



This direction will be applicable to **all** contributions controlled by the member.

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.

Use this form to:

- Change your payroll deduction amount
- Change your investment instructions for future contributions
- Transfer between funds
- Reinvest maturing guaranteed investment funds
- Make a lump sum contribution

Contract Holder (Employer): ALBERTA TEACHERS' ASSOCIATION Group/Policy Number: _____
 Member Name: _____ Certificate Number (if known): _____
 Business Telephone No.: (____) ____ - _____ Ext. _____ Home Telephone No.: (____) ____ - _____

SECTION 1 CHANGE OF PAYROLL DEDUCTION AUTHORIZATION

I authorize the Contract Holder to change my payroll deduction to ____ % or \$ _____ per _____ (frequency) effective _____ (Day / Month / Year).

SECTION 2 INVESTMENT ALLOCATION INSTRUCTIONS FOR NEW CONTRIBUTIONS

Change future contributions effective _____ (date)

I authorize the Contract Holder to direct London Life Insurance Company to allocate my contributions to my RSP account as follows:

Percentage	Name of Fund or Identifier	Percentage	Name of Fund or Identifier
_____ % To	_____	_____ % To	_____
_____ % To	_____	_____ % To	_____
_____ % To	_____	_____ % To	_____
_____ % To	_____	_____ % To	_____

Total allocation must equal 100%.

Leave existing investments in the funds in which they are currently invested.

OR Change existing investments in the funds in which they are currently invested (must complete Section 2 – **Transfer Between Funds**).

SECTION 3 TRANSFER BETWEEN FUNDS

- Transfer will be processed upon receipt of this Change of Member Instructions form by Great-West.
- For large transfers from or to an individual fund, there may be up to a 5 day delay in processing the transaction to allow the fund manager to liquidate assets for the transfer.
- Transferring of guaranteed investment funds prior to maturity may result in values less than contributions plus interest.

Percentage	Name of Fund or Identifier	Percentage	Name of Fund or Identifier
_____ % From	_____	To _____ %	_____
_____ % From	_____	To _____ %	_____
_____ % From	_____	To _____ %	_____
_____ % From	_____	To _____ %	_____
_____ % From	_____	To _____ %	_____
_____ % From	_____	To _____ %	_____

Total allocation must equal 100%.

Change of Member Instructions (continued)

SECTION 4 MATURING GUARANTEED INVESTMENT ACCOUNTS

Future maturing Guaranteed Investment Accounts will automatically reinvest for a like term unless you complete this section. The following investment instructions shall apply with respect to my future maturing Guaranteed Investment Accounts, until changed by me in writing.

	Percentage	Fund name or identifier
Funds maturing in _____ are to be reinvested as follows:	_____ % to	_____
	_____ % to	_____
	_____ % to	_____
	_____ % to	_____

Total allocation must equal 100%.

	Percentage	Fund name or identifier
Funds maturing in _____ are to be reinvested as follows:	_____ % to	_____
	_____ % to	_____
	_____ % to	_____
	_____ % to	_____

Total allocation must equal 100%.

SECTION 5 ADDITIONAL (LUMP SUM) CONTRIBUTION ONLY

I authorize London Life Insurance Company to deposit \$_____ as a lump sum contribution to:

- my RSP account my spouse's RSP account

The source of this contribution is a **new RSP contribution** (my cheque payable to London Life Insurance Company is attached).

Please invest this contribution as follows:

- According to my (or my spouse's) current investment allocation instructions.
 According to the following special instructions for this contribution only:

Percentage		Name of Fund or Identifier	Percentage		Name of Fund or Identifier
_____ %	To	_____	_____ %	To	_____
_____ %	To	_____	_____ %	To	_____
_____ %	To	_____	_____ %	To	_____
_____ %	To	_____	_____ %	To	_____

Total allocation must equal 100%.

I authorize the Contract Holder to direct London Life Insurance Company to make the changes I have specified herein.

Signature of member _____ Date _____

Signature of spouse (only required if contributions are directed to a spouse **and** special investment instructions apply) _____ Date _____

Please return your completed form to:

Capital Estate Planning
4222 – 97 Street
Edmonton, AB T6E 5Z9
Telephone: 1-800-661-8755 / (780) 463-6128
Fax: 780-462-7523
Email: strategies@capitalestateplanning.com
Web: www.capitalestateplanning.com