

Easy Investing in your ASBE Group RRSP & TFSA



What do you have planned for your future? Travelling? Pursuing new hobbies?
Starting a business? Giving your kids a head start on life?

*The Alberta School Board Employee Group RRSP & TFSA
could be the answer you're looking for*

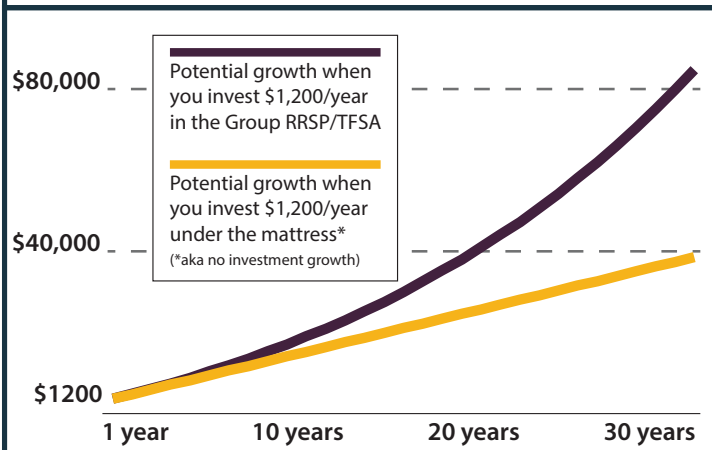
Key features:

- World class investment managers - with returns monitored and reported
- Remarkable performance numbers (ask us for a copy of our returns!)
- Confidential online access to manage your portfolio
- RRSP Payroll deduction available through your employer
- *No transaction fees charged*
- *No front-end fees, set-up fees or redemption fees charged*

*We've been working with the
ATA and Alberta school boards
for over 30 years to provide what
we think is simply the best
offering for teachers and staff.*

We are highly involved with
Alberta's education community;
we present at school board
meetings, teachers' conventions,
and school PD days on the
programs and services that are
available to Alberta Teachers
and school board employees.

1 Start Early and use compound interest to your advantage.



Spouses and families have access too

Especially if one spouse will have a pension and the other won't, this is a great way to balance out income after retirement. And you can transfer existing RRSPs and TFSAs into the program!

2 Pay yourself first! Set up payroll deduction (or pre-authorized contributions) and watch your savings grow.

How Payroll Deduction works

1. Your **RRSP contribution** is taken off your pay cheque **BEFORE** taxes. You are then taxed on the remainder of your pay.
2. **Immediate Tax Savings** means that you get your tax return back on that same pay cheque.

Your Monthly Contribution	Your Actual Cost	
\$100	\$69.50	\$64
\$200	\$139	\$128

Tax bracket = 30.5% Tax bracket = 36%
Yearly taxable income Yearly taxable income
= \$46,605 - \$93,208 = \$93,208 - \$128,145

Apply NOW for your ASBE Group RRSP & TFSA!

**Download your applications forms at
www.capitalplanning.ca/forms**

Capital Estate Planning

Providers of your ASBE Voluntary Benefits

780-463-6128

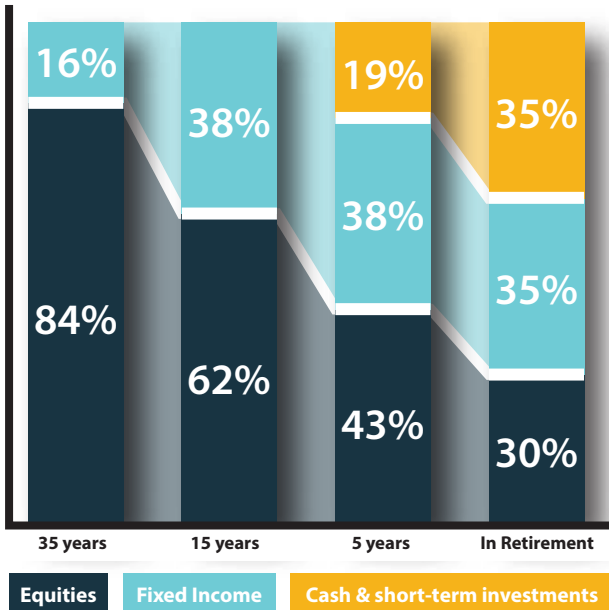
1-800-661-8755

rrsp@capitalplanning.ca

www.capitalplanning.ca

Alberta Teachers' Association and Alberta School Board Employee Group **RRSP & TFSA**

Fidelity ClearPath (Target Date Funds)



Default fund selection: Fidelity ClearPath

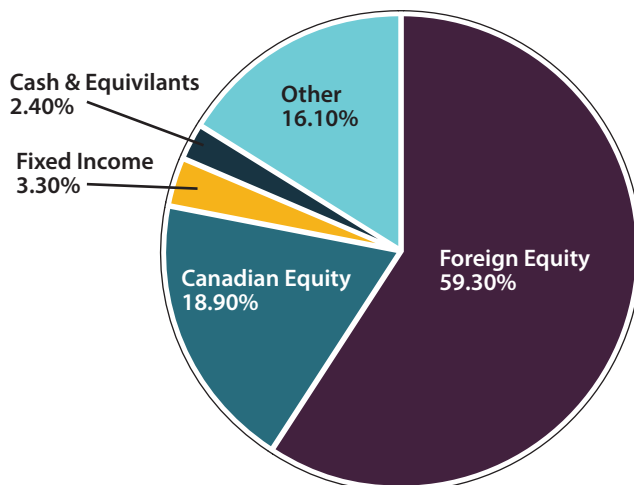
By default, your Group RRSP contributions will be put into a portfolio of investments called Fidelity ClearPath.

Key features:

- Made up of a group of different investments (short term investments, bonds, equities) for great balance
- Based on your planned retirement year:
 - Further away = Focused on growing investment
 - Closer = Focused on protecting investment
- Every five years, it automatically changes the mixture of funds to become more conservative – without you having to do anything
- One of the world's largest and most experienced mutual fund companies (Fidelity started in 1946)
- Over \$207 billion in investments (making it a strong and stable investment choice)

Composition Example:

ClearPath 2035 Fund (Fidelity)



Investments at every stage are always made up of a mix of different categories, in order to capitalize on the upside of growing markets, but also to protect you when one kind of investment goes down as part of its normal cycles – essentially “spreading out the risk”.

Who is Capital Estate Planning?



Since 1981, Capital Estate Planning has been providing Voluntary Benefits to teachers and school board employees across the province. Representing you to a variety of insurance and investment companies. Through this, we have negotiated on your behalf to give you access to specialized products and rates.

We're deeply involved with the ATA and Alberta school boards, partnering to present at school board events as well as supporting many ATA events including every Teachers' Convention, ATA Summer Conference, and more.

The ATA & ASBE Voluntary Benefits Program is a suite of financial solutions built and managed specifically for Alberta teachers and school board employees.

This includes:

- ATA Group RRSP / TFSA / RRIF (Investing and Retirement)
- ATA Group Life+ (Life Insurance)
- ATA Critical Illness Insurance (Coverage for Cancer and 24 other conditions)
- Home Protection Plan Mortgage Insurance
- Estate Planning (Moving money through the generations)

www.capitalplanning.ca

How Can We Help?

Additional Financial Planning & Retirement Strategies with Capital Estate Planning

Protecting you and your family	Investing in the future		Living in your Retirement	Assisting your Business
Life Insurance	Registered Retirement Savings Plan (RRSP)	Registered Disability Savings Plan (RDSP)	Registered Retirement Incomer Fund (RRIF)	Capital Group RRSP & TFSA
Joint Last-to-Die Insurance	Tax Free Savings Account (TFSA)	Registered Education Savings Plan (RESP)	Annuities	Insured Pension Plans
Critical Illness Insurance	Guaranteed Interest Certificates (GIC)	Non Registered Funds	Retirement Income Streams	Group Voluntary Benefits
Long Term Care Insurance	Mutual Funds	Tax Sheltered Investments	Reducing taxes at death	Group Health & Dental Plans
Disability Insurance	Segregated Funds	Legacy Fund		Key-person Insurance
Mortgage Insurance	Estate Planning	Capital Kids Health Account		Overhead Insurance

Capital Estate Planning

Providers of your ATA & ASBE Voluntary Benefits Program

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How To... fill out your RRSP application



Please print clearly or download our fillable PDF forms at www.capitalplanning.ca/forms, and fill out the application as completely as you can.

The highlighted sections sometimes give people difficulty, so we have put together some tips on how to fill out the application.

Questions? Connect with us!

Email us at rrsp@capitalplanning.ca OR call us at 780-463-6128

Section 1 - CEPC admin will fill this out

Section 2 - ✓ Personal RRSP, unless your spouse is contributing to your plan.

Section 4 - Upon your death, your RRSP will be paid to this person.

Percentage of benefit must equal 100%



Application for membership in a group retirement savings plan

Return to Canada Life, Group Retirement Services

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 1-800-724-3400 or by visiting www.access.com

SECTION 1 – EMPLOYER/PLAN SPONSOR	
Name of employer/plan sponsor	Policy/plan number

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.	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)	ID number _____ (completed by us)

Last name	Middle initial	First name	<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee	Division/subgroup N/A	Identification/employee number (if applicable) N/A
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	
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 3 – RSP SPOUSAL CONTRIBUTOR			
Last name of contributing employee/contributor	First name	Social insurance number	ID/employee number

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 Select box below OR Specify under Other				% 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"/>		
							Total 100%

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 beneficiary(ies) 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.

Section 4 - RRSP is paid to Contingent Beneficiaries if the Primary Beneficiary is deceased.

Fill this section out if (at time of application) your Beneficiaries are minors.

Section 6 - Leave this blank to invest your funds in the default program (Fidelity ClearPath).

Don't forget to sign your application!

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

SECTION 4 – YOUR BENEFICIARY DESIGNATION (continued)

Contingent beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you	% of benefit
				Total 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)

Last name	First name	Trustee for (indicate beneficiary name)	Relationship of trustee to you

You authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) 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. The trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to appointing a trustee. Payment to the trustee(s) discharges us to the extent of the payment.

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

You authorize your employer to deduct _____ from each pay.

SECTION 6 – YOUR INVESTMENT SELECTION

Select investment(s) for your 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 7 – APPLICATION FOR REGISTRATION

You apply for membership in the plan and authorize your plan sponsor to act as your agent for the purpose of the plan. You request that we apply to register the plan as a registered retirement savings plan under the *Income Tax Act* (Canada) and any similar provincial law.

SECTION 8 – SIGNATURE

You confirm the information on this form and will update it in the future as it changes. You have read the terms of the member's certificate and this application, including the attached Protecting your personal information, and agree to be bound by their terms. If locked-in pension funds are transferred to the plan, you 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 and will override the terms of the retirement savings plan certificate issued to you to the extent of any inconsistency between the certificate and the locked-in addendum. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. If you cease to be eligible to participate in the plan and do not make an election in accordance with the terms of the plan, we authorized to exercise transfer or withdrawal options provided in the plan, and you appoint us as your agent for this and any related purpose.

Signature of annuitant

Date

President and Chief Executive Officer

President and Chief Operating Officer, Canada

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Email your completed application to: rrsp@capitalplanning.ca

Capital Estate Planning

Providers of your ATA & ASBE Voluntary Benefits Program

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How To... fill out your TFSA application



Please print clearly or download our fillable PDF forms at www.capitalplanning.ca/forms, and fill out the application as completely as you can.

The highlighted sections sometimes give people difficulty, so we have put together some tips on how to fill out the application.

Questions? Connect with us!

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Application for membership in a group tax-free savings account

Return to Canada Life, Group Retirement Services

In this application, "you" and "your" refer to the person who is applying to become a holder/member of the group tax-free savings account (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 1-800-734-3402 or www.canadalife.com.

SECTION 1 – EMPLOYER/PLAN SPONSOR	
Name of employer/plan sponsor	Policy/plan number

SECTION 2 – INFORMATION ABOUT YOU (please print)					
Last name	Middle initial	First name	<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee	Division/subgroup N/A	Identification/employee number (if applicable) N/A
Social insurance number (SIN) - - - - -		Date of birth yyyy mm dd Must be 18 or older	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	
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 3 – SUCCESSOR HOLDER/MEMBER							
Where permitted by law, in the event of your death, you appoint:							
Full name of spouse or common-law partner (last name, then first)			SIN		Date of birth (yyyy, mm, dd)		
			- - -				
to become the successor holder and acquire all rights you have as holder instead of a lump sum death benefit. You understand that, if you have appointed your spouse or common-law partner as successor holder, a beneficiary designation will be effective only if the successor holder dies before you or is not your spouse or common-law partner at the date of your death. If you have appointed a successor holder, an irrevocable beneficiary cannot be designated.							
SECTION 4 – YOUR BENEFICIARY DESIGNATION							
Where permitted by law, you can appoint one or more beneficiaries. 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)			Relationship of beneficiary to you				% of benefit
Last name	First name	Date of birth yyyy mm dd	Married	Select box below Quebec civil union spouse	OR 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"/>		

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 without their consent) unless you check the box below: I designate my married or civil union spouse revocably <input type="checkbox"/>	
• 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 is a minor.	

Contingent beneficiary(ies)				
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.				
Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you	% of benefit

Section 1 - CEPC admin will fill this in.

Section 3 - Complete this section for your TFSA to transfer to your spouse upon your death. If you do not have a spouse, leave section 3 blank.

Section 4 - If your spouse (in section 3) pre-deceases you, your TFSA will then be paid out to your Primary Beneficiaries.

Percentage of benefit must equal 100%

Your TFSA will be paid out to the Contingent Beneficiaries only if the Successor Holder and the Primary Beneficiaries have pre-deceased you.

Fill this section out if (at time of application) your Beneficiaries are minors.

Application for membership in a group tax-free savings account (continued)

SECTION 4 – YOUR BENEFICIARY DESIGNATION (continued)

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)

Last name	First name	Trustee for (indicate beneficiary name)	Relationship of trustee to you

You authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) 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. The trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to applying to the plan. Payment to the trustee(s) discharge(s) to the extent of the payment.

Section 6 - Leave this blank to invest your funds in the default program (Fidelity ClearPath).

SECTION 5 – PAYROLL DEDUCTION AUTHORIZATION (to be completed where you are an employee)

You authorize your employer to deduct _____ from each pay.

SECTION 6 – YOUR INVESTMENT SELECTION

Select investment(s) for contributions to the plan. 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%


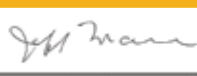
Don't forget to sign your application!

SECTION 7 – ELECTION FOR REGISTRATION

You apply for membership in the plan and authorize your plan sponsor to act as your agent for the purpose of the plan. You request we file an election with the Minister of National Revenue to register the qualifying arrangement as a tax-free savings account under the *Income Tax Act* (Canada) and any similar provincial law. Your plan will be effective on the date this application is signed.

SECTION 8 – SIGNATURE

You confirm the information on this form and will update it in the future as it changes. You have read the terms of the member's certificate and this application, including the attached Protecting your personal information, and agree to be bound by their terms. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. If you cease to be eligible to participate in the plan, your plan will be transferred to a new policy/plan number with us unless we receive other instructions from you, and you appoint us as your agent for this and any related purpose.

Signature of holder _____ Date _____	
 _____ President and Chief Executive Officer	 _____ President and Chief Operating Officer, Canada

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Email your completed application to: rrsp@capitalplanning.ca