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?

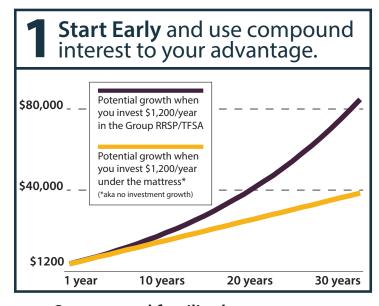
The Alberta School Board Employee Group RRSP & TFSA could be the answer you're looking for

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.



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!

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%= \$46,605 - \$93,208

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

Apply NOW for your ASBE Group RRSP & TFSA!

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

Capital Estate Planning

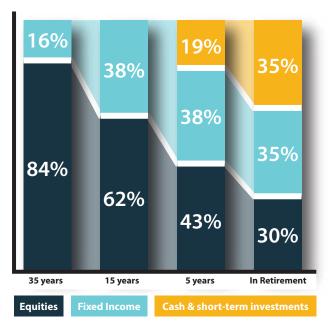
Providers of your ASBE Voluntary Benefits



Alberta Teachers' Association and Alberta School Board Employee

Group RRSP & TFSA

Fidelity ClearPath (Target Date Funds)

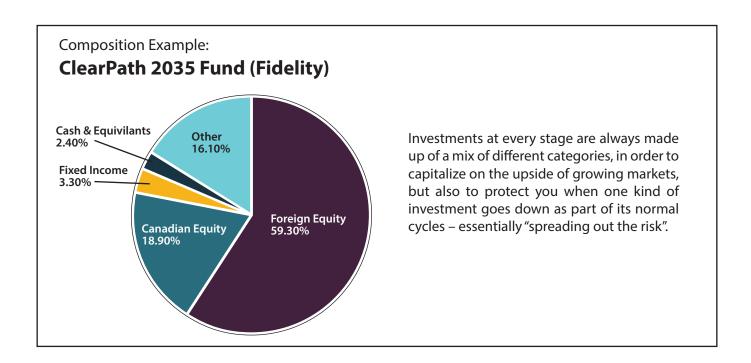


Default fund selection: Fidelity ClearPath

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)



Capital Estate Planning

Providers of your ATA and ASBE Voluntary Benefits

Capital Estate Planning?



Providers of your Voluntary Benefits Program

The Alberta School Board Employee Voluntary Benefits program is a distinct advantage of working with Capital Estate Planning. For over 25 years, we have worked with school board employees across the province, representing them to a number of insurance and investment companies. Through this, we have negotiated on behalf of you to give you access to specialized products and rates.

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

This includes:

- ASBE Group RRSP / TFSA / RESP / RRIF (Investing and Retirement)
- Group Life+ (Life Insurance)
- · 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/alberta-school-board-employees

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

Capital Estate Planning

Providers of your ATA & ASBE Voluntary Benefits Program

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.

Ouestions? Connect with us!

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



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 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%

he contacted at 1-800-724-3402 or by visiting a	reaccase com					
SECTION 1 - EMPLOYER/PLAN SPONS	OR					
Name of employer/plan sponsor			Policy/plan	n number		
SECTION 2 - INFORMATION ABOUT Y	OU (please print)					
You are applying for:						
Personal RSP – you are the owner and person contributing to the plan. Do not complete section 3.		AND/OR	ND/OR Spousal RSP – you are the owner and your spo partner is the person contributing to the plan. S completed.			
ID number (completed in	y us)	i	ID r	number	(complete	ed by us)
Last name Middle init	tial First name				Division/subgroup	Identification/employee number (if applicable)
			☐ Empl	loyee employee	N/A	N/A
Social insurance number (SIN)	Date of birth	Language		Email	address	
You authorize the use of your SIN for tax reporting, identification and record keeping	yyyy mm dd	☐ English ☐ French			red for online access and to	o email information about the
Address (apt. no., street no., street)				press or	DOI THOUGH GOT E TO STATE OF THE STATE OF TH	
City	Province	Por	stal code	Telephone	e no.	Alternate telephone no.
,				-	- Ext.	
If the above address is a PO box, general deli-	very or rural route, al	so include the	civic or st	treet addres	s below	
Address (apt. no., street no., street)			City		Province	Postal code
SECTION 3 - RSP SPOUSAL CONTRIB	UTOR					
Last name of contributing employee/contributo	or First n	ame		Social insur	rance number	ID/employee number
SECTION 4 - YOUR BENEFICIARY DES	IGNATION					
Where permitted by law, you can appoint one of	r more beneficiaries.	Note: pensio	n legislatio	on may requ	ire payment of the deat	th benefit to your qualifying

	OI COOKE CONTINUESTON					18.	
Last name of contri	buting employee/contributor	First name		Social	nsurance number	ID/employee	number
SECTION 4 - YO	UR BENEFICIARY DESIGNA	TION					
spouse or common- irrevocable beneficia	law, you can appoint one or more law partner. All designations are ary, complete the Designation of it y(les) on your death	e revocable except	in Quebec				
Primary beneficiary	y(les) on your death			Deletien	able of boundies		
					ship of benefici- low OR Spec		
Last name	First name	Date of birth yyyy mm dd	Married	Quebec civil union spouse	Common-law partner	Other (child, friend, etc.)	% of benefit
							Total 1009
Important: Que	ebec residents						

- portant: Queeec 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 permittled) 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. 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!

		THE HEAD	inje inan i i in			
SECTION 4 - YO	UR BENEFICIARY DESIGNAT	ION (continue	d)			
Contingent benefi	clary(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 con complete if a form	npleted if any of your beneficia al trust exists)	ries are minors	or otherwise la	ck legal capa	city and do not reside in Q	
Last name	First name	Trustee fo	or (indicate benefi	ciary name)	Relationship of trustee to	you
to give a valid discha the beneficiary unde	ustee(s) named above 1) to receive arge and 2) in their sole discretion, the trip of the rest will terminate tained prior to appointing a trustee.	o use the benefits once the benefic	s for the education iary is both of age	or maintenance of majority and	of the beneficiary and to exer has capacity to give a valid of	cise any right of

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 m	ust 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, 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

Signature of annuitant

Date

President and Chief Executive Officer

President and Chief Operating Officer, Canada

Canada Life and design are trademarks of The Canada Life Assurance Company

Email your completed application to: rrsp@capitalplanning.ca

Capital Estate Planning

Providers of your ATA & ASBE Voluntary Benefits Program

780-463-6128

1-800-661-8755

rrsp@capitalplanning.ca

www.capitalplanning.ca

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!

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



Application for membership in a group tax-free savings account

Return to Canada Life, Group Retirement Services

Section 1 - CEPC admin will fill this in.

n 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 "e.g." is, "and "out," refer to the issuer, The Canada Life Assurance Company, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at SECTION 1 - EMPLOYER/PLAN SPONSOR

Name of employer/plan sponsor			Policy/plan	Policy/plan number			
SECTION 2 - INFORMATION ABOUT YO	OU (please print)						
	irst name			Division/su	bgroup		cation/employee r (if applicable)
			☐ Employee ☐ Non-employee		4		N/A
Social insurance number (SIN)	Date of birth	Language	Email address	;			
You authorize the use of your SIN for tax reporting.			nglish Required for online access and to email information about the plan or services connected with it			bout the plan or	
Address (apt. no., street no., street)							
City	Province	Postal code	Telephone	no.		Uternate 1	telephone no.
			-	- Ex	t.	-	
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)					Postal code		
SECTION 3 -SUCCESSOR HOLDER/ME	MBER						
Where nemitted by law in the event of your de							

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 egual 100%

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

identification and record	of your SIN for tax reporting, I keeping	yyyy mm dd Must be 18 or older	☐ French		or online access and innected with it	d to email information ab	out the plan or
Address (apt. no., stre	et no., street)						
City		Province	Postal o	ode Teleph	one no.	Alternate to	elephone no.
				-	- Ex	t	-
If the above address	is a PO box, general deliv	ery or rural route, also inclu	de the civi	c or street add	ress below	<u>'</u>	
Address (apt. no., stre	et no., street)			City		Province	Postal code
SECTION 3 -SUC	CESSOR HOLDER/ME	MBER					
	law, in the event of your de						
Full name of spouse	e or common-law partner	(last name, then first)		SIN		Date of birth (y)	yy, mm, dd)
				-	-		
		I rights you have as holder					
your spouse or comm	mon-law partner as succes	sor holder, a beneficiary d	esignation	will be effective	e only if the succ	essor holder dies bel	ore you or is no
your spouse or comm your spouse or comm	mon-law partner as succes	sor holder, a beneficiary d o of your death. If you have	esignation	will be effective	e only if the succ	essor holder dies bel	ore you or is no
your spouse or come your spouse or come SECTION 4 - YOU Where permitted by I If you wish to design	mon-law partner as succession-law partner at the date UR BENEFICIARY DES law, you can appoint one of late an irrevocable benefic	sor holder, a beneficiary d o of your death. If you have	esignation appointed esignations	will be effective a successor has revocable	e only if the succonder, an irrevoca except in Quebe	essor holder dies bei able beneficiary canno	ore you or is no t be designated
your spouse or come your spouse or come SECTION 4 - YOU Where permitted by I If you wish to design	mon-law partner as succession-law partner at the date UR BENEFICIARY DES law, you can appoint one of late an irrevocable benefic	ssor holder, a beneficiary de e of your death. If you have BIGNATION or more beneficiaries. All de	esignation appointed esignations	will be effective a successor has a successor has a revocable ocable benefic	e only if the succonder, an irrevoca except in Quebe	essor holder dies bei ibie beneticiary canno c (see "Important: Qu	ore you or is no t be designated
your spouse or comm your spouse or comm SECTION 4 - YOU Where permitted by I	mon-law partner as succession-law partner at the date UR BENEFICIARY DES law, you can appoint one of late an irrevocable benefic	ssor holder, a beneficiary de e of your death. If you have BIGNATION or more beneficiaries. All de	esignation appointed esignations	will be effectly a successor h are revocable ocable benefic Relation	e only if the sucr older, an irrevoca except in Quebe iary form.	essor holder dies bei blie beneficiary canno c (see "Important: Qu ary to you	ore you or is no t be designated
your spouse or come your spouse or come SECTION 4 - YOU Where permitted by I If you wish to design	mon-law partner as succession-law partner at the date UR BENEFICIARY DES law, you can appoint one of late an irrevocable benefic	ssor holder, a beneficiary de e of your death. If you have BIGNATION or more beneficiaries. All de	esignation appointed esignations	will be effectly a successor h are revocable ocable benefic Relation Select box be Quebec	e only if the succoder, an irrevocal except in Quebe liary form. ship of benefici low OR Spec Common-law	cessor holder dies betable beneficiary canno c (see "Important: Qu ary to you ary to you affy under Other	ore you or is not be designated ebec residents."
your spouse or come your spouse or come SECTION 4 - YOU Where permitted by I If you wish to design	mon-law partner as succession-law partner at the date UR BENEFICIARY DES law, you can appoint one of late an irrevocable benefic	usor holder, a beneficiary de of your death. If you have SIGNATION or more beneficiaries. All de ary, complete the Designat	esignation appointed esignations sion of irrev	will be effectly a successor h are revocable ocable benefic Relation Select box be	e only if the sucroider, an irrevoca except in Quebe lary form. ship of benefici low OR Spec	essor holder dies bef blie beneficiary canno c (see "Important: Qu ary to you ify under Other	ore you or is not be designated ebec residents."
your spouse or common spouse or common spouse or common section 4 - YOL Where permitted by if you wish to design Primary beneficiary	mon-law partner at the dair non-law partner at the dair UR BENEFICIARY DES law, you can appoint one of ate an irrevocable benefici (lies)	usor holder, a beneficiary de of your death. If you have SIGNATION or more beneficiaries. All de ary, complete the <i>Designat</i> Date of birth	esignation appointed esignations sion of irrev	are revocable ocable benefic Relation Select box be Quebec civil union	e only if the succoder, an irrevocal except in Quebe liary form. ship of benefici low OR Spec Common-law	cessor holder dies betable beneficiary canno c (see "Important: Qu ary to you ary to you affy under Other	ore you or is not be designated ebec residents."
your spouse or common spouse or common spouse or common section 4 - YOL Where permitted by if you wish to design Primary beneficiary	mon-law partner at the dair non-law partner at the dair UR BENEFICIARY DES law, you can appoint one of ate an irrevocable benefici (lies)	usor holder, a beneficiary de of your death. If you have SIGNATION or more beneficiaries. All de ary, complete the <i>Designat</i> Date of birth	esignation appointed reignations from of irrev	will be effectly a successor h are revocable ocable benefic Relation Select box be Quebec civil union spouse	e only if the succoder, an irrevocation or Quebe except in Quebe lary form. ship of beneficitiow OR Spec Common-law partner	cessor holder dies betable beneficiary canno c (see "Important: Qu ary to you ary to you affy under Other	ore you or is not be designated ebec residents."
your spouse or common spouse or common secTION 4 – YOU Where permitted by If you wish to design Primary beneficiary	mon-law partner at the dair non-law partner at the dair UR BENEFICIARY DES law, you can appoint one of ate an irrevocable benefici (lies)	usor holder, a beneficiary de of your death. If you have SIGNATION or more beneficiaries. All de ary, complete the <i>Designat</i> Date of birth	esignation appointed signations sion of irrev	will be effectly a successor hare revocable benefic Relation Select box be Quebec civil union spouse	e only if the succoder, an irrevocal except in Quebe lary form. ship of benefication OR Spec Common-law partner	cessor holder dies betable beneficiary canno c (see "Important: Qu ary to you ary to you affy under Other	ore you or is not be designated ebec residents."

						FORBI TUV	70
	Important: Quebec residents If you appoint your married or civil union spouse as your beneficiar 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 butoris) of a beneficiary who	,,,					
sha ben	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 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 equathered to your extension of the paid to your extension of the paid to your extension. The paid to your extension of the paid to your extension of the paid to your extension. Contingent beneficiary(ies)						
La	st name First name	Dat yyyy	e of birth mm d	_	Relationship of beneficiary to you	% of benefit	

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

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

SECTION S-FATROLE DEDUCTION ACTION	E3411014 (10 DC 00)	inproteed introduction and emproyee)			
You authorize your employer to deduct fr	rom 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.					
No. of the state o		N			
Name of investment and/or code	Percentage	Name of investment and/or code	Percentage		
	%		%		
	%		%		
	%		%		
	%		%		
	%		%		
	Total allocation i	nust equal 100%			

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

President and Chief Executive Officer

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, authorizationsenting. 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.

Don't forget to sign your application!

Signature of holder	Date
(linter-	Jeff man

President and Chief Operating Officer, Canada

Canada Life and design are trademarks of The Canada Life Assurance Company

Email your completed application to: rrsp@capitalplanning.ca

Capital Estate Planning

Providers of your ATA & ASBE Voluntary Benefits Program

780-463-6128

1-800-661-8755

rrsp@capitalplanning.ca

www.capitalplanning.ca