

Application for membership in a retirement savings plan

Return to Great-West Life, Group Retirement Services

1-800-724-3402

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

| | |
|-------------------------------|--------------------|
| Name of employer/plan sponsor | Policy/plan number |
|-------------------------------|--------------------|

SECTION 2 – APPLICANT INFORMATION (please print)

The applicant is applying for:

| | | |
|--|--------|--|
| <input type="checkbox"/> Personal RSP – the applicant is the owner and person contributing to the plan. Do not complete section 3. ID number _____ (completed by London Life) | AND/OR | <input type="checkbox"/> Spousal RSP – the applicant is the owner and the applicant's spouse/common-law partner is the person contributing to the plan. Section 3 must be completed. ID number _____ (completed by London Life) |
|--|--------|--|

| | | | | | |
|-----------|----------------|------------|---|-------------------|--|
| Last name | Middle initial | First name | <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/common-law partner of employee | Division/subgroup | Identification/employee number (if applicable) |
|-----------|----------------|------------|---|-------------------|--|

| | | | | |
|--------------------------------------|-----------------------------|--|--|--|
| Social insurance number - - - - - | Date of birth yyyy mm dd | <input type="checkbox"/> Male <input type="checkbox"/> Female | Language preference <input type="checkbox"/> English <input type="checkbox"/> French | Email address Required for online access to your account and to email you information about your plan or services connected with it |
|--------------------------------------|-----------------------------|--|--|--|

Applicant authorizes use of his/her social insurance number for tax reporting, identification and record keeping

Address (apt. no., street no., street)

| | | | | |
|------|----------|-------------|---------------------------------|--------------------------------------|
| City | Province | Postal code | Telephone no. - - - - - Ext. | Alternate telephone no. - - - - - |
|------|----------|-------------|---------------------------------|--------------------------------------|

SECTION 3 – RSP SPOUSAL CONTRIBUTOR INFORMATION

| | | | |
|--|------------|--------------------------------------|---------------------------------|
| Last name of contributing employee/contributor | First name | Social insurance number - - - - - | ID/employee number - - - - - |
|--|------------|--------------------------------------|---------------------------------|

SECTION 4 – ISSUER INFORMATION

The Great-West Life Assurance Company and key design are trade-marks of The Great-West Life Assurance Company (Great-West), used under licence by London Life Insurance Company (London Life) for the promotion and marketing of insurance products. London Life is a subsidiary of Great-West. The group retirement, savings and annuity product(s) described in this application are issued by London Life.

SECTION 5 – BENEFICIARY INFORMATION

Primary beneficiary(ies)

| Last name | First name | Relationship of beneficiary to applicant | | | | % of benefit |
|-------------------|------------|--|--------------------------|--------------------------|-----------------------------|--------------|
| | | Select box below | | OR Specify under Other | | |
| | | Married | Common-law | Quebec civil union | Other (child, friend, etc.) | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <i>Total 100%</i> | | | | | | |

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, his/her share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to my estate.

Contingent beneficiary(ies)

| Last name | First name | Relationship of beneficiary to applicant | % of benefit |
|-------------------|------------|--|--------------|
| | | | |
| | | | |
| <i>Total 100%</i> | | | |

Where permitted by law, these designations are for all benefits payable under the plan(s) unless pension legislation requires payment to your eligible spouse or common-law partner.

All beneficiary designations are revocable **except**:
 where a *Designation of irrevocable beneficiary* form is completed
 where Quebec law applies and you have designated your married or civil union spouse as your beneficiary - read the box below.

Where Quebec law applies:

If you designate your married or civil union spouse as your beneficiary, he/she will be irrevocable unless you check the box below. If not, restrictions will apply, unless you obtain the consent of your spouse. For example, you will be prevented from changing your beneficiary, making withdrawals (where permitted) or exercising certain other rights.

I designate my married or civil union spouse as my revocable beneficiary.

Where a person who lacks legal capacity or a minor beneficiary resides in Quebec - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator, unless a valid trust has been established for the benefit of the minor, by will or by separate contract, to receive any such payment and the Issuer has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, you should seek legal advice.**

Application for membership in a retirement savings plan (continued)

SECTION 6 – TRUSTEE APPOINTMENT
(to be completed if any of the beneficiaries are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)

If a formal trust does not exist, I hereby appoint:

| Full name of trustee being appointed (last name, then first): | Trustee for (indicate beneficiary name) | Relationship of trustee to applicant: |
|--|--|---------------------------------------|
| | | |
| | | |
| | | |

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan(s) who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges London Life to the extent of the payment. I authorize the trustee in his or her sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan(s). The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, London Life or its affiliated financial institutions. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

SECTION 7 – PAYROLL DEDUCTION AUTHORIZATION (complete for Personal RSPs where payroll authorization is applicable)

I authorize my employer to deduct _____ from each pay.

SECTION 8 – INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment instructions for member contributions. If applicable, the same instruction will apply to employer contributions. The Issuer offers a selection of both guaranteed and variable investments. **Contributions directed to variable investments are not guaranteed and will increase or decrease in value.** If instructions are not received, contributions will be invested in the default investment.

| Name of investment and/or code | Percentage | Name of investment and/or code | Percentage |
|--------------------------------|------------|--------------------------------|------------|
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |

Total allocation must equal 100%

SECTION 9 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Issuer, the applicant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicant's personal information to: process this application and provide, administer and service the plan applied for (including service quality assessments by or on behalf of the Issuer); advise the applicant of products and services to help the applicant plan for financial security; investigate, if required, and pay benefits under the plan; create and maintain records concerning our relationship as appropriate; and, fulfil such other purposes as are directly related to the preceding. The Issuer may use service providers within or outside Canada. Personal information concerning the applicant will only be available to the applicant, plan sponsor, pension and related government authorities, the Issuer, its affiliates, and any duly authorized employees, agents and representatives of the Issuer or its affiliates, within or outside Canada, for or related to the purpose of the plan, except as otherwise may be required, authorized or allowed by law or legal process, or by the applicant. In all cases, availability is subject to lawful determination by the Issuer. Personal information is collected, used, disclosed, or otherwise processed or handled in accordance with governing law, including applicable privacy legislation, and the applicant's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.

SECTION 10 – APPLICATION FOR REGISTRATION

I apply for membership in the retirement savings plan(s) and authorize the plan sponsor to act as my agent for the purpose of the plan(s). I request that London Life Insurance Company (the "Issuer") apply to register the plan(s) as registered retirement savings plan(s) under the Income Tax Act (Canada) and any similar provincial law. If locked-in pension funds are transferred to the plan(s), I agree and acknowledge that such funds will be governed by the locked-in retirement account endorsement, locked-in retirement savings plan endorsement or restricted locked-in savings plan endorsement, as applicable (the "locked-in endorsement"), which will form part of the plan(s) and will override the terms of the retirement savings plan certificate issued to the member to the extent of any inconsistency between the certificate and the endorsement.

SECTION 11 – SIGNATURE

I confirm the instructions, designations and appointment on this form. I am aware of the reasons the information covered by my authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the Issuer collecting, using, and disclosing personal information concerning me for the purposes outlined in the Confidential Information File section. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. My authorizations and consents will begin the date this application is signed and end when no longer required. My authorizations and consents may be revoked at any time by either written or electronic notification to the Issuer, subject to legal and contractual considerations. A reproduction of my authorizations and consents will be as valid as the original. If I cease to be eligible to participate in the plan(s) and do not make an election in accordance with the terms of the plan(s), the Issuer is authorized to exercise transfer or withdrawal options provided in the plan(s), and I hereby appoint the Issuer as my agent for this and any related purpose.

Signature of applicant

Date

RSP contribution details

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Complete this form when all or a portion of contributions are being directed to a spousal plan.

To be completed and signed by the person who is making the contribution (the employee) to the retirement savings plan.

Please print.

EMPLOYER/PLAN SPONSOR INFORMATION

| | |
|-------------------------------|--------------------|
| Name of employer/plan sponsor | Policy/plan number |
| | |

SPOUSAL RSP MEMBER INFORMATION (owner of the plan)

| | | | |
|-----------|---------|------------|-------------------------|
| Last name | Initial | First name | Social insurance number |
| | | | - - |

CONTRIBUTING EMPLOYEE

| | | | |
|-----------|---------|------------|-------------------------|
| Last name | Initial | First name | Social insurance number |
| | | | - - |

Payroll deduction authorization

The contributing employee authorizes his/her employer to deduct the following from each pay.

Direction of contributions – The direction given on this form will apply to **future** contributions only and will remain in effect until we are advised otherwise. This direction will apply to any contribution the employer/plan sponsor allows to be split. Please see your plan administrator if you have any questions regarding which contributions can be split.

Please choose one of the following:

100% to the Spousal RSP, Identification number _____ (completed by London Life)
 (My spouse/common-law partner is the owner of the plan.)

Split my contributions between my Personal RSP and the Spousal RSP (total allocation must equal 100%)*

_____ % Personal RSP, Identification number _____ (completed by London Life)
 (I am the owner of the plan.)

_____ % Spousal RSP, Identification number _____ (completed by London Life)
 (My spouse/common-law partner is the owner of the plan.)

*Lump sum contributions may be applied differently than indicated above. When the contribution is sent in the instructions must be clearly indicated. If no instructions are received, the contribution will be applied according to the instructions on this form.

Signature of contributing employee

Date

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company (the issuer), a subsidiary of Great-West.