



Application for membership in a group retirement savings plan

Return to: Capital Estate Planning - rrsp@capitalplanning.ca
 4222-97 street NW, Edmonton, AB T6E 5Z9

In this application, "you" and "your" refer to the person who is applying to become an annuitant/member of the group retirement savings plan(s) (the plan), and "we," "us," and "our" refer to the issuer, The Canada Life Assurance Company, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting grsaccess.com.

SECTION 1 – EMPLOYER/PLAN SPONSOR

Name of employer/plan sponsor	Policy/plan number
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SECTION 2 – INFORMATION ABOUT YOU (please print)

You are applying for:

<input type="checkbox"/> Personal RSP – you are the owner and person contributing to the plan. Do not complete section 3. ID number _____ (completed by us)	AND/OR	<input type="checkbox"/> Spousal RSP – you are the owner and your spouse/common-law partner is the person contributing to the plan. Section 3 must be completed. ID number _____ (completed by us)
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Last name	Middle initial	First name		Division/subgroup	Identification/employee number (if applicable)
				<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee	

Social insurance number (SIN) - - - - -	Date of birth yyyy mm dd	Language <input type="checkbox"/> English <input type="checkbox"/> French	Email address Required for online access and to email information about the plan or services connected with it
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Address (apt. no., street no., street)

City	Province	Postal code	Telephone no. - - Ext.	Alternate telephone no. - - -
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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
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SECTION 3 – RSP SPOUSAL CONTRIBUTOR

Last name of contributing employee/contributor	First name	Social insurance number	ID/employee number
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SECTION 4 – YOUR BENEFICIARY DESIGNATION

Where permitted by law, you can appoint one or more beneficiaries. Note: pension legislation may require payment of the death benefit to your qualifying spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary, complete the *Designation of irrevocable beneficiary* form.

Primary beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you				% of benefit
			Married	Quebec civil union spouse	Common-law partner	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"/>		
						<i>Total 100%</i>	

Important: Quebec residents
 If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:
I designate my married or civil union spouse revocably
 The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)

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

Application for membership in a group retirement savings plan (continued)

SECTION 4 – YOUR BENEFICIARY DESIGNATION (continued)

Contingent beneficiary(ies) on your death

Table with 4 columns: Surname, First Name, Beneficiary Name, and Allocation Percentage. Includes a total row for 100%.

Trustee (to be completed if any of your beneficiaries are minors or otherwise lack legal capacity and do not reside in Quebec; do not complete if a formal trust exists)

Table with 4 columns: Surname, First Name, Beneficiary Name, and Allocation Percentage.

Y[... description of contingent beneficiary designation rules in French and English]

SECTION 5 – PAYROLL DEDUCTION AUTHORIZATION (complete for Personal RSPs where payroll authorization is applicable)

Y[... description of payroll deduction authorization in French and English]

SECTION 6 – YOUR INVESTMENT SELECTION

U[... description of investment selection rules in French and English]

Table with 4 columns: Investment Name, Allocation Percentage, Investment Name, and Allocation Percentage.

Total allocation must equal 100%

SECTION 7 – APPLICATION FOR REGISTRATION

Y[... description of registration application rules in French and English]

SECTION 8 – SIGNATURE

Y[... detailed signature and registration requirements in French and English]

Signature lines with names and dates in French and English.

Signature of the member in French.

Signature of the employer in English.

U[... description of member's role in French]

U[... description of employer's role in English]

U[... description of member's role in French]