

## Application for Membership in the Flexible Retirement Savings Plan

<b>BOX A</b>	<p>Contract Holder (Employer): _____ Group/Policy Number: _____</p> <p>Is this application for a spousal RSP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, spouse or common-law partner is the Plan Member and must complete this application.</p> <p>Plan Member: _____ Certificate No. _____ (Surname, Given Name, Initials) (Completed by London Life)</p> <p>Address: _____ (Number and Street) (City) (Province) (Postal Code)</p> <p>Social Insurance Number: ____ / ____ / ____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Day / Month / Year)</p> <p>Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Other _____</p> <p>Home Telephone No.: (____) _____ - _____ Business Telephone No.: (____) _____ - _____</p> <p><b>If this is a spousal plan, please complete the following:</b></p> <p>Contributor: _____ Social Insurance Number: ____ / ____ / ____ (Surname, Given Name, Initials)</p> <p>Date of Birth: _____ E-mail address: _____ (Day / Month / Year)</p>
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<b>BOX B</b>	<b>PAYROLL DEDUCTION AUTHORIZATION</b>
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.	

<b>BOX C</b>	<b>REQUEST FOR RSP TRANSFER</b>	
I request a transfer-in of other assets to my Group RSP: <input type="checkbox"/> ALL OR <input type="checkbox"/> \$ _____ 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
<b>Please sign here to authorize the transfer.</b>		
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.		

<b>BOX D</b>	<b>ISSUER INFORMATION</b>
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.	

<b>BOX E</b>	<b>BENEFICIARY DESIGNATION</b>				
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
			<i>Total 100%</i>		
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:					
<input type="checkbox"/> My Estate <input type="checkbox"/> 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
			<i>Total 100%</i>		
* If the beneficiary or contingent beneficiary is a minor or otherwise lacks legal capacity, a trustee appointment is required (form to be provided by London Life Insurance Company). A trustee appointment is not required if a written trust agreement exists.					