

**PRE-AUTHORIZED CONTRIBUTION AGREEMENT
NON-REGISTERED SAVINGS PLAN (NRSP)**
(automatic monthly withdrawals from your bank account)

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

(please print)

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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IMPORTANT INFORMATION – If you enrolled in this plan on or after June 23, 2008 and wish to make ongoing contributions, you must also complete a Personal identification process. The process must be complete before pre-authorized payments can begin or a new lump sum deposit can be accepted. If you have not already completed the identification process, a Personal identification package can be obtained by accessing our website at www.grsaccess.com or by calling *Access Line* at 1-800-724-3402. Your enrolment date can be found on your member statement, referenced as *Date you joined this plan* or by logging on to our website at www.grsaccess.com, referenced as *Your date of membership*.

Last name	Initial	First name	Certificate / Social insurance number
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Telephone # Home () - Business () -

PART A - Complete this section to START or CHANGE pre-authorized contributions

Name of Accountholder _____

Name of Bank _____

Branch Address _____

Account No. _____

The withdrawal date will be the 15th day of each month (or the first business day following). Withdrawals will begin on the first withdrawal date following receipt of this form, as outlined below.

IMPORTANT: Attach a "VOID" cheque to this form for new or changed banking information.

I hereby authorize London Life Insurance Company to withdraw \$ _____ (minimum \$25.00) from my bank account on a monthly basis.

PART B – Complete this section to STOP pre-authorized contributions

I would like to cancel my pre-authorized contribution agreement. Please stop payments. I understand that I will need to submit new instructions to resume pre-authorized contributions.

PART C – Authorization – always complete this section

This authorization replaces all previous instructions. The completed authorization must be mailed to the following address. The authorization must be received at this address at least 5 business days prior to the 15th of the month in order to be effective for the same month.

Signature of Authorized Bank Accountholder _____

Joint Signature (if required) _____

Member Signature if not Bank Accountholder _____

Date _____

To speak to a bilingual client service representative, please call *Access Line* at 1-800-724-3402.

RETURN TO:
Great West Life
c/o Capital Estate Planning Corp.,
4222 – 97 Street NW
Edmonton, Alberta T6E 5Z9