

PART 1 – CLIENT IDENTIFICATION

Account/policyowner last name		First name & initial(s)
Address		Postal code
Social Insurance Number	Home telephone number () -	Business telephone number () -

PART 2 – RECEIVING INSTITUTION INFORMATION

Receiving institution name LONDON LIFE INSURANCE COMPANY	Address Attn: The Great-West Life Assurance Company Group Retirement Services
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Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company, a subsidiary of Great-West.

Contact name	Telephone number & extension () -	FAX number () -
Name of employer/plan sponsor	Client plan number	Plan type TFSA

Investment instructions (if no instructions noted, deposit will be made according to your current allocation instructions)
Investment/fund name % or \$ amount

PART 3 – CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing institution name	
Address	Postal code

Client TFSA account/policy number	Transfer cash value of (check one box only) <input type="checkbox"/> Full account/policy <input type="checkbox"/> Partial account/policy as indicated below or on attached list
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*** Please refer to bold statement in Client authorization section below** For use by relinquishing institution

Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mmm dd yyyy)
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Investment description

Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mmm dd yyyy)
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Investment description

PART 4 – CLIENT AUTHORIZATION

I hereby request the transfer of my TFSA and its investments as described above.
I have requested a transfer in cash. I authorize the liquidation of all or part of my investments and I agree to pay any applicable fees, charges or adjustments.

X
Signature of account/policyholder _____ Date _____

X
Signature of preferred or irrevocable beneficiary (if applicable) _____ Date _____

PART 5 – ACCEPTANCE BY RECEIVING INSTITUTION

The receiving institution named above accepts the above request for transfer and, when the funds and an application for membership in the plan are received, will credit the annuitant or member under the plan or account number indicated.

Date _____	Authorized signature <i>Jiana Tremblay</i>	AVP, GRS Admin Position or office
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PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY

Contact name	Telephone ()	FAX number ()
Authorized signature	Position	Date