

**Lump sum contribution
to a non-registered savings plan**

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

To be completed by a plan member who is making a lump sum contribution to a non-registered savings plan. **Please note that your plan must allow you to make additional lump sum contributions.**

Services for the plan are provided by The Great-West Life Assurance Company (Great-West). The policy is issued by London Life Insurance Company, a subsidiary of Great-West.

Please print.

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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CONTRIBUTION MADE BY:

Last name	Initial	First name	Social insurance number
			- -

I am attaching a cheque (payable to London Life) in the amount of \$ _____ to be deposited to my non-registered savings plan.

IMPORTANT information regarding non-registered contributions:

IDENTIFICATION REQUIREMENT – If you enrolled in this plan on or after June 23, 2008 you must complete a Personal identification process before a lump sum contribution can be accepted. A Personal identification package can be obtained by accessing our website at www.grsaccess.com or by calling *Access Line* at 1-800-724-3402. Your enrolment date can be found on your member statement, referenced as *Date you joined this plan* or by signing on to www.grsaccess.com, referenced as *Your date of membership*.

CONTRIBUTIONS OF \$100,000 or greater:

Anti-money laundering legislation requires that for lump sum contributions of \$100,000 or greater, a *Politically Exposed Foreign Person Determination* form be completed. Your contribution will not be applied without this form. The form can be obtained by visiting www.grsaccess.com or calling *Access Line* at 1-800-724-3402.

Please invest this contribution as follows:

- According to my current investment allocation instructions.
- According to the following special instructions for this contribution only:

Percentage	Name of fund / identifier	Percentage	Name of fund / identifier
% to		% to	
% to		% to	
% to		% to	

Total allocation must equal 100%. Note that in some cases your plan sponsor controls investment allocation instructions.

Signature of plan member _____ Date _____

Please make your cheque payable to London Life Insurance Company and return to Great-West with this form.