

# Application for membership in a retirement savings plan

Return to

## SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

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

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

The applicant is applying for a **Personal RSP AND/OR Spousal RSP** as indicated below:

- ☐ **Personal RSP** (The applicant is the owner and contributing employee/contributor to the plan.)  
ID number \_\_\_\_\_ (completed by London Life)
- ☐ **Spousal RSP** (The applicant is the owner and the spouse/common-law partner is the contributing employee/contributor to the plan. Complete the Contributor Information section.) ID number \_\_\_\_\_ (completed by London Life)

## SECTION 3 – CONTRIBUTOR INFORMATION

Complete for Spousal RSPs only.

Last name of contributing employee/contributor	First name	Social insurance number	ID/employee number
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## SECTION 4 – ISSUER INFORMATION

The Great-West Life Assurance Company & key design is a trade-mark 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

In this section the applicant can name a beneficiary. The person or persons named below will receive the death benefit under the plan(s), subject to applicable pension legislation which may require payment to the applicant's spouse or common-law partner.

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 Issuer 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(s). 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	Minor
				<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(s) is to be paid to:

Last name	First name	Relationship to applicant	% of distribution	Gender	Minor
				<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 retirement savings plan (continued)

### SECTION 6 – 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 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. 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(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. 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

### SECTION 7 – PAYROLL DEDUCTION AUTHORIZATION

This section to be completed by the contributing employee:

- ☐ **Personal RSP only:** I authorize my employer to deduct \_\_\_\_\_ from each pay.
- ☐ **Spousal RSP only:** Complete the RSP contribution details form.
- ☐ **Both a Spousal and Personal RSP:** Complete the RSP contribution details form.

### 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 investments and variable investment funds. **Contributions directed to variable investment funds are not guaranteed and will increase or decrease in value according to fluctuations in the market value of the assets.** If no election is made, contributions will be invested in the default investment option.

Name of fund and identifier	Percentage	Name of fund and identifier	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, their affiliates, and any duly authorized employees, agents and representatives of the Issuer 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 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

The applicant applies for membership in the retirement savings plan(s) and authorizes the plan sponsor to act as his/her agent for the purpose of the plan(s). The applicant requests 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), the applicant agrees and acknowledges 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

The applicant confirms the instructions, designations and appointment on this form. The contributing employee authorizes the payroll deduction for contributions to the Spousal RSP. 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 Issuer 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 Issuer, subject to legal and contractual considerations. A reproduction of the applicant's authorizations and consents will be as valid as the original. If the applicant ceases to be eligible to participate in the Plan and does not make an election in accordance with the Plan terms, the Issuer is authorized to exercise transfer or withdrawal options provided in the Plan, and the applicant hereby appoints the Issuer as the applicant's agent for this and any related purpose.

Signature of applicant

Date

Signature of contributing employee/contributor (Spousal RSPs only)

Date

## RSP contribution details for membership in a retirement savings plan

**Do not complete this form if the application is for a Personal RSP only.** It is to be completed by the contributing employee indicated in the Contributor Information section of the *Application for membership in a retirement savings plan*, when the employee is contributing to a Spousal RSP only or to both a Personal and Spousal RSP.

Please print.

### EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor

Policy/plan number

### CONTRIBUTING EMPLOYEE

Last name

Middle initial

First name

Social insurance number

### Section 1 – Payroll deduction authorization

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

\_\_\_\_\_

### Section 2 – 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% Contribution – Spousal RSP, Identification number \_\_\_\_\_ (completed by London Life)  
(My spouse/common-law partner is the owner of the plan.)

☐ Split Contribution – Personal/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