

Return to Great-West Life, Group Retirement Services

**SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION**

Name of employer/plan sponsor <b>THE ALBERTA TEACHERS ASSOCIATION</b>	Policy/plan number
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**SECTION 2 – ISSUER INFORMATION**

This tax-free savings account is issued by London Life Insurance Company (London Life), 255 Dufferin Avenue, London, Ontario N6A 4K1. London Life is a subsidiary of The Great-West Life Assurance Company. 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 for the promotion and marketing of insurance products.

**SECTION 3 – HOLDER/MEMBER INFORMATION (please print)**

Last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Division / subgroup
Social insurance number  Holder authorizes use of his/her social insurance number for tax reporting, identification and record keeping	Date of birth yyyy mm dd Must be 18 or older	Identification / employee number	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	
Address (apt. no., street no., street, city, province and postal code)			Telephone number ( ) -	E-mail address

**SECTION 4 – SUCCESSOR HOLDER/SUCCESSOR MEMBER INFORMATION**

After death of the holder, is the holder's spouse or common-law partner (if living and the holder's spouse or common-law partner at the time of death) to become the successor holder and acquire all rights of the holder?  Yes  No If no, proceed to section 5.

If yes, complete the following:

Spouse or common-law partner's last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social insurance number	Date of birth yyyy mm dd
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Note: if a spouse or common-law partner has been appointed as successor holder, that person should not be named as beneficiary under section 5 (although another beneficiary may be appointed) and an irrevocable beneficiary cannot be appointed. The above successor holder appointment may be revoked at any time.

**SECTION 5 – BENEFICIARY INFORMATION**

These designations are for all benefits payable under the plan and 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 holder's spouse (designated without stipulation of revocability) – see box below.

This section is for Quebec only – Where the Civil Code of Quebec applies, any designation of an holder's spouse as beneficiary is irrevocable unless the holder stipulates the designation to be revocable by checking the box below ("spouse" here means married spouse or civil union spouse). Where a beneficiary designation is irrevocable and while that beneficiary is living, the holder 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 rights under or in respect of, or otherwise deal with the contract.

I, as holder, stipulate that whenever in this application my spouse (see above definition) is designated as beneficiary, that designation is revocable.

Beneficiary in the event of death of the holder (if more than one beneficiary, total distribution must equal 100%).

I reserve the right to revoke any and all revocable beneficiary designations.

Last name of beneficiary	First name	Relationship to holder	% of distribution	<input type="checkbox"/> Male <input type="checkbox"/> Female	Minor <input type="checkbox"/> Yes <input type="checkbox"/> No
Last name of beneficiary	First name	Relationship to holder	% of distribution	<input type="checkbox"/> Male <input type="checkbox"/> Female	Minor <input type="checkbox"/> Yes <input type="checkbox"/> No

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. If there is no appointed or surviving contingent beneficiary, the entitlement will revert to my estate/successors.

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

Last name of contingent beneficiary	First name	Relationship to holder	<input type="checkbox"/> Male <input type="checkbox"/> Female	Minor <input type="checkbox"/> Yes <input type="checkbox"/> No
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Minor beneficiary or contingent beneficiary appointment – If the beneficiary is a minor, or otherwise lacks legal capacity, complete the Trustee Appointment section (not required if there is a written trust agreement).

**Application for membership in a tax-free savings account (continued)**

**SECTION 6 – TRUSTEE APPOINTMENT**

Please complete this trustee appointment section if the named beneficiary or contingent beneficiary is a minor or otherwise lacks legal capacity to receive the proceeds (not required if the holder has already completed a trust agreement).

The holder 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 London Life to the extent of the payment. The holder 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 holder directs the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. The holder or the holder's personal representative (in Québec: the holder's tutor, curator, liquidator, or mandatory in the event of incapacity) may by writing appoint a new trustee to replace the former trustee.

Last name of trustee	First name	Relationship to holder
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**FOR QUEBEC ONLY** – Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Civil Code of Quebec.

**SECTION 7 – PAYROLL DEDUCTION AUTHORIZATION**

The holder authorizes his/her employer to deduct \_\_\_\_\_ from each pay.

**SECTION 8 – INVESTMENT ALLOCATION INSTRUCTIONS**

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/identifier	Percentage	Name of fund/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 holder. By submitting a written request to the Issuer, the holder may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the holder'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 holder of products and services to help the holder 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 holder will only be available to the holder, plan sponsor, government authorities, the Issuer, their affiliates, within or outside Canada, and any duly authorized employees, agents and representatives of the Issuer or their affiliates, 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 holder. 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 holder's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

**SECTION 10 – ELECTION FOR REGISTRATION**

The holder applies for membership in the tax-free savings account and authorizes the plan sponsor to act as his/her agent for the purpose of the plan. The holder requests that London Life Insurance Company (the "Issuer") file an election with the Minister of National Revenue to register the qualifying arrangement as a tax-free savings account under the Income Tax Act (Canada) and any similar provincial law. The holder's tax-free savings account will be effective on the date this application is signed, unless the application is signed before January 1, 2009 in which case the account will be effective January 1, 2009 and no contributions can be made until 2009.

**SECTION 11 – SIGNATURE**

The holder confirms the instructions, designations and appointment on this form. The holder is aware of the reasons the information covered by the holder's authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. The holder authorizes and consents to the Issuer collecting, using, and disclosing personal information concerning the holder 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 holder's authorizations and consents will begin the date this application is signed and end when no longer required. The holder'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 holder's authorizations and consents will be as valid as the original. If the holder ceases to be eligible to participate in the Plan, the holder's tax-free savings account will be transferred to a new policy/plan number with the Issuer unless the Issuer receives other instructions from the holder, and the holder hereby appoints the Issuer as the holder's agent for any related purpose.

Signature of holder	Date
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Chairman of the Board



President and Chief Executive Officer