

Application for membership in a deferred profit sharing plan

Return to Great-West Life, Group Retirement Services

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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SECTION 2 – APPLICANT INFORMATION (please print)

In accordance with the Income Tax Act (Canada), the following persons may **not** become members of the plan: 1) a person related to the employer; 2) a person who is, or is related to, a specified shareholder of the employer or of a corporation related to the employer; 3) where the employer is a partnership, a person related to a member of the partnership; or 4) where the employer is a trust, a person who is, or is related to, a beneficiary under the trust.

Last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Division/subgroup
Applicant's address (apt. no., street no., street)		City	Province	Postal code
Social insurance number - - - - -		Marital status <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Quebec civil union <input type="checkbox"/> Single <input type="checkbox"/> Other	Identification/employee number	Telephone number () -
Applicant authorizes use of his/her social insurance number for tax reporting, identification and record keeping.		Language preference <input type="checkbox"/> English <input type="checkbox"/> French		
Date of birth yyyy mm dd	Date of employment yyyy mm dd	Date joined plan yyyy mm dd	E-mail address	

SECTION 3 – IMPORTANT INFORMATION

Great-West Life Group Retirement Services is a division of The Great-West Life Assurance Company (Great-West Life) and its subsidiaries, London Life Insurance Company (London Life) and The Canada Life Assurance Company (Canada Life). Administrative services for the plan are provided by London Life, agent of Investors Group Trust Co. Ltd. Investors Group Trust Co. Ltd. is the Trustee of the plan. Where the Trustee has applied for a group annuity contract with one or more insurers on behalf of the employer/plan sponsor, Great-West Life, London Life and Canada Life are the respective issuers of the insurance policies for the plan. London Life and their affiliated companies operate using shared staff and computer systems and may share information about the applicant's securities and insurance holdings and the applicant's account for record-keeping purposes between companies and third-party service providers. Securities are subject to fluctuations in market value and are not insured by Canada Deposit Insurance Corporation (CDIC), the Régie d'assurance-dépôts du Québec, any other government deposit insurer or the Canadian Life and Health Insurance Compensation Corporation and are not guaranteed by London Life or its affiliates.

SECTION 4 – BENEFICIARY INFORMATION (NOT APPLICABLE TO ASSETS INVESTED IN STOCK IF THE APPLICANT RESIDES IN QUEBEC. LEGAL ADVICE SHOULD BE SOUGHT ABOUT NAMING A BENEFICIARY OR LEGATEE IN YOUR WILL)

Where permitted by law, these designations are for all benefits payable under the plan upon or following the applicant's death.

All beneficiary designations are revocable **except** a designation where:

- a *Designation of irrevocable beneficiary* form is completed; or
- the **Civil Code of Quebec** applies and the beneficiary is the applicant's spouse (designated without stipulation of revocability) – see box below.

- Where the Civil Code of Quebec applies, any designation of an applicant's spouse as beneficiary is irrevocable unless the applicant stipulates the designation to be revocable by checking the box below** ("spouse" here means married or civil union spouse). Where a beneficiary designation is irrevocable and while that beneficiary is living, the applicant may not, without the consent of the beneficiary (who must be of legal age to give consent), alter or revoke the designation, assign, surrender, exercise certain rights under or in respect of, or otherwise deal with the contract.
☐ I, as applicant, stipulate that whenever in this application my spouse (see above definition) is designated as beneficiary, that designation is **revocable**.
- Where 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, will be paid to his/her tutor(s), unless a valid trust has been established for the benefit of the minor, by will or by separate contract, to receive the benefits and the agent has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. **Legal advice should be sought.**

Please provide the name of the trustee: _____

I hereby appoint the following primary beneficiary(ies) to receive proceeds in the event of my death. I reserve the right to revoke any and all revocable beneficiary designations. I also understand that beneficiary choices may, among other things, affect any possibility of creditor protection for the plan. Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to my surviving beneficiaries in equal shares, or if there is no surviving beneficiary, to my contingent beneficiary(ies). If there is no appointed or surviving contingent beneficiary(ies), the entitlement will revert to my estate/successors.

Last name	First name	Relationship to applicant	% of distribution	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Minor <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total 100%		

Contingent beneficiary(ies) – If all of the primary beneficiaries die before me, the death benefit set out in the plan is to be paid to:

Last name	First name	Relationship to applicant	% of distribution	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Minor <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total 100%		

Application for membership in a deferred profit sharing plan (continued)

SECTION 5 – TRUSTEE APPOINTMENT (to be completed if beneficiary is a minor or otherwise lacks legal capacity and does not reside in Quebec)

Please complete this trustee appointment section if any of the primary or contingent beneficiaries are minors or otherwise lack legal capacity to receive the proceeds (not required if the applicant has already completed a trust agreement). If the applicant wishes to name different trustees for different beneficiaries, please complete the *Addendum to designation of revocable beneficiary/ trustee appointment form*.

The applicant appoints the trustee to receive, in trust, all benefits payable to any beneficiary designated under this plan 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 the Trustee and London Life to the extent of the payment. The applicant authorizes 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. 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. The applicant directs the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. The applicant or the applicant's personal representative may by writing appoint a new trustee to replace the former trustee.

Last name of trustee	First name	Relationship to applicant
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SECTION 6 – INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment instructions if the employer/plan sponsor has given members the right to make the investment decision for the contributions. If no election is made, contributions will be invested in the default investment option.

If the investments available to the applicant include directly held stock of the employer, also complete the *Additional Member Information form*.

Name of investment and/or identifier	Percentage	Name of investment and/or identifier	Percentage
	%		%
	%		%
	%		%
	%		%
	%		%

Total allocation must equal 100%

SECTION 7 – CONFIDENTIAL INFORMATION FILE

The Trustee will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Trustee, the applicant may exercise rights of access to, and rectification of, the file. The Trustee 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 Trustee); 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 Trustee 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 Trustee, their affiliates, and any duly authorized employees, agents and representatives of the Trustee or their 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 Trustee. 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.

SECTION 8 – SIGNATURE

The applicant confirms the instructions, designations and appointment on this form. The applicant is aware of the reasons the information covered by the applicant's authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. The applicant authorizes and consents to the Trustee collecting, using, and disclosing personal information concerning the applicant 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. The applicant's authorizations and consents will begin the date this application is signed and end when no longer required. The applicant's authorizations and consents may be revoked at any time by either written or electronic notification to the Trustee, subject to legal and contractual considerations. A reproduction of the applicant's authorizations and consents will be as valid as the original. The Trustee may accept instructions from the applicant or in such form or through such media as may be determined from time to time. The applicant consents to the taping of any telephone calls between the applicant and the Trustee or its agent. Where the Trustee has applied for a group annuity contract with one or more of the insurers, the applicant hereby appoints the Trustee as the applicant's exclusive and irrevocable agent for purposes of transmitting instructions and otherwise dealing in any way with respect to the applicant's interest in such contract(s). The applicant hereby instructs the Trustee to deliver a copy of this appointment to the insurer(s) and to direct contributions to the applicable insurer and contract. The Trustee reserves the right to review any trades or transactions prior to their entry to the applicable market and has the right to reject any order entered by the applicant or to cancel any trade resulting from an order entered by the applicant. The applicant certifies that the information provided in this application is true and complete and that the Trustee may rely upon it until changed. The Trustee and its agent are authorized to use the information collected and provided as part of this application in the opening of other account types as may be made available by it to the applicant through their plan sponsor. If, upon termination of employment, the applicant makes no election within the prescribed time period, the applicant hereby appoints the Trustee to act as the applicant's agent to exercise any transfer option available under the plan and as permitted by the Income Tax Act (Canada).

Signature of applicant

Date