

Application for Membership in the Flexible Retirement Savings Plan

BOX A

Contract Holder (Employer): _____ 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).

Application for Membership in the Flexible Retirement Savings Plan (continued)

BOX F	TRUSTEE APPOINTMENT FOR BENEFICIARY LACKING LEGAL CAPACITY																				
<p>Please complete this trustee appointment section if any of the named beneficiaries or contingent beneficiaries are minors or otherwise lack legal capacity to receive the proceeds (not required if the applicant has already completed a trust agreement). If the applicant wishes to name different trustees for different beneficiaries, please complete the <i>Addendum to designation of revocable beneficiary/trustee appointment form</i>.</p> <p>The applicant 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 applicant 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 applicant directs the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. The applicant or the applicant's personal representative may by writing appoint a new trustee to replace the former trustee.</p>																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last name of trustee</td> <td style="width: 33%; border-bottom: 1px solid black;">First name</td> <td style="width: 33%; border-bottom: 1px solid black;">Relationship to member</td> </tr> </table>		Last name of trustee	First name	Relationship to member																	
Last name of trustee	First name	Relationship to member																			
BOX G	INVESTMENT ALLOCATION INSTRUCTIONS																				
<p>I authorize the Contract Holder to direct London Life Insurance Company to allocate my contributions to my RSP account as follows:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Percentage</th> <th style="text-align: left;">Name of Fund or Identifier</th> <th style="text-align: left;">Percentage</th> <th style="text-align: left;">Name of Fund or Identifier</th> </tr> </thead> <tbody> <tr> <td>_____ % To _____</td> <td>_____</td> <td>_____ % To _____</td> <td>_____</td> </tr> <tr> <td>_____ % To _____</td> <td>_____</td> <td>_____ % To _____</td> <td>_____</td> </tr> <tr> <td>_____ % To _____</td> <td>_____</td> <td>_____ % To _____</td> <td>_____</td> </tr> <tr> <td>_____ % To _____</td> <td>_____</td> <td>_____ % To _____</td> <td>_____</td> </tr> </tbody> </table>		Percentage	Name of Fund or Identifier	Percentage	Name of Fund or Identifier	_____ % To _____	_____	_____ % To _____	_____	_____ % To _____	_____	_____ % To _____	_____	_____ % To _____	_____	_____ % To _____	_____	_____ % To _____	_____	_____ % To _____	_____
Percentage	Name of Fund or Identifier	Percentage	Name of Fund or Identifier																		
_____ % To _____	_____	_____ % To _____	_____																		
_____ % To _____	_____	_____ % To _____	_____																		
_____ % To _____	_____	_____ % To _____	_____																		
_____ % To _____	_____	_____ % To _____	_____																		
BOX H	CONFIDENTIAL INFORMATION FILE																				
<p>London Life Insurance Company will establish a confidential information file that contains personal information concerning the plan member. By submitting a written request to London Life, the member may exercise rights of access to, and rectification of, the file. London Life will collect, use and disclose the member'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 London Life); advise the member of products and services to help the member plan for financial security; investigate, if required, and pay benefits under the plan; create and maintain records concerning our relationship as appropriate; and, fulfill such other purposes as are directly related to the preceding. London Life may use service providers within or outside Canada. Personal information concerning the member will only be available to the member, Contract Holder, pension and related government authorities, London Life, their affiliates, and any duly authorized employees, agents and representatives of London Life or their affiliates, within or outside Canada, 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 member. In all cases, availability is subject to lawful determination by London Life. Personal information is collected, used, disclosed, or otherwise processed or handled in accordance with governing law, including applicable privacy legislation, and the member's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.</p>																					
BOX I	TO LONDON LIFE INSURANCE COMPANY																				
<p>I apply for membership in the Retirement Savings Plan to be established under the terms of a Group Contract issued by London Life Insurance Company. Contributions will be remitted on or after the effective date of my membership in the Plan. I appoint the Contract Holder as my irrevocable agent for the Plan and request London Life Insurance Company register the Plan as a Retirement Savings Plan under the Income Tax Act (Canada) and, if applicable, under the Quebec Taxation Act. If locked-in Pension funds are transferred to the plan, the applicant requests that London Life issue a Locked-in Retirement Account Endorsement, Locked-in Retirement Savings Plan Endorsement or Restricted Locked-in Savings Plan Endorsement, as applicable, which will apply to such locked-in funds and will override the terms of the Retirement Savings Plan Contract to the extent of any inconsistency between the Contract and the endorsement. I understand that payments to me or my beneficiary are subject to tax under the provisions of The Income Tax Act (Canada) and the Quebec Taxation Act.</p>																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Signature of Plan Member: _____</td> <td style="width: 40%;">Date: _____</td> </tr> <tr> <td>Signature of Contributor: _____</td> <td>Date: _____</td> </tr> <tr> <td colspan="2">This application is accepted by _____ London Life Insurance Company on _____</td> </tr> <tr> <td style="text-align: center;">(Name of authorized person)</td> <td style="text-align: center;">(Date)</td> </tr> </table>		Signature of Plan Member: _____	Date: _____	Signature of Contributor: _____	Date: _____	This application is accepted by _____ London Life Insurance Company on _____		(Name of authorized person)	(Date)												
Signature of Plan Member: _____	Date: _____																				
Signature of Contributor: _____	Date: _____																				
This application is accepted by _____ London Life Insurance Company on _____																					
(Name of authorized person)	(Date)																				

Please return your completed form to:

Capital Estate Planning
4222 - 97 Street
Edmonton, AB T6E 5Z9
Telephone: 1-800-661-8755 / (780) 463-6128
Fax: 780-462-7523
Email: strategies@capitalestateplanning.com
Web: www.capitalestateplanning.com