

Application for membership in a retirement savings plan

Return to: Great-West Life, Group Retirement Services

Great-West Life Access Line 1-800-724-3402

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor FELLOWSHIP OF CHRISTIAN ASSEMBLIES	Policy/plan number 67816
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SECTION 2 – ISSUER INFORMATION

The retirement savings plan is issued by London Life Insurance Company (the Issuer) 255 Dufferin Avenue, London, ON N6A 4K1. London Life is a subsidiary of Great-West Life. The Great-West Life Assurance Company and key design are trade-marks of Great-West Life, used under licence by London Life for the promotion and marketing of insurance products.

SECTION 3 – ANNUITANT INFORMATION (please print)

The annuitant is applying for:

☐ Personal RSP – the annuitant is the owner and person contributing to the plan. Do not complete section 4.

ID number _____ (completed by the Issuer)

AND/OR

☐ Spousal RSP – the annuitant is the owner and the annuitant's spouse/common-law partner is the person contributing to the plan. Section 4 must be completed.

ID number _____ (completed by the Issuer)

Last name	Middle initial	First name	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse/common-law partner of employee	Division/subgroup	Identification/employee number (if applicable)
Social insurance number (SIN)	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language	Email address	
- - - - -	yyyy mm dd		<input type="checkbox"/> English <input type="checkbox"/> French	Required for online access and to email information about the plan or services connected with it	
I authorize the use of my SIN for tax reporting, identification and record keeping					
Address (apt. no., street no., street)					
City	Province	Postal code	Telephone no.	Ext.	Alternate telephone no.
			- -		- -

If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street)	City	Province	Postal code

SECTION 4 – RSP SPOUSAL CONTRIBUTOR INFORMATION

Last name of contributing employee/contributor	First name	Social insurance number	ID/employee number
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SECTION 5 – BENEFICIARY INFORMATION

Primary beneficiary(ies) on my death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to me				% of benefit
			Married	Quebec civil union spouse	Common-law partner	Specify under Other (child, friend, etc.)	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Total 100%

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, their share will be paid to the surviving primary beneficiary(ies) in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to my estate.

Contingent beneficiary(ies) on my death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to me	% of benefit

Total 100%

Where permitted by law, these designations are for all benefits payable under the plan(s) unless pension legislation requires payment to my spouse or common-law partner. All beneficiary designations are revocable **except**:

- where a *Designation of irrevocable beneficiary* form is completed
- where Quebec law applies and I have designated my married or civil union spouse as my beneficiary - the box below applies.

Where Quebec law applies:

- If I designate your married or civil union spouse as my beneficiary, they will be irrevocable unless I check the box below. If not, restrictions will apply, unless I obtain the consent of my spouse. For example, I will be prevented from changing your beneficiary, making withdrawals (where permitted) or exercising certain other rights.
I designate my married or civil union spouse as my revocable beneficiary. ☐
- Where a minor beneficiary or a person who lacks legal capacity resides in Quebec - Benefits payable under the plan(s) to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to their tutor(s) or curator, unless a valid trust has been established for the benefit of the beneficiary, by will or by separate contract, to receive any such payment and the Issuer has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, legal advice should be sought.**

Application for membership in a retirement savings plan (continued)

SECTION 6 – TRUSTEE APPOINTMENT

(to be completed if any of the beneficiaries are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)

If a formal trust does not exist, I hereby appoint:

Full name of trustee being appointed (last name, then first)	Trustee for (indicate beneficiary name)	Relationship of trustee to me

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan(s) 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 the Issuer to the extent of the payment. I authorize the trustee in their 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(s). The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, the Issuer 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. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

SECTION 7 – PAYROLL DEDUCTION AUTHORIZATION (complete for Personal RSPs where payroll authorization is applicable)

I authorize my employer to deduct _____ from each pay.

SECTION 8 – INVESTMENT SELECTION

Select investment(s) for member contributions, and if applicable, employer contributions. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	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 annuitant. By submitting a written request to the Issuer, the annuitant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the annuitant's personal information to: process this application and provide, administer and service the plan(s) applied for (including service quality assessments by or on behalf of the Issuer); advise the annuitant of products and services to help the annuitant plan for financial security; investigate, if required, and pay benefits under the plan(s); 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 annuitant will only be available to the annuitant, plan sponsor, pension and related government authorities, the Issuer, its affiliates, and any duly authorized employees, agents and representatives of the Issuer or its affiliates, within or outside Canada, for or related to the purpose of the plan(s), except as otherwise may be required, authorized or allowed by law or legal process, or by the annuitant. 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 annuitant'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.

SECTION 10 – APPLICATION FOR REGISTRATION

I apply for membership in the retirement savings plan(s) and authorize the plan sponsor to act as my agent for the purpose of the plan(s). I request that the Issuer apply to register the plan(s) as registered retirement savings plan(s) under the Income Tax Act (Canada) and any similar provincial law. If locked-in pension funds are transferred to the plan(s), I agree and acknowledge that such funds will be governed by the locked-in retirement account addendum, locked-in retirement savings plan addendum or restricted locked-in savings plan addendum, as applicable (the locked-in addendum), which will form part of the plan(s) and will override the terms of the retirement savings plan certificate issued to the member to the extent of any inconsistency between the certificate and the locked-in addendum.

SECTION 11 – SIGNATURE

I confirm the information on this form and will update it in the future as it changes. I am aware of the reasons the information covered by my authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the Issuer collecting, using, and disclosing personal information concerning me 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. My authorizations and consents will begin the date this application is signed and end when no longer required. My 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 my authorizations and consents will be as valid as the original. If I cease to be eligible to participate in the plan(s) and do not make an election in accordance with the terms of the plan(s), the Issuer is authorized to exercise transfer or withdrawal options provided in the plan(s), and I hereby appoint the Issuer as my agent for this and any related purpose.

Signature of annuitant

Date