



**BOX A**

Contract Holder (Employer): ALBERTA TEACHERS' ASSOCIATION Group/Policy Number: \_\_\_\_\_

Is this application for a spousal RSP?  Yes  No If yes, spouse or common-law partner is the Plan Member and must complete this application.

Plan Member: \_\_\_\_\_ Certificate No. \_\_\_\_\_  
(Surname, Given Name, Initials) (Completed by London Life)

Address: \_\_\_\_\_  
(Number and Street) (City) (Province) (Postal Code)

Social Insurance Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
(Day / Month / Year)

Marital Status:  Married  Common-law  Single  Other \_\_\_\_\_

Home Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**If this is a spousal plan, please complete the following:**

Contributor: \_\_\_\_\_ Social Insurance Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Surname, Given Name, Initials)

Date of Birth: \_\_\_\_\_  
(Day / Month / Year)

**BOX B PAYROLL DEDUCTION AUTHORIZATION**

Employer Name: \_\_\_\_\_

I authorize my Employer to deduct \_\_\_\_% or \$ \_\_\_\_\_ per \_\_\_\_\_ (frequency) from my earnings and remit this amount to London Life Insurance Company, for deposit to my RSP Account.

**BOX C REQUEST FOR RSP TRANSFER**

I request a transfer-in of other assets to my Group RSP:  ALL OR  \$ \_\_\_\_\_ of the funds in my existing PLAN\* in cash.  
Following are the details of the existing PLAN from which I wish to transfer:

Plan Number	Name of Plan	Maturity Date (if applicable)		
Issuer of Plan (financial institution)	Address	City	Province	Postal Code

**Please sign here to authorize the transfer.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If possible, attach a recent statement of the account to which you wish to transfer. It is not essential, but may help speed the process.

**BOX D 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.

**BOX E BENEFICIARY DESIGNATION**

I appoint as my beneficiary(ies)\*:

Last name	First name	Relationship to member	% 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
			Total 100%		

To the extent permitted by law, I reserve the right to alter or revoke the Beneficiary Designation. If the beneficiary dies before me, the Death Benefit is to be paid to:

My Estate  My Contingent Beneficiary(ies) indicated below \*

Last name	First name	Relationship to member	% 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
			Total 100%		

\* If any of the above appointed beneficiaries are minors, or otherwise lack legal capacity, complete the Trustee Appointment section, Box F (not required if there is a written trust agreement).