the tax exemption under section 87 of the Indian Act
- If I answered yes in section 1.4, I live on a reserve, it is my principal place of residence and is the centre of my daily routine

Signature _____ Date _____



Self-Identification Questionnaire

Savanna Well Servicing Inc. (“Savanna”) is committed to creating an environment that reflects a diverse workforce. We believe in working together to understand, identify, and create balance between business opportunities and contributing to the well-being of communities.

Savanna has a long history of engagement with local and Indigenous communities in the areas where the company operates. To learn more about the company’s Indigenous and Community relations, visit: <https://www.totalenergy.ca/about-us/indigenous-and-community-relations/>

The information collected in this questionnaire is confidential and will only be used and/or disclosed by Savanna to our Indigenous Partnerships in accordance with the company’s “Employee Privacy Policy”. The response you provide may be reported externally in aggregate for statistical purposes.

This questionnaire will help us gain a better insight of the diversity in our workforce and it is **completely voluntary**. Should you choose to not participate, please indicate below.

Date	<input type="checkbox"/> I elect not to provide this information
Employee Full Name	
Employee Signature	

For the purpose of this questionnaire, Indigenous persons include people who identify as First Nations (Status, Non-Status, Treaty), Metis, Inuit, Native or North American Indian (including North and Central America and the Caribbean).

Are you of Indigenous ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please identify which indigenous community you belong to.	
Please identify what community or band you belong to.	

Savanna’s Human Resources team appreciates and values your participation in this questionnaire. If you have any questions or concerns regarding this questionnaire, please do not hesitate to contact your Crew Coordinator or a Savanna Human Resources Representative, through the following e-mail: swsca-humanresources@savannawellservicing.com



ENROLMENT REQUEST

As plan administrator, if you use Web@dmin to enrol the plan member, please keep the form for your records. If you do not use Web@dmin, submit a copy of the form to Industrial Alliance and retain the original. You can submit the copy of the form by:

Fax: 1-877-392-6487

Mail: Quebec
PO Box 790, Station B
Montreal, Quebec H3B 3K6

All Other Provinces
522 University Avenue, Suite 400
Toronto, Ontario M5G 1Y7

TO BE COMPLETED AND SIGNED BY THE PLAN ADMINISTRATOR (Please print in ink)

Policyholder's name (Employer/organization) Group policy no.

Division no. Class no. Certificate no.

Location no. or name (if applicable) Certificate no. to be assigned by the insurer

Plan member's occupation

Employment date Eligibility date For reinstatement, give date rehired full time

If you waived the waiting period, please explain why:

Salary \$ Annually Biweekly Hourly - Hours worked/week Monthly Semimonthly Weekly

If there are benefits related to salary, please specify the salary

Plan administrator's signature Date

Plan administrator's email Tel. no.

TO BE COMPLETED AND SIGNED BY THE PLAN MEMBER (Please print in ink)

1. PLAN MEMBER INFORMATION

Last name First name

Address No. Street Apt. City Province Postal code

Date of birth Sex: Male Female Language: English French

Direct deposit of your health and/or dental claim reimbursements and notification* of claim processing

Banking information for direct deposit: Transit # Institution # Account #



- 1 Cheque number (do not write this number).
2 Transit number (5 digits).
3 Financial institution number (3 digits).
4 Account number. The format may vary from one financial institution to another. Indicate all numbers and only the numbers.

Email address for notification*: Personal Work

I do not want to be notified

* You will be considered as having refused the notification if you do not provide your banking information or your email address or if you check "I do not want to be notified".

Note: You can view the status and details of your health and/or dental claims via CyberClient, our secure website, at any time.

Please complete the 4 pages of this form and sign the "PLAN MEMBER CONFIRMATION/AUTHORIZATION" section.

IMPORTANT: The basic dependents' life insurance coverage will be automatically applied if your plan includes this benefit and your dependents (spouse and children) are eligible. This requirement applies regardless of the coverage chosen for the health and dental benefits (individual, family, single parent, couple or refused coverage).

2. SPOUSE INFORMATION

Last name _____ First name _____

Date of birth

Y	M	D

 Sex: Male Female

Is your spouse covered by another group insurance plan for health and dental benefits? Yes No

If Yes, specify his/her: Health coverage: Individual Family Single parent Couple

Dental coverage: Individual Family Single parent Couple

Insurer's name _____

Group policy no. _____ Certificate no. _____

Note: If your spouse is a common-law spouse, please contact your plan administrator to confirm his/her eligibility.

3. DEPENDENT CHILDREN INFORMATION (if more space is required, please use another sheet. Date and sign any attached document.)

Last name	First name	Sex	Date of birth	If age 21* or over, specify
		<input type="checkbox"/> M <input type="checkbox"/> F	Y M D 	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	Y M D 	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	Y M D 	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F	Y M D 	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No

* The age limit may vary depending on your plan. Please contact your plan administrator to confirm this information.

If one of your dependent children is covered by a group insurance plan other than yours or your spouse's, complete the following table:

Child Last name, First name	Plan type (e.g. school plan, etc.)	Insurer name	Group policy no.

4. CHOICE OF COVERAGE

Coverage requested*: Individual Family Single parent Couple

Plan/Option/Module (if applicable) _____

*If you and/or your dependents **already have health and/or dental coverage under another group plan**, you can refuse to be covered for health and/or dental benefits under this group plan by checking the following boxes:

For myself and my dependents: I refuse health benefits I refuse dental benefits

For my dependents only: I refuse health benefits I refuse dental benefits

Note: If you refuse coverage and wish to request it at a later date, certain conditions may apply. Please contact your plan administrator for further details.

5. OPTIONAL BENEFITS

IMPORTANT: Before completing this section, check with your plan administrator if optional benefits are offered as part of your group plan and if you should complete the *Evidence of Insurability* form (F54-002A).

	Life*	Accidental Death and Dismemberment*	Critical Illness*	Statement (Complete only if you want to add optional life and/or optional critical illness benefits)
Plan member	\$ _____	\$ _____	\$ _____	In the last twelve months, have you used tobacco in any form whatsoever, nicotine products (gum, patches, etc.) or marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	\$ _____	\$ _____	\$ _____	In the last twelve months, has your spouse used tobacco in any form whatsoever, nicotine products (gum, patches, etc.) or marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
Children	\$ _____	\$ _____	\$ _____	Each child will benefit from the coverage amount you selected.

*Please indicate the coverage amount to be added. Do not include basic coverage.

6. APPOINTMENT OF BENEFICIARY (If you do not designate a beneficiary, the benefit will be payable to the estate.)

1. Primary beneficiaries

If you name multiple primary beneficiaries, the total allocation must be equal to or less than 100%; if less than 100%, the difference will be payable to the estate. Please do not indicate dollar amounts.

Last name	First name	Relationship	Date of birth	%
			Y M D 	
			Y M D 	
			Y M D 	

2. Contingent beneficiaries

If you wish, you can also appoint contingent beneficiaries in the event **all** primary beneficiaries predecease you. If you name multiple contingent beneficiaries, the total allocation must be equal to or less than 100%. If less than 100%, the difference will be payable to the estate. Please do not indicate dollar amounts.

Last name	First name	Relationship	Date of birth	%
			Y M D 	
			Y M D 	

IMPORTANT: For Quebec residents only – to be completed if you designated your spouse (marriage or civil union) as a beneficiary.

In Quebec, the designation of a spouse, excluding a common-law spouse, as a beneficiary is irrevocable* unless you check the following box:

Revocable beneficiary

*To change the appointment of an irrevocable beneficiary, his/her written consent will be required.

7. TRUSTEE DESIGNATION (Not applicable in Quebec.)*

You can appoint a Trustee to receive any amount due to any beneficiary under the age of majority.

Trustee's last name _____ First name _____

*In Quebec, there might be issues with respect to the appointment of a trustee. You should consult a legal advisor before appointing a trustee.

Please sign the "PLAN MEMBER CONFIRMATION/AUTHORIZATION" section on the next page.

PLAN MEMBER CONFIRMATION/AUTHORIZATION

I HEREBY APPLY for the benefits which I am eligible for under my Employer's/Policyholder's group insurance plan, subject to any waiver indicated and **CONFIRM** that the information contained in this form is true and complete to the best of my knowledge.

If applying for benefits for my dependents, **I CONFIRM THAT I AM AUTHORIZED** to disclose information concerning them for the purpose of determining their eligibility for coverage.

On behalf of myself and my dependents, **I CONSENT TO THE RELEASE** of the information contained in this form to my Employer/Policyholder and Industrial Alliance, its employees, agents, reinsurers and service providers for the purpose of underwriting, administration, claims processing and the enrolment of myself and my dependents in my Employer's/Policyholder's group insurance plan. In addition, **I UNDERSTAND** that personal information may be subject to disclosure to those authorized under the applicable laws within or outside of Canada.

If my Social Insurance Number is used as my certificate number, **I AUTHORIZE** its use for the administration of my group insurance plan.

I AUTHORIZE my Employer/Policyholder to make the required salary deductions for my group insurance plan.

If I enrol in direct deposit, **I AUTHORIZE** Industrial Alliance to deposit in my bank account, using the banking information I have provided in section 1, any amounts payable in regards to a claim that I submit under my group insurance plan. **I AGREE** that this authorization will apply until such time as I submit a written request to the contrary to Industrial Alliance. **I UNDERSTAND** that Industrial Alliance will have no further obligation with regard to the claims paid. **I ALSO UNDERSTAND** that Industrial Alliance can, without prior notice, terminate the direct deposit of my claims payments. This authorization takes effect on the date indicated below and will be valid for all other active bank accounts at this or any other financial institution that I may name in the future.

I AGREE that a photocopy of this Confirmation/Authorization shall be as valid as the original.

Plan member's signature _____

Date | Y | M | D |

DISCLOSURE

At Industrial Alliance, the personal information we collect concerning you and your dependents is kept in strict confidence and is only used for the purposes you have authorized. Your personal file will be kept at Industrial Alliance's offices.

You have the right to request access to your personal information and, if necessary, correct any inaccurate information. In order to do so, send a written request to the following: Industrial Alliance Insurance and Financial Services Inc., Information Access Officer, 1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, Quebec, G1K 7M3.

Access to your personal information will be limited to Industrial Alliance's employees, agents, reinsurers and service providers in the performance of their jobs, individuals to whom you have granted access, and persons authorized by law.

For the purposes of audits and administrative reporting, Industrial Alliance may release to your Employer/Policyholder statistical financial information without personal identifiers.

Validate and print

Back to page 1



Confidentiality Disclosure

1. I acknowledge that my employment with Savanna Well Servicing Inc. (“Savanna”) permits me access to trade secrets, knowledge, files, marketing information, pricing and information about the Company that is confidential (“Confidential Information”). I also acknowledge that as an employee of Savanna, I operate in a position of trust and have a fiduciary relationship with the Company. Based on my terms of employment, I agree not to disclose to anyone outside Savanna, any Confidential Information. I also agree that all Confidential Information acquired or disclosed to me by Savanna or any affiliate or related companies, or their corporate share holders, officers, directors, servants or agents relating to the processes, practices, methods, products, inventions, marketing plans, improvements, developments, suppliers, customers, trade secrets, technical designs, internal organization, personnel or finances of Savanna shall be held in strict confidence. I will not disclose any Confidential Information for my personal benefit or for the benefit of any other person, firm or corporation outside Savanna.
2. I agree that all Confidential Information including notes, memoranda, records, (electronic or otherwise) and writings made by me in respect of the business of Savanna shall be and remain the property of the Company and shall be delivered by me to Savanna forthwith upon request and upon cessation of my employment.
3. I agree that all worldwide rights, title and interest in all inventions, designs, drawings, patent and copyright works (including computer programs), trade secrets, discoveries, know-how and other intellectual property (whether registered or not) produced, made, composed, written, performed or designed by me, either alone or jointly with others, in the course of my employment with Savanna and in any way related to the business of Savanna, shall vest in and be the exclusive property of Savanna.
4. I agree both during and following the termination of my employment with Savanna to fully and promptly disclose to the Company, complete details of any invention, discovery, design or other intellectual property developed during my employment, with the intention that Savanna shall have full knowledge of the working and practical application of such rights and, at the expense of Savanna, I agree to co-operate in executing all necessary deeds and documents and all such other acts and things as may reasonably be required to vest such rights in the Company.
5. I acknowledge and agree that during my employment with Savanna, either as employee or consultant, I will be encouraged to maintain working relationships with the Company’s clients and suppliers, and that:



Confidentiality Disclosure

- a. The transfer of confidential knowledge of Savanna's affairs to a client or supplier would be detrimental to the Company's interests; and
- b. Knowledge of the Company's affairs as well as knowledge of its clients and suppliers could irreparably damage the Company's interests if made available to a competitor or if used for competitive purposes.

Accordingly, I agree that I will not enter into or participate, directly or indirectly, in any business, which may conflict with technologies developed or being developed by Savanna during my period of employment or engagement as a consultant with Savanna Well Servicing Corp.

Employee Name: (please print)	
Employee Signature:	
Date:	
Witness Name: (please print)	
Witness Signature:	

Please complete and return to your Crew Coordinator and/or HR Representative

This acknowledgment pertains to the following policies of Total Energy Services Inc. (“**Total Energy**”) that are applicable to its employees and those of its Canadian subsidiaries, Savanna Drilling Corp., Savanna Well Servicing Inc., Total Oilfield Rentals Ltd., Opsco Process Corp., and Bidell Gas Compression Ltd. (each a “**Division**” and Total Energy Services Inc. are collectively and individually, as the case may be, the “**Company**”)

I acknowledge receipt of the following policies:

- **Code of Business Conduct (Dated January 2018)**
- **Anti-Bribery and Corruption Policy (Dated March 9, 2023)**
- **Information Technology Use Policy (Dated November 30, 2023)**
- **Prevention of Workplace Harassment and Violence Policy (Dated August 1, 2022)**
- **Prevention of Workplace Harassment and Violence Procedures (Dated August 1, 2022)**
- **Whistleblower Policy (Dated November 2019)**
- **Social Media Policy (Dated 2021)**
- **Mobile Device Policy (Dated 2021)**
- **Savanna Company Provided Accommodation Policy (Field Only) (Dated 2016)**

I understand that it is my responsibility to (1) read the above policies; (2) seek answers to any part of any policy I do not understand and (3) comply with these policies. I understand that a failure to comply with any of these policies could result in disciplinary action up to and including termination of employment. By signing this acknowledgment, I confirm that I have read and understand the contents, requirements, and expectations of the policies and agree to comply with the same as a condition of my continuing employment.

In addition, I understand that the Policies do not form a contract of employment and that the addition of, or amendments to such policies may be made at any time by the management of Total Energy Services Inc. as specific circumstances warrant.

I further understand that these policies are available for me to read and reference at any time on Savanna’s website under the following link: <https://www.savannaenergy.com/canada-well-servicing/>

Full Name (Please Print)

Signature

Date

November 30, 2023

SCHEDULE A

ACKNOWLEDGEMENT OF ALCOHOL AND DRUG POLICY, AGREEMENT TO SUBMIT TO REASONABLE
CAUSE SUBSTANCE TESTING AND AGREEMENT TO RELEASE TEST RESULTS

I, _____, understand that Savanna Well Servicing (the "Company") maintains an Alcohol and Drug Policy (as amended from time to time, the "Policy") requiring all employees to report to work free from impairment from alcohol and drugs. I acknowledge that I have received and read a copy of the Policy. If I did not understand the Policy, I have asked for and have received an explanation. I understand that I am required to review and adhere to any updates or amendments to the Policy and that any breach of the Policy will result in disciplinary measures, up to and including termination of my employment for cause.

I also understand that as a condition of my continued employment, where the circumstances requiring testing outlined in the Policy exist, the Company will require me to undergo testing for the presence of alcohol or drugs and I hereby consent and agree to submit to such testing.

I further consent to the collection, use and disclosure of my Personal Information (as defined below) by the Company pursuant to Policy, and consistent with applicable Provincial and Federal privacy laws. I understand that "Personal Information" when used in this acknowledgement refers to information about me as an identifiable individual. I further understand that my Personal Information will contain my personal health information collected by the Company for the purposes of enforcing the Policy, including the results of any substance testing results being released only to those authorized Company Employees who need to know in order to act on the confidential results.

I also understand and agree that if I wish to take prescribed or otherwise legally authorized medications, including without limit, medical cannabis, I am required to provide certain documentation to the Company, which may include my proper prescription/authorization, purchase from a licensed facility and doctor's authorization stating any limitations to my fitness for duty as a result of such medications.

I also understand and agree that I am responsible for voluntarily disclosing any substance use disorder that I may have involving drugs or alcohol, including the inappropriate use of medication, to my supervisor and/or manager. In the event I suffer from a substance use disorder, I agree to participate in a rehabilitation or substance abuse treatment program (the "Treatment Program") prior to returning to active duty. I further consent to the disclosure of such Personal Information of mine by the Treatment Program as is necessary for the Company to confirm my ongoing participation in, and successful completion of, such Treatment Program.

THIS AGREEMENT SIGNED this _____ day of _____ 20__ , in the City of

_____, in the Province of _____.

Signature

Print Name: _____

Witness Signature

Witness Name:



ALCOHOL & DRUG POLICY HIGHLIGHTS

What is the purpose of this policy?

Savanna is committed to the health, safety, and wellness of our employees, contractors, and the public. The use of illegal drugs, medication, or alcohol can have serious impacts in the workplace. This policy outlines the requirements for workers to be fit for duty, to maintain a safe work environment.

Where can you find this policy?

You may access the policy by scanning the QR code, or by visiting the following websites.

Savnet: <http://sesc-vmosp2010/Pages/welcome.aspx> (go to: Policies, Procedures & Forms > HSE > Policy)

Employee Portal: <https://www.savannaenergy.com/canada-well-servicing>






What is your responsibility as an employee?

- Report to work fit for duty for all scheduled, on-call, and standby work.
Remain fit for duty while on-call or standby and while on company business or company worksites.
- Immediately inform your supervisor or HR representative, if you reasonably believe that another worker may be unfit for duty, including alcohol or drug use prior to starting or continuing any work. This includes the use, sale, or distribution of alcohol or drugs at the worksite (*including company-paid accommodation*).
- Before starting work***, you must inform your supervisor if you are using medication that could cause of unsafe side effects. More information regarding medication is included in the next section, below.
- If you might have a substance abuse disorder, you must disclose this to your supervisor and seek assistance ***prior to any incident***. Prevention and early identification is important, and Savanna will take reasonable steps to accommodate in accordance with applicable law and this policy.
- Employees are required to notify their supervisor and/or Operations leader(s) in the event of any charge or conviction in relation to an Alcohol or Drug-related offense under the Criminal Code of Canada and any other statute or regulation that may have the potential to adversely affect their job performance or responsibilities. Including the inability to operate company or commercial vehicles.

What if you are on medication?

If you are on medication that could affect your ability to work safely, you must:

-  ***Before performing any work***, provide written confirmation from your prescribing physician, regarding your fitness for duty. If more information is needed, contact Savanna's Human Resources team (swsca-humanresources@savannawellservicing.com).
-  ***Use the medication as directed by your doctor***, and only for the condition(s) in which the medication was prescribed.
-  Obtain your medication from a pharmacy or a place approved by Health Canada.



REMEMBER: STOP, THINK, ACT

STOP: When something doesn't feel right.

THINK: What could go wrong and how bad could it be?

ACT: Reduce the risk and make it safe. Refuse unsafe work.



Retirement Savings Plan (RSP) Non-Registered Savings Plan (NREG) enrolment form



Return the completed form to:

Sun Life Financial, Group Retirement Services
PO Box 2025 Stn Waterloo, Waterloo ON N2J 0B4
www.sunlife.ca

Important: Detach and maintain the Declaration of Trust for your records.

Nota : La version française de ce document est également disponible.

Please PRINT clearly.

Account type

Indicate the product(s) you wish to enrol in and complete the applicable sections on this enrolment form.

<input type="checkbox"/> RSP contract number	93895-G	You will be the owner and the annuitant of the account. Complete sections 2, 3, 4, 5, 7, 8 and 9. Section 6 is optional. Note: If you wish to make contributions to a Spousal RSP, you and your spouse must complete a Spousal RSP Enrolment form.
<input type="checkbox"/> NREG contract number	93896-G	Complete sections 2, 4, 5, 7, 8 and 9. Section 6 is optional.

Retirement Savings Plan (RSP) Application (Sections 1 to 3 are for registration purposes)

1 Plan sponsor information

This information is to be completed by the plan sponsor.

Note: The term "plan sponsor" includes any participating affiliates designated by the plan sponsor.

Name of plan sponsor Total Energy Services Inc.	Client ID C00IC	Plan 01	Contract number 93895 -G
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Classifications

Subdivision 001	Payroll ID <input type="checkbox"/> 001 – Total Energy Corporate Office <input type="checkbox"/> 204 – Savanna Drilling <input checked="" type="checkbox"/> 206 – Savanna Well Servicing	<input type="checkbox"/> 007 – Spectrum Process Systems Inc. <input type="checkbox"/> 002 – Bidell Gas Compression Ltd. <input type="checkbox"/> 004 – Total Oilfield Rentals Ltd.	User field N/A
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2 Owner information

Note: The term "owner" has the same meaning as the term "annuitant" in subsection 146(1) of the Income Tax Act (Canada).

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (dd-mm-yyyy)	Social Insurance Number*	Identification number** (Employee ID)	
Address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number (day)
Email address			Telephone number (evening)

*By submitting this form you authorize your Social Insurance Number (SIN) to be used for the purposes of tax reporting and administration of benefits and where applicable, you also authorize the use of your SIN as your identification number until such time as it is replaced with a number that is not your SIN.

** For the purpose of completing this form your Identification number is your Employee number.

ENRLMNT



3 Your application for Retirement Savings Plan (RSP)

I apply for a RSP (the “Plan”), to be established under the terms of the Sun Life Financial Trust Inc. Group Retirement Savings Plan Declaration of Trust, a copy of which I have received with this application.

I request that Sun Life Financial Trust Inc. (the “Trustee”) apply for the registration of this Plan as a registered retirement savings plan (RRSP) under the Income Tax Act (Canada) and any applicable provincial legislation.

I appoint the plan sponsor named in this Application to act as my agent for the purpose of the Plan, including payroll deductions, if applicable.

I agree to be bound by the terms and conditions of the Declaration of Trust and, if applicable, any locking-in addendum.

Owner signature X	Date (dd-mm-yyyy)
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Administration information

4 Employment information

Date of enrolment (dd-mm-yyyy)	Date of employment (dd-mm-yyyy)
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(Leave Section 4 blank, Benefits Team will enter info)

5 Beneficiary designation*

*If you live in Alberta, British Columbia, Manitoba, Newfoundland and Labrador, N.W.T., Nunavut, Quebec, Saskatchewan or Yukon Territory, and you allocate your NREG contributions to Total Energy Stock Fund payments derived from these funds will be made to your estate upon death.

*If you live in Quebec, death benefits from your RSP will be made to your estate.

Complete this section to designate a beneficiary for your account. In the absence of a beneficiary designation, and if not payable to your spouse as prescribed by law, death benefits will be paid to your estate.

Caution in all provinces except Quebec: Your designation of a beneficiary will not be changed or revoked automatically by any future marriage or divorce. Should you wish to change or revoke your beneficiary in the event of a future marriage or divorce, you have to make a new designation. In Quebec, a divorce granted after December 1st, 1982 cancels the beneficiary designation of the married spouse.

In Quebec if you name more than one beneficiary and give them unequal shares of the benefit and one of them dies, the deceased beneficiary's share will default to contingent beneficiary or estate rather than being divided amongst the other beneficiaries.

Note: To appoint a trustee for a beneficiary who is a minor, please complete the 'Appointment of trustee for a minor beneficiary' form. In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

If you have a spouse when you die, the law may stipulate that all or part of the death benefit be paid to your qualifying spouse, unless your spouse waives the death benefit. A beneficiary designation other than your spouse would only apply to those death benefits which are not, according to the law, payable to your surviving spouse. If you wish your spouse to receive all benefits, please ensure you designate your spouse as beneficiary in the space below.

I revoke any previous beneficiary designations and name as beneficiary for benefits due on my death:

<input type="checkbox"/> RSP <input type="checkbox"/> NREG	Beneficiary's first name	Middle initial	Last name
Relationship to you**		<input type="checkbox"/> Revocable***	Date of birth (dd-mm-yyyy) Percentage of benefits %
<input type="checkbox"/> RSP <input type="checkbox"/> NREG	Beneficiary's first name	Middle initial	Last name
Relationship to you**		<input type="checkbox"/> Revocable***	Date of birth (dd-mm-yyyy) Percentage of benefits %
<input type="checkbox"/> RSP <input type="checkbox"/> NREG	Beneficiary's first name	Middle initial	Last name
Relationship to you**		<input type="checkbox"/> Revocable***	Date of birth (dd-mm-yyyy) Percentage of benefits %

**Following are the values to be used for relationship

Husband (married)	Wife (married)	Civil union	Common-law	
Fiancé(e)	Friend	Former spouse	Father	Mother
Brother	Sister	Son	Daughter	Nephew
Niece	Aunt	Uncle	Cousin	Grandchild
Grandparent	Step family	Family-in-law	Institution	Other

***Where Quebec law applies, a **married or civil union spouse** beneficiary is **irrevocable** unless you indicate otherwise. To avoid this restriction and make your legal spouse designation revocable, you must check the revocable box above.

If your beneficiary is irrevocable, you may not change your beneficiary designation and may not be able to withdraw/transfer your assets out of the plan unless you provide Sun Life Financial with the irrevocable beneficiary's written consent.

6 Contingent beneficiary designation (not valid in the province of Quebec)

Complete this section to appoint a contingent (secondary) beneficiary for your account.

If there is no surviving beneficiary at the time of my death, I declare that the following contingent beneficiary shall receive all benefits due on my death in accordance with any applicable legislation. If there is no surviving contingent beneficiary at the time of my death, the proceeds shall be paid to my estate.

I revoke all previous contingent beneficiary appointments.

<input type="checkbox"/> RSP <input type="checkbox"/> NREG	Beneficiary's first name	Middle initial	Last name
Relationship to you** (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
<input type="checkbox"/> RSP <input type="checkbox"/> NREG	Beneficiary's first name	Middle initial	Last name
Relationship to you** (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %
<input type="checkbox"/> RSP <input type="checkbox"/> NREG	Beneficiary's first name	Middle initial	Last name
Relationship to you** (refer to above values)		Date of birth (dd-mm-yyyy)	Percentage of benefits %

7 Contributions

Note: You can only direct your contributions to either the RSP or the NREG, not both products.

RSP member contributions

I authorize my employer to deduct _____% (whole percentages only) per pay to be deposited into my RSP.

Note: Any amount over eligible percentage will go to voluntary contributions.

Please select Option A, B or C to allocate your contribution amount.

Option A – Allocate 100% of the amount deducted from my pay to my RSP

Option B – Split contribution between member and spousal RSP

_____ % of the total payroll deduction amount to my RSP plus

_____ % of the total payroll deduction amount to my Spousal RSP

The total of the two percentages entered in Option B must equal 100%

Option C – Allocate 100% of the amount deducted from my pay to my Spousal RSP

OR

NREG contributions

I authorize my employer to deduct _____% per pay to be deposited into the plan.

Note: That any amount over eligible percentage contributions will go to voluntary.

Employer contributions

Select the product you wish to allocate your employer contributions.

Registered Retirement Savings Plan (RRSP)

Non Registered Savings Plan (NREG)

When you enrol,

Years of (continuous) participation on the plan	Your matching contribution	Your employer's matching contribution
1	2.0%	1.50%
2	3.0%	2.25%
3	4.0%	3.00%
4	5.0%	3.75%
5 or more	6.0%	4.50%

****NOTE**:** 100% of the Employer Contribution will go towards your selection

8 Investment instructions

Choose funds from one or more of the following investment approaches.

Percentages must be in whole numbers and total 100%.

I request Sun Life Assurance Company of Canada to allocate contributions to the plan as follows. This instruction applies to all future contributions.

***ALL Employer contributions will be directed 100% to the Total Energy Stock Fund.**

Help me do it - target date funds

Pick the target date fund closest to when you will need your money.

	RRSP member allocation	NREG member allocation
BLK LP Index Retirement (QNB)	%	%
BLK LP Index 2025 Fund (QNS)	%	%
BLK LP Index 2030 Fund (QNE)	%	%
BLK LP Index 2035 Fund (QNT)	%	%
BLK LP Index 2040 Fund (QNF)	%	%
BLK LP Index 2045 Fund (QOP)	%	%
BLK LP Index 2050 Fund (QSZ)	%	%
BLK LP Index 2055 Fund (QYP)	%	%
BLK LP Index 2060 Fund (QJO)	%	%

Let me do it

Pick from any of the funds listed on this form to build your own portfolio that matches your Investment Risk Profile.

	RRSP member allocation	NREG member allocation
SLA 1Yr Guaranteed Fund (012)	%	%
SLA 3Yr Guaranteed Fund (036)	%	%
SLA 5Yr Guaranteed Fund (060)	%	%
SLF Money Market (X21)	%	%
PH&N Bond Fund (U44)	%	%
TDAM Cdn Bond Index Fund (X37)	%	%
B.G. Balanced Fund (U07)	%	%
Invesco Income Growth C (X23)	%	%
B.G. Canadian Equity (U05)	%	%
Fidelity True North Fund (X56)	%	%
SL Dynamic Equity Income (QTO)	%	%
Total Energy Serv Stock (A5V)	%	%
BG American Equity (U21)	%	%
BLK EAFE Equity Index (W45)	%	%
Invesco Global R E Listed (QRY)	%	%
Invesco Global Small Cap (QVC)	%	%
MFS Intl Equity (QON)	%	%
TDAM US Mkt Index Fund (X40)	%	%
Total	100 %	100 %

If the total % does not equal 100%, or if this information is not completed, Sun Life Assurance Company of Canada reserves the right to invest the difference/total in the default fund chosen for the plan by your plan sponsor, which is the BLK LP Index Fund closest to without exceeding your 65th birthday.

9 Your authorization and signature

I require that all future communications, including this application and Group Plan documents, be provided in English.

I understand that for contributions invested in Total Energy Stock Fund, the terms and conditions set out in the Custodial Agreement between the Custodian and my plan sponsor apply.

I understand that for contributions invested in segregated funds or guaranteed funds, the terms and conditions set out in the Group Annuity Policy issued to my plan sponsor by Sun Life Assurance Company of Canada apply.

I acknowledge that by enrolling in this plan, I am bound by the terms of the group savings plan contract* between my plan sponsor and Sun Life Financial Trust Inc., the applicable details of which have been or will be provided or made available to me by Sun Life Financial Trust Inc. or my plan sponsor as part of the enrolment process.

I understand that the funds available in my plan are offered under a group savings plan contract issued to my plan sponsor by Sun Life Financial Trust Inc.

I authorize Sun Life Financial Trust Inc., its agent, Sun Life Assurance Company of Canada, and their agents and service providers, to collect, use and disclose to my plan sponsor, its agents and service providers, my personal information, which may include annual income information, for the purpose of plan administration.

I also authorize Sun Life Financial Trust Inc., its agent, Sun Life Assurance Company of Canada, and their agents and service providers to disclose my personal information to the advisor appointed by my plan sponsor, if any, or to my personal advisor for the purpose of enabling in-plan advisory services.

* Group savings plan contract includes a group annuity policy issued by Sun Life.

Unless I select 'No' below, I agree that my information may be collected, used and shared with the members of the Sun Life Financial group of companies**, their agents and service providers to inform me of other financial products and services that they believe meet my changing needs.

No, I refuse permission.

**The companies in the Sun Life Financial group of companies mean only those companies identified in Sun Life Financial's Privacy Policy for Canada which is available on the Sun Life Financial website, www.sunlife.ca.

Owner Signature

X

Date (dd-mm-yyyy)

10 Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

Group Retirement Services are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

**SUN LIFE FINANCIAL TRUST INC.
GROUP RETIREMENT SAVINGS PLAN
DECLARATION OF TRUST**

Sun Life Financial Trust Inc. (the "Trustee"), a trust company authorized to carry on business under the laws of Canada, hereby declares that it is the trustee of the Sun Life Financial Trust Inc. Group Retirement Savings Plan (the "Plan") established for each individual owner (the "Participant") named on an application (the "Application") for a Plan, on the terms and conditions set out below. The term "Participant" has the same meaning as the term "annuitant" in subsection 146(l) of the Income Tax Act (Canada). The Participant must be an eligible employee or member of the plan sponsor (the "Plan Sponsor") identified on the Application or the spouse of such eligible employee or member. When referring to the spouse of a Participant, the term "spouse" includes any person who is recognized as a spouse or common-law partner for the purposes of any provision of the Income Tax Act (Canada) respecting registered retirement savings plans.

1. REGISTRATION AND COMPLIANCE WITH TAX LEGISLATION

The Trustee, or Agent described in Section 2 below, will apply to register the Plan as a retirement savings plan under the Income Tax Act (Canada) and any applicable provincial income tax legislation relating to retirement savings plans (the Income Tax Act and such applicable provincial legislation are herein collectively called the "Applicable Tax Legislation"). The Plan will at all times comply with or will be amended as soon as practicable to comply with Applicable Tax Legislation. No advantage that is conditional in any way on the existence of the Plan will be extended to the Participant or to a person with whom the Participant is not dealing at arms length, unless such advantage is permitted under the Applicable Tax Legislation.

2. ADMINISTRATION

The Trustee has appointed Sun Life Assurance Company of Canada (the "Agent") as its agent to perform administrative duties relating to the operation of the Plan as agreed to by the Trustee and the Agent. The Trustee remains ultimately responsible for the administration of the Plan. The Plan Sponsor is the agent of the Participant for the purposes of the Plan.

3. CONTRIBUTIONS

The Trustee will accept such contributions in cash and other property as are acceptable to it and made to the Plan by (i) the Participant, (ii) the Plan Sponsor as the agent of the Participant, and (iii) the spouse of the Participant, or the Plan Sponsor as the agent of the spouse of the Participant, if the Plan is a spousal Plan. Contributions to the Plan will be invested in (i) term deposits offered by the Trustee, (ii) group annuity contract(s) issued by Sun Life Assurance Company of Canada, and (iii) other investment options that the Trustee, in its discretion, approves from time to time.

4. INVESTMENTS

The contributions together with any earnings in respect thereof will be held by the Trustee in trust for the Participant and invested in accordance with (i) the terms and conditions of this Declaration of Trust, (ii) the terms and conditions which apply to the investments held in this Plan, and (iii) the provisions of the Applicable Tax Legislation which apply to retirement savings plans. If there is a conflict between the terms of this Declaration of Trust and the terms of the investments in which contributions are made, the terms of this Declaration of Trust will govern. Each contribution received by the Trustee or the Agent, together with earnings in respect thereof, will be invested and reinvested in the permitted investments selected by the Participant or, if applicable, by the Plan Sponsor on the Participant's behalf.

5. PARTICIPANT'S ACCOUNT

The Agent will maintain an account in the name of the Participant to record the amounts to the credit of the Plan.

6. OVERCONTRIBUTIONS

THE PARTICIPANT OR THE PARTICIPANT'S SPOUSE, AS APPLICABLE, IS SOLELY RESPONSIBLE TO ENSURE THAT CONTRIBUTIONS DO NOT EXCEED THE MAXIMUM AMOUNT PERMITTED UNDER APPLICABLE TAX LEGISLATION FOR A TAXATION YEAR. The Trustee or the Agent will, upon receipt of a written application in a form satisfactory to it, refund to the Participant or the Participant's spouse, as applicable, any amount necessary to reduce the amount of tax otherwise payable under Part X.1 of the Income Tax Act (Canada).

7. PURCHASE OF RETIREMENT INCOME AT MATURITY OF PLAN

The Plan can mature on any date specified by the Participant (the "Plan Maturity Date") which is not later than the latest date permitted under the Income Tax Act (Canada) for maturity of registered retirement savings plans (the "Latest Maturity Date"), provided that the Participant may not specify a Plan Maturity Date which is prior to the date of termination of the employment or membership of the Participant or the spouse of the Participant with the Plan Sponsor, as applicable, unless the Agent receives written permission from the Plan Sponsor to terminate the Plan prior to such termination date. On the Plan Maturity Date, the Trustee will liquidate the assets under the Plan and use the proceeds to provide a retirement income, as defined by the Applicable Tax Legislation ("Retirement Income"), for the Participant or to provide to the Participant the full or partial commutation of Retirement Income under the Plan.

The Participant may choose any form of Retirement Income which is permitted by the Applicable Tax Legislation, subject to the following:

- (a) The Retirement Income will be provided by a person (which may be the Trustee or the Agent) qualified under the Applicable Tax Legislation to provide a retirement income.
- (b) Unless otherwise permitted under the Applicable Tax Legislation, an annuity will be payable in equal annual or more frequent payments during its term.
- (c) No annuity will provide for periodic payments in a year after the death of the first annuitant, the aggregate of which exceeds the aggregate of the payments under the annuity in a year before that death.
- (d) Any annuity may not be assigned in whole or in part.
- (e) If the Participant elects an annuity with a guaranteed term, it cannot exceed a term of years equal to 90 minus the Participant's age in whole years at the Plan Maturity Date or, if the Participant's spouse is younger than the Participant and the Participant so chooses, the age of the Participant's spouse in whole years at the Plan Maturity Date.

If the Participant's spouse is the beneficiary under the Plan, he or she will continue to receive the annuity payments. If the Participant's spouse is not the beneficiary under the Plan, any annuity from the Plan will be commuted on the Participant's death and paid in one lump sum to the beneficiary.

The Participant's election of a form of Retirement Income must be received by the Trustee in writing at least 60 days before the Plan Maturity Date which the Participant has chosen. The election must be in sufficient detail to enable the Trustee to provide the chosen Retirement Income. If the Trustee does not receive the Participant's election by November 1st in which the Latest Maturity Date occurs, the Plan Maturity Date will be the last business day of that year and the Trustee may, in its sole discretion, use the proceeds of the Plan to: (i) provide a Retirement Income which satisfies the provisions of this Section 7 or (ii) issue a lump sum payment to the Participant, less any amount required to be withheld for income tax purposes or (iii) transfer the amount to the credit of the Plan to a registered retirement income fund established by the Agent, and the Participant hereby appoints the Agent as its attorney in fact to execute all such documents and make such elections as are necessary to establish and operate the said registered retirement income fund. Upon such transfer, any proceeds of the said registered retirement income fund payable upon the Participant's death shall become payable to the Participant's estate, unless the Participant subsequently designates a beneficiary to receive such proceeds.

No further contributions may be made to the Plan after the Plan Maturity Date. The statement of the Participant's date of birth on the Application will be deemed to be the Participant's certification of his or her age. The Trustee reserves the right to require proof of age before providing a Retirement Income under this Section.

8. DEATH OF PARTICIPANT PRIOR TO PLAN MATURITY

If the Participant dies before the Retirement Income begins, the Trustee will, upon receipt of satisfactory evidence of the Participant's death and all legal documents which the Trustee requests, realize the assets in the Plan. Subject to the deduction of all proper charges, including any applicable income tax, the proceeds of the Plan will be held by the Trustee in trust for payment in a lump sum to the designated beneficiary (where permitted by applicable law) under the Plan. If no beneficiary has been designated, or if the designated beneficiary has predeceased the Participant, or if otherwise required by law, the Trustee will make a lump-sum payment to the legal personal representative of the Participant. No such payment will be made unless and until the Trustee receives such releases and other documents the Trustee requests.

9. DESIGNATION OF BENEFICIARY

Except where provided to the contrary under applicable provincial law, the Participant may only make, change or revoke a beneficiary in a form acceptable to, or prescribed by, the Agent. To be effective, any designation of beneficiary or change or revocation of beneficiary must have been delivered to the Agent before any payment as a result of the death of the Participant has been made on behalf of the Trustee.

10. TRANSFERS TO OTHER PLANS

The Plan, subject to the terms and conditions of each investment in which contributions are then invested and if approved in writing by the Plan Sponsor, may be amended or revised to permit the payment or transfer before the Plan Maturity Date, on the Participant's behalf, of any monies to:

- (a) a registered pension plan for the benefit of the Participant,
- (b) a registered retirement savings plan or registered retirement income fund under which the Participant is the annuitant, or
- (c) a registered retirement savings plan or registered retirement income fund under which the Participant's spouse or former spouse is the annuitant, provided the provisions of the Applicable Tax Legislation are satisfied.

It is specifically provided, however, that, upon the Participant or, in the case of a spousal Plan, the spouse of the Participant ceasing to be an eligible employee or member of the Plan Sponsor, as the case may be:

- (i) no further contributions under the Plan will be accepted by the Trustee after receipt of notice thereof from the Plan Sponsor, and
- (ii) the Participant shall direct the Trustee in writing to amend the Plan to transfer the amount to the credit of the Plan to another issuer, or to another group retirement savings plan established by the Agent, but should the Participant fail to so direct the Trustee within 30 days of the Participant ceasing or, in the case of a spousal Plan, the spouse of the Participant ceasing to be an eligible employee or member of the Plan Sponsor, as the case may be, or such other period as agreed to between the Plan Sponsor and the Trustee, the Trustee shall be entitled, in its sole discretion, to amend the Plan to transfer such amount to an individual retirement savings plan established by the Agent under another group retirement savings plan under which the Participant is the annuitant and for which the Agent shall apply for registration. The Participant hereby appoints the Agent as its attorney in fact to execute all such documents and make such elections as are necessary to establish and operate the said registered retirement savings plan. Upon such transfer, any proceeds payable on the Participant's death shall become payable to the Participant's estate, unless the Participant subsequently designates a beneficiary to receive such proceeds.

11. WITHDRAWALS

The Participant may not withdraw any portion of the amount to the credit of the Plan prior to the Plan Maturity Date unless the Agent receives written permission from the Plan Sponsor. Any such withdrawal will be subject to the deduction of all proper charges, including any applicable income tax.

12. FEES AND EXPENSES

The Trustee and its Agent will be entitled to receive such fees and administration charges for their services hereunder as they, in their absolute discretion, will determine from time to time. In addition, they will be entitled to reimbursement of all disbursements such as postage, delivery charges, taxes, etc. incurred by them in the performance of their respective duties hereunder, and to a fee for any exceptional services performed hereunder. However, the Trustee is not entitled to reimbursement from the Plan or the Member for any charges, taxes or penalties imposed under Applicable Tax Legislation as issuer of a retirement savings plan. The Trustee or its Agent may deduct the amount of any such fees, charges or reimbursements from the Participant's account and to do so may, in their absolute discretion, realize or cause to be realized assets of the Plan to provide such fees, charges and disbursements. Notice of any change of fees and expenses will be given to the Plan Sponsor as agent of the Participant.

13. AMENDMENTS

The Plan may be amended only by the Trustee, with the concurrence of the authorities administering the Applicable Tax Legislation. No amendments may be made which would disqualify the Plan as a registered retirement savings plan under the Applicable Tax Legislation. Amendments made to ensure that the Plan complies with the Applicable Tax Legislation will be effective when made and without notice thereof to the Participant or the Plan Sponsor. Written notice of all other amendments will be given to the Participant and the Plan Sponsor. Unless otherwise required by law, each such amendment will be effective when made, regardless of when notice is given to the Participant and the Plan Sponsor.

14. NOTICES

Any notice, statement, payment, confirmation or receipt required to be given to the Participant by the Plan Sponsor, Trustee or Agent will be sufficiently given if delivered personally, sent by fax, electronic transmission (if permitted), or mailed, postage prepaid, and addressed to the Participant at the address of the Participant last known to the Agent in connection with the Plan, and will be deemed to have been given at the time of delivery or on the date of mailing it was mailed, faxed or transmitted electronically, as the case may be. Any notice required to be given to the Trustee or Agent hereunder will be in writing and will be delivered personally, sent by fax, electronic transmission, or mailed, postage prepaid and addressed to the Agent at its principal office in Toronto, Ontario and will be deemed to have been given on the date it is received by the Agent at its principal office in Toronto, Ontario. Any notice required to be given to the Plan Sponsor by the Trustee or Agent hereunder will be sufficiently given if delivered personally, sent by fax, electronic transmission, or mailed, postage prepaid, and addressed to the Plan Sponsor at the address of its principal office in Canada last known to the Agent in connection with the Plan, and will be deemed to have been given at the time of delivery or on the date it was mailed, faxed or transmitted electronically, as the case may be.

15. GOVERNING LAW

This Declaration of Trust will be construed and enforced in accordance with the laws of the province shown in the address of the Participant on the application.

16. INDEMNITY

The Participant, and the successors, executors and administrators of the Participant will at all times indemnify and save harmless the Trustee and its Agent in respect of any taxes, assessments or other charges levied or imposed by any governmental authority upon or in respect of the Plan. The Trustee or its Agent will be entitled to and will be fully protected in acting upon any instrument, certificate, notice or other writing believed by the Trustee or its Agent to be genuine and to be signed or presented by proper person(s). The Trustee and its Agent will be under no duty to make any investigation or enquiring as to any statement contained in any such writing and will be entitled to accept the same as conclusive evidence of the truth and accuracy of the statement contained therein. When the Plan is terminated and the proceeds are withdrawn, the Trustee and its Agent will be released and discharged from any further responsibility or obligation in connection therewith. Except as otherwise provided herein, the Trustee and its Agent will not be liable for any loss incurred by the Plan, by the Participant or any beneficiary under the Plan, unless due to the negligence, wilful misconduct or lack of good faith of the Trustee and its Agent. This indemnity does not apply with respect to charges, taxes or penalties imposed on the Trustee under Applicable Tax Legislation as issuer of a retirement savings plan.

17. SUCCESSOR TRUSTEE

The Trustee or any successor trustee of the Plan may resign as a trustee by giving the Agent and the Plan Sponsor at least 30 days' prior written notice. The Agent may remove the Trustee upon giving the Trustee at least 30 days' written notice. Prior to resigning, the Trustee will appoint the replacement trustee designated by the Agent. No change in trustee may result in disqualifying the Plan as a registered retirement savings plan within the meaning of the Applicable Tax Legislation.

18. TERMINATION OF PLAN SPONSORSHIP

Should the Plan Sponsor cease to act as agent of the Participant for the purposes of the Plan, no further contributions may be made in respect of the Participant. Such action will not affect any annuity which has commenced before that date under the Plan or the amount to the credit of Plan.

19. LOCKED-IN RSPs

When contributions to the Plan are locked-in pursuant to provincial or federal pension legislation, the Participant will be governed by a locking in agreement or locked-in retirement account addendum, as applicable, in the form provided by the Trustee when the Participant executes the Application or as soon as practicable thereafter. The terms of such locking-in agreement or addendum will override any contrary provisions in this Declaration of Trust.



Employee Referral Bonus Program Form

Referring Employee's Name	Referring Employee's Division and Position
Referred Applicant's Name	Referred Applicant's Division and Position (<i>HR Use Only</i>)
Date Submitted	Briefly describe how the referred employee is known to you
"Hot Job" Eligible? (circle one)	<u>YES</u> <u>NO</u>

Please note: Referral Forms must be sent to your Crew Coordinator for verification.

Your Crew Coordinator will send all completed submission requests to Human Resources via e-mail to: SWSCA-HumanResources@savannawellservicing.com which must be accompanied by the referred employees' resume.

For e-mail submissions, please enter "Employee Referral - [Enter Referred Employee's Name]" in the subject line.

(For example, "Employee Referral - John Smith")

Referrals are subject to the terms and conditions of the Employee Referral Program. This policy is available on Savnet or through your HR Representative.

Any submission requests will be paid out within thirty (30) days of the referred employee completing the payment eligibility requirements.

If you may have any inquiries about this program, you may send an e-mail to: SWSCA-HumanResources@savannawellservicing.com

Crew Coordinator Name and Signature	Date
HR Manager Name and Signature	Date

2024

January						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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31						

April						
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28	29	30				

May						
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June						
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July						
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August						
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September						
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29	30					

October						
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27	28	29	30	31		

November						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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December						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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22	23	24	25	26	27	28
29	30	31				

Pay Day

Statutory Holidays

Pay Period Cut Off



Savanna Well Servicing Inc.
Suite 1000, 734 7th Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

**2024 GENERAL HOLIDAYS
(Field Employees only)**

Monday, January 1, 2024	New Year's Day (2024)
Monday, February 19, 2024	Family Day (AB, BC, and SK)
Friday, March 29, 2024	Good Friday
Monday, May 20, 2024	Victoria Day
Monday, July 1, 2024	Canada Day
Monday, August 5, 2024	Heritage Day (<i>Observed Civic Holiday</i>)
Monday, September 2, 2024	Labour Day
Monday, September 30, 2024	National Day for Truth and Reconciliation (BC)
Monday, October 14, 2024	Thanksgiving Day
Monday, November 11, 2024	Remembrance Day
Wednesday, December 25, 2024	Christmas Day
Wednesday, January 1, 2025	New Year's Day (2025)