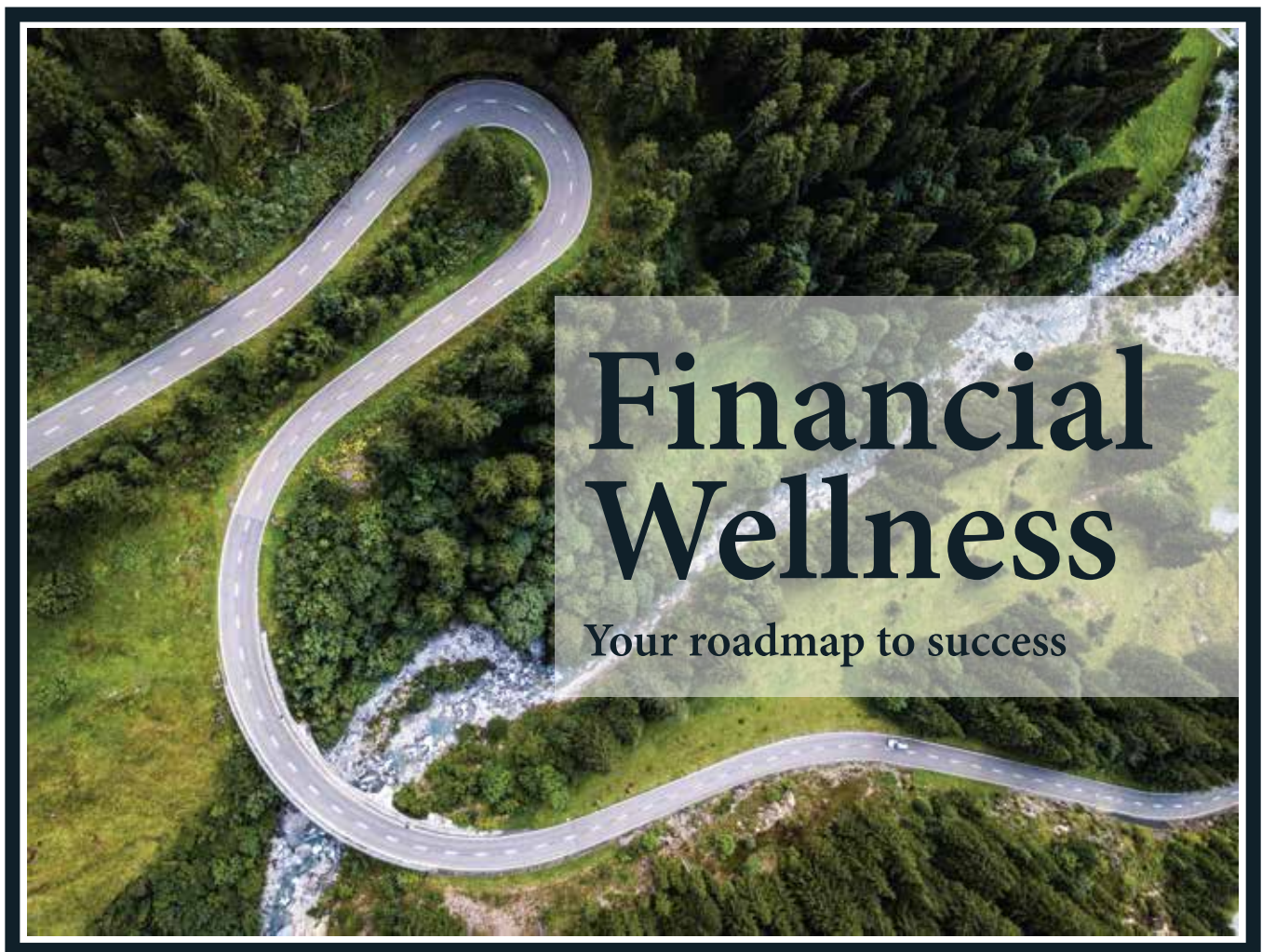




CAPITAL

ESTATE PLANNING
CORPORATION

Provider of your **ATA** Voluntary Benefits Program



A comprehensive guide of investment and insurance strategies.

Capital Estate Planning

Providers of your ATA Voluntary Benefits Program

780-463-6128

1-800-661-8755

strategies@capitalplanning.ca

www.capitalplanning.ca

How to get the most out of this information?



A quick overview of the following pages

1. Your ATA Voluntary Benefits Program
2. Investment strategies
3. Exploring your financial profile plus a monthly budget worksheet
4. Forms - RRSP application & TFSA application are included in this package
5. Addressing your insurance needs as you go through your career

For more information

Check out our website!

For teachers and ATA Members:

www.capitalplanning.ca/ata-members

Additional forms that you may find useful:

Go to the Forms section on our website: www.capitalplanning.ca/forms

- **Spousal RRSP Contribution Details form** - include this form when applying for a spousal RRSP
- **Pre-Authorized Contribution Agreement (PAC) form** - use this form to set up pre-authorized contributions if payroll deduction is not available.
- **Lump Sum Contribution form**
- **Transfer IN form** - fill out this form to transfer existing RRSPs or TFSAs into your Group plan.
- **RRSP / TFSA Withdrawal form** - fill out this form to withdraw funds from your plan.

Do you have more questions? No need to worry, we are here to help!

Contact us at any time. Stop by our office, call us or even email us in the middle of the night.

We have been working with teachers for years now. Answering your questions and helping you prepare for a happy retirement is one of our main goals

This is the year... that I finally get my [stuff] together



Provider of your ATA Voluntary Benefits Program

At last year's Teachers' Convention a teacher marched up to the Capital booth and announced, "That's it! This is the year I'm finally getting my [stuff] together!"

We've seen more and more stories in the news lately that all seem to be about threatening the financial situation of teachers. We don't yet know how everything is going to shake out. One thing we know for sure though: it's time to prepare in case bad things happen.

Here's a handy checklist of things to put in place now - so you have them if you ever need them.



"This is the year I'm finally getting my [stuff] together!"

ATA Group RRSP:

- I've signed up for my ATA Group RRSP
- I have pre-tax money coming out automatically from my Payroll Department,
or
- I have a pre-authorized contribution from my bank account
- My beneficiaries are up to date (marriage, divorce, kids can affect this)
- I've done a lump-sum contribution to pay myself instead of CRA

For more details: www.capitalplanning.ca/ata-members/investments

ATA Group Critical Illness Insurance:

- If I get sick with things like Cancer, Stroke, Heart Attack, MS, etc., I have a plan that will kick in to instantly give me \$25,000 - \$300,000 tax free to help pay my bills.

For more details: www.capitalplanning.ca/ata-members/insurance

ATA Group Life Insurance:

- When I die, I know that I've taken care of my family, no matter how soon that death happens. My family won't be on the news creating a Go Fund Me page just to make ends meet because I didn't look after them when tragedy hit.

For more details: www.capitalplanning.ca/ata-members/insurance

Address Debt:

- I've taken action to pay off my highest-interest debt – things like credit card debt
- I've consolidated my higher debt into lower-interest loans
- I've cleared off my "small but nagging" debts to get a taste of success with debt management

For more details: www.canada.ca/en/financial-consumer-agency/services/debt/plan-debt-free.html

Don't wait until it's a crisis – take out your pen and start getting your plans set up today!

ATA Group RRSP & TFSA



An exciting program for all Alberta teachers and their families!

Working as a teacher, you have a pension. Ideally, it will be enough to cover your expenses when you retire. But what do you have planned for retirement? Travelling? Pursuing new hobbies? Starting a business? Giving your kids a head start on life?

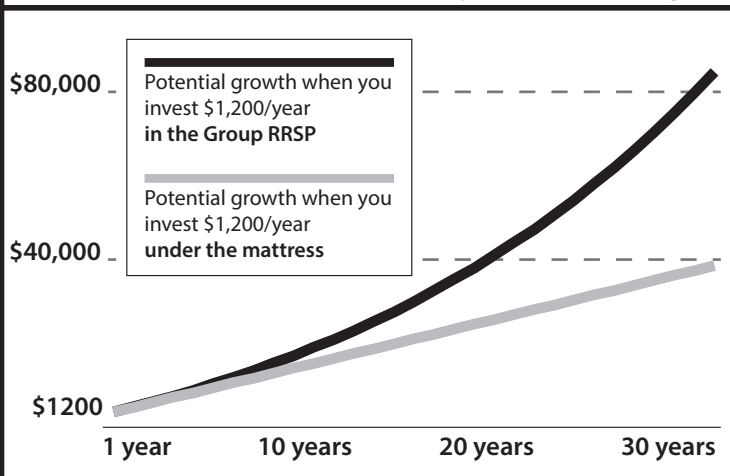
The ATA Group RRSP and TFSA is designed to fund all your next great adventures!

The 2 most important tips for the Group RRSP and TFSA

1. Compound Interest! Mathematically there is a great advantage to starting early but if you are late getting into an RRSP - your investment can still benefit. Early savers get the full benefit of the "magic" of compounding. *Keep in mind you could have your investments for 25 years after retiring.*

2. Pay yourself first: This is the key to successful retirement. Setting up payroll deduction (or pre-authorized contributions) is the best way to ensure that this happens.

Use compound interest to your advantage.



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	
	30.5% Tax Bracket	36% Tax Bracket
\$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

Spouses and families have access too

Your Group RRSP - Spousal Account is great 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 into the program!

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1

What

**INVESTMENT
APPROACH**

works best for me?

How is your
investment knowledge?

Investing is
not my expertise

I just want it to be
automatic

I am a...
NO TOUCH
investor

I would like
some input

I am a...
LOW TOUCH
investor

High knowledge
and hands-on investor

I am a...
HIGH TOUCH
investor

2

If you are a...

- **No Touch investor:** we will place your investments in our default fund choice, Fidelity ClearPath, which will automatically adjust your investments as you get closer to retirement.
- **Low Touch investor:** fill out the Investment Personality Questionnaire - to assess your risk tolerance.
- **High Touch investor:** contact our office to book an appointment with one of our advisors.

3

Go to www.capitalplanning.ca/forms

Download, print and fill out the **ATA Group RRSP application form** from our website.

To set up a Spousal Group RRSP; download, print and fill out the **ATA Group RRSP application form** and the **Spousal RRSP Contribution Details form**, this form indicates the direction of contributions in a spousal plan.

4

Double check that all sections are filled out and you've signed and dated each form.

There are 2 steps to submitting your completed forms:

1. **Scan & email** your application forms to rrsp@capitalplanning.ca, attention RRSP Processing Department
2. **Mail your applications to:**
Capital Estate Planning 4222-97 street NW, Edmonton, AB T6E 5Z9. Attention: RRSP Processing Department

I have RRSPs with my bank, how do I transfer them over to the ATA Group RRSP?

Complete the 4 steps above to apply then download, print and fill out the **RRSP Fund Transfer IN form**.

In order to fill out the transfer form to completion you will need the following information:

- your social insurance number (SIN)
- your policy or plan number - this is found on your ATA Group RRSP application form
- the most current statement from the financial institution holding the savings that you wish to transfer

Submit this transfer form along with your application details.

* NOTE: Follow the same process to set up your ATA Group TFSA, fill out the **ATA Group TFSA application form** and the **ATA Group TFSA Pre-Authorized Contributions form** and submit them to our office for processing.

An Overview of the Voluntary Benefits Program for Alberta Teachers & School Board Employees



The ATA Voluntary Benefits Program for Alberta Teachers is a distinct advantage of working with Capital Estate Planning. We have been working with the school boards for over 30 years. We represent the teachers and number of insurance and investment companies and negotiate on behalf of them to have access to specialized financial products and rates. We work with the ATA Member Services and Pension Committees to ensure that we are offering the best services to their members. Throughout the year we are actively involved with many different professional development events for teachers, such as; teachers conventions all across Alberta, Beginning Teachers Conference, ATA Summer Conference and ULead conference. These events give us opportunities to be out with the teachers and build long lasting relationships.

Registered Retirement Savings Plan (RRSP) and Tax-Free Savings Plan (TFSA)

Build your future with one of the only investment plans with none of the transfer fees you would normally see (no front-end, annual service, set-up, withdrawal or redemption fees). Plus access to some of the best investment fund managers in the world!

Registered Education Savings Plan (RESP)

Tax-sheltered investment growth to cover education costs after high school. This can be transferred between family members. Also eligible for the Canada Education Savings Grant.

Group Life+ Insurance

Does your group coverage provide you with as much life insurance as you actually need? Would it cover your mortgage? Take care of your kids? Group Life+ Insurance with Capital can get you affordable, simple insurance with rates guaranteed for 15 years.

Critical Illness Insurance

If serious illness interrupts your life, don't let worries about money get in your way of getting better. Critical Illness Insurance provides a tax-free cash payment to spend any way you need 30 days after diagnosis of any of the 25 life changing illnesses. Critical Illness Insurance is designed to give you some extra resources at a time when you need to focus on your health, not your finances.

Permanent Insurance

Term Insurance is a great short term solution. But at the end of each term, the cost will shoot up dramatically – a 5x increase is common. It also has an upper age limit, so you could pay for years and not use it. With Permanent Insurance your costs are guaranteed. With some plans you could even pay over the next 20 years and have it paid up for life!

Final Needs Insurance

When you die, your assets will roll over to your spouse tax-free. When they die, there will be a big tax hit. If you have a number of assets but limited cash, Joint-Last-to-Die Insurance can be used to help cover final expenses, cover your tax burden and provide money to charity (instead of to the government).

All of the insurance and investment options in the Voluntary Benefits Program can be set up to suit your needs. We have experts in our office to provide you with all the details and answers to your questions. Contact us to get started!

Exploring your Financial Profile



Use the following worksheets to help gather the information that will help you to make informed decisions in your retirement planning.

Personal Data

Name _____

Phone _____

E-mail _____

Employer _____

Years with Employer _____

Employment Status _____

Date of Birth (dd/mm/yyyy) _____

Age _____

Name _____

Phone _____

E-mail _____

Employer _____

Years with Employer _____

Employment Status _____

Date of Birth (dd/mm/yyyy) _____

Age _____

Additional Family & Personal Details

What are your main financial concerns?

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Financial Planning

	Y	N	U	D
1. I have accurately projected my retirement income needs and sources of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Stability in the value of my investments is critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am comfortable in taking higher risk to achieve long-term growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am satisfied with the current rate of return on my investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My spouse/partner and I have adequate employer pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My spouse/partner actively participates in our financial affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am satisfied that my investments and pensions will provide adequate income for life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My current standard of living will continue if I have a severe accident or illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My life insurance program will enable my family to maintain their present lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My will is current and consistent with my wishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I understand how taxes will be applied to my estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Preserving my estate is very important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance & Will Data

Name _____

Current will? Yes No

Date will was written _____

Current Power of Attorney Yes No

Current Medical Consent Yes No

Personal Life Insurance Yes No

Mortgage Insurance Yes No

Group Insurance Yes No

Disability Insurance Yes No

Critical Illness Insurance Yes No

Name _____

Current will? Yes No

Date will was written _____

Current Power of Attorney Yes No

Current Medical Consent Yes No

Personal Life Insurance Yes No

Mortgage Insurance Yes No

Group Insurance Yes No

Disability Insurance Yes No

Critical Illness Insurance Yes No

Notes

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Income Sources & Assets

Name _____
Employment Income _____
Rental Income _____
Pension _____
Dividend Income _____
Interest Income _____
Trust Income _____
Capital Gains _____
RRSP / RRIF _____
Annuities _____
CPP _____
OAS _____
Other _____
Total \$ _____
Monthly Savings _____

Assets

Principal Residence _____
Vacation Residence _____
Land _____
Rental Properties _____
Business Value _____
Lines of Credit _____
Credit Cards _____
Leverage Loans _____

Mortgage Details _____ Renewal Date _____

Notes _____

Business Details _____

Holding Company _____

Family Trust _____

Name _____
Employment Income _____
Rental Income _____
Pension _____
Dividend Income _____
Interest Income _____
Trust Income _____
Capital Gains _____
RRSP / RRIF _____
Annuities _____
CPP _____
OAS _____
Other _____
Total \$ _____
Monthly Savings _____

Assets

Principal Residence _____
Vacation Residence _____
Land _____
Rental Properties _____
Business Value _____
Lines of Credit _____
Credit Cards _____
Leverage Loans _____

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Investments

Name _____

RRSP Value (total) _____

Non-Registered Value (total) _____

Business Investments (total) _____

TFSA Value (total) _____

RESP Value (total) _____

TFSA Contribution Room _____

RRSP Contribution Room _____

Regular PAC _____

Leverage Investments _____

Are you expecting any inheritance? _____

When do you expect to retire? _____

Name _____

RRSP Value (total) _____

Non-Registered Value (total) _____

Business Investments (total) _____

TFSA Value (total) _____

RESP Value (total) _____

TFSA Contribution Room _____

RRSP Contribution Room _____

Regular PAC _____

Leverage Investments _____

Are you expecting any inheritance? _____

When do you expect to retire? _____

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Monthly Budget Worksheet



Comparison of today's actual expenses and projected retirement expenses.

(Note: expenses are assumed for entire family unless specified and annual expenses are divided by 12 months)

Monthly Expenses PAGE 1 Cost/month (Today's \$)

HOUSING	Today (actual)	Retirement (est.)	PERSONAL CARE	Today (actual)	Retirement (est.)
Mortgage*/Rent*	_____	_____	Clothing*	_____	_____
Electricity	_____	_____	Dry cleaning/Laundry	_____	_____
Gas	_____	_____	Personal grooming	_____	_____
Telephone/Internet/TV	_____	_____	Other(s)	_____	_____
Water/Sewage	_____	_____	Subtotal	_____	_____
Maintenance/Repairs	_____	_____	CHILDREN	Today (actual)	Retirement (est.)
Property taxes	_____	_____	Child care*	_____	_____
Home insurance	_____	_____	School tuition*	_____	_____
Other(s)	_____	_____	RESP savings*	_____	_____
Subtotal	_____	_____	Allowance*	_____	_____
TRANSPORTATION	Today (actual)	Retirement (est.)	Gifts*	_____	_____
Vehicle payments*	_____	_____	Other(s)	_____	_____
Auto insurance*	_____	_____	Subtotal	_____	_____
Fuel	_____	_____	PETS	Today (actual)	Retirement (est.)
Maintenance	_____	_____	Food	_____	_____
Parking/Bus/Taxi fare*	_____	_____	Medical	_____	_____
Other(s)	_____	_____	Grooming	_____	_____
Subtotal	_____	_____	Other(s)	_____	_____
FOOD	Today (actual)	Retirement (est.)	Subtotal	_____	_____
Groceries*	_____	_____	Total monthly expenses PAGE 1:		
Dining out	_____	_____		Today (actual)	Retirement (est.)
Other(s)	_____	_____		_____	_____
Subtotal	_____	_____		_____	_____

Add to total monthly expenses on page 2.

NOTE: for estimating "in-retirement" expenses the following expenses:

* May be paid-off by retirement or reduced in retirement

+ May increase in retirement

Adapted from Retirement Insight & Research

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Monthly Expenses PAGE 2 Cost/month (Today's \$)

HEALTH CARE Today (actual) Retirement (est.)

Medical* _____

Dental* _____

Prescriptions+ _____

Health club _____

Care facility+ _____

Other(s) _____

Subtotal _____

ENTERTAINMENT Today (actual) Retirement (est.)

Movies/events _____

Books/DVDs/CDs _____

Subscriptions _____

Recreation/hobbies _____

Other(s) _____

Subtotal _____

LOANS/CREDIT Today (actual) Retirement (est.)

Personal/student* _____

Personal Line of Credit* _____

Credit card(s)* _____

Other(s) _____

Subtotal _____

INCOME TAXES Today (actual) Retirement (est.)

Income Tax* _____

Other(s) _____

Subtotal _____

NOTE: for estimating "in-retirement" expenses the following expenses:

* May be paid-off by retirement or reduced in retirement

+ May increase in retirement

Adapted from Retirement Insight & Research

Notes: _____

SAVINGS/INVESTMENTS

Today (actual) Retirement (est.)

Savings* _____

Investments* _____

RRSPs* _____

Investment/RRSP Loans _____

Life/Term Insurance _____

Other(s) _____

Subtotal _____

LARGER EXPENSES Today (actual) Retirement (est.)

Vacation /travel+ _____

Furniture/electronics _____

Child support* _____

Alimony* _____

Donations+ _____

Adult Education* _____

Other(s) _____

Subtotal _____

Total monthly expenses PAGE 1:

Today (actual) Retirement (est.)

Total monthly expenses PAGE 2:

Today (actual) Retirement (est.)

Annualized _____ x12 _____ x12

Total annual expenses:

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Stages of Insurance Need



ATA Group insurance strategies for every stage of your career

As a teacher, each stage of your life brings a distinct insurance need. This is how your ATA Voluntary Benefits can help you at every level.

Early Career

Need: Simple, inexpensive life insurance to supplement your school board coverage.

Solution:

Group Life+ - Affordable rates for early needs

- Simple enrollment, with 5 year age bands
 - Up to \$500,000 in coverage per individual
 - Unisex rates based on age and smoking status
 - Sample rate: \$5.60/month for \$100,000 coverage (25 year old non-smoker)
-

Mid Career

Need: Cover insurance for your mortgage, outstanding debts, funeral costs, child care, kids' education, etc. if you should die.

Solutions:

Mortgage Insurance - You own it, not the bank

- Pays out in the event of your death
- You set the amount (not dependent on mortgage value)
- Money goes to your beneficiary rather than the bank.

Extended Term Insurance / Permanent Insurance - Customized for you and your family

- Covers lifetime needs for young families and/or retirees
- Often used to cover immediate family expenses (funeral expenses, mortgage, kids education, and estate planning)
- Term of insurance based on your needs: T10, T20, T35 or level for life
- Some plans can build cash value with pre-paid coverage

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Late Career / Retired

Need: Cover the costs of final expenses (funerals, etc.); taxes; legal bills, etc. Bypass Probate for speed and privacy. Replace school board insurance that may expire at age 65.

Solution:

Legacy Insurance - *That stays with you for life*

- Built to cover off final expenses
- Used to reduce taxes paid on death
- Can leave a legacy to your kids and a charity – instead of going to taxes
- Can be a level cost for life or paid up in 20 years

Whole Career

Need: Protect you and your family if you should become sick or disabled

Solution:

Group Critical Illness Insurance: A tax-free, lump sum cheque to cover conditions like Cancer, Heart Attack, Stroke and 22 other conditions.

Loan Coverage and Disability Insurance in case of a serious accident

Insurance solutions for spouses and children

Critical Illness Insurance



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Affordable ATA Group Critical Illness Insurance

Critical Illness Insurance provides a *tax-free, lump sum payment* if you are diagnosed with one of the 25 covered conditions including *cancer, heart attack and stroke*. You will receive payment whether or not you are able to work while you are ill, and whether or not a full recovery is made.

As well, you are free to use the money any way you choose.

PLUS: with the Multiple Event Coverage Benefit, you can claim for the diagnosis of multiple unrelated covered conditions.

25 Life-changing illnesses

- Alzheimer’s Disease
- Aortic Surgery
- Aplastic Anemia
- Bacterial Meningitis
- Benign Brain Tumor
- Blindness
- Cancer (Life Threatening)
- Coma
- Coronary Artery Bypass Surgery
- Deafness
- Heart Attack
- Heart Valve Replacement
- Kidney Failure
- Loss of Independent Existence
- Loss of Limbs
- Loss of Speech
- Major Organ Failure (on waiting list)
- Major Organ Transplant
- Motor Neuron Disease
- Multiple Sclerosis
- Occupational HIV
- Paralysis
- Parkinson’s Disease
- Severe Burns
- Stroke

Covering 25 different conditions, your Group Critical Illness Insurance pays out 30 days after a diagnosis. It's one lump sum payment -- \$25,000 up to \$300,000 depending on the amount that you take out that can be used any way you like. It can cover your mortgage. It can replace salary. If things are really bad it can be that one last family trip. It is entirely up to you.

Put your worries into taking care of your family and not your finances.

How much does it cost?				
Age at April 1st	Male		Female	
	Non Smoker**	Smoker	Non Smoker**	Smoker
Under 25	\$2.75	\$3.20	\$2.85	\$3.15
25-29	\$3.05	\$3.70	\$3.30	\$3.75
30-34	\$3.80	\$5.50	\$4.60	\$5.45
35-39	\$5.00	\$7.90	\$6.60	\$8.35
40-44	\$7.90	\$14.00	\$10.05	\$13.55
45-49	\$12.95	\$23.40	\$15.10	\$21.10
50-54	\$21.35	\$38.90	\$22.05	\$32.35
55-59	\$34.50	\$63.95	\$31.20	\$49.53
60-64	\$52.90	\$94.50	\$42.50	\$69.55
65-69	\$86.10	\$144.00	\$69.90	\$108.00
70-74	\$143.95	\$231.30	\$99.95	\$156.80

For a complete rate chart please refer to:
www.solutionsinsurance.com/ata/insurance-plans/critical-illness-insurance

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Protect your kids

A child diagnosed with a life-changing illness is hard enough to deal with.

Child-specific Critical Illness Insurance could make your financial situation one less thing to deal with.

This coverage includes all 25 life changing illnesses plus 6 child-specific conditions:

- Cerebral Palsy
- Down's Syndrome
- Congenital Heart Disease
- Muscular Dystrophy
- Cystic Fibrosis
- Type 1 Diabetes

With your coverage you can apply for up to \$10,000 of coverage for each of your dependent children.

Dependent children under the age of 21 (or up to age 24 when enrolled in full-time studies at a post secondary institution) are eligible for this coverage.

Additionally, children born after the initial application are automatically covered with no additional medical underwriting.

Low cost coverage for all your dependent children

Benefit Amount & Monthly Premium for all Eligible Children

<i>Benefit Amount</i>	<i>Monthly Premium</i>
\$5,000	\$1.95
\$10,000	\$3.90

FAQs on Critical Illness Insurance

1. *I have long/short term disability with my employer benefits, why do I need Critical Illness Insurance?*

If you are partially able to work, long/short term disability will generally terminate. Critical Illness Insurance is a single tax-free payment that has no requirement of your ability to work or not. You still receive the payment even if you are able to go back to work.

Most importantly, if your spouse needs to take time off work to look after you while you're recovering, there is no disability insurance that will cover their lost wages. Critical Illness Insurance can help fill that gap.

2. *What can the insurance payment be used for?*

Anything! You can use it however you wish. Some people use the payment to help pay for medical expenses or home/vehicle conversions, everyday bills or even a big family vacation to build memories.

3. *How do I apply?*

Teachers apply here: www.solutionsinsurance.com/ata/insurance-plans/critical-illness-insurance

School Board Employees apply here: www.solutionsinsurance.com/absb

Or contact our office for assistance.



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

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor Alberta Teachers' Association	Policy/plan number 11037
---	------------------------------------

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.

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)

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 <input type="checkbox"/> English <input type="checkbox"/> French	Email address
- - - - -	yyyy mm dd			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
		- - - - -	

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	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 beneficiaries 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

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

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor Alberta Teachers' Association	Policy/plan number 11037
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SECTION 2 – ISSUER INFORMATION

This tax-free savings account 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 – HOLDER/MEMBER INFORMATION (please print)

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 yyyy mm dd Must be 18 or older	<input type="checkbox"/> Male <input type="checkbox"/> Female	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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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
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SECTION 4 – SUCCESSOR HOLDER/SUCCESSOR MEMBER INFORMATION

Where permitted by law, in the event of my death, I hereby appoint:

Full name of spouse or common-law partner (last name, then first)	SIN - -	Date of birth (yyyy, mm, dd)
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to become the successor holder and acquire all rights I have as holder instead of a lump sum death benefit. I understand that, if I have appointed my spouse or common-law partner as successor holder, a beneficiary designation will be effective only if the successor holder dies before me or is not my spouse or common-law partner at the date of my death. If I have appointed a successor holder, an irrevocable beneficiary cannot be designated.

SECTION 5 – BENEFICIARY INFORMATION

Primary beneficiary(ies)

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	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 beneficiaries 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)

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 and 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.

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

SECTION 5 – BENEFICIARY INFORMATION (continued)

Where Quebec law applies:

- **If I designate my married or civil union spouse as my beneficiary**, they will be irrevocable unless I check the box below. If not, I will be prevented from changing my beneficiary unless I obtain the consent of my spouse.
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 this plan 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.**

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 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. 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 (to be completed where the holder is an employee)

I authorize my employer to deduct _____ from each pay.

SECTION 8 – 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%

SECTION 9 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the holder. By submitting a written request to the Issuer, the holder may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the holder's personal information to: process this application and provide, administer and service the plan applied for (including service quality assessments by or on behalf of the Issuer); advise the holder of products and services to help the holder plan for financial security; investigate, if required, and pay benefits under the plan; 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 holder will only be available to the holder, plan sponsor, 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, except as otherwise may be required, authorized or allowed by law or legal process, or by the holder. 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 holder's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

SECTION 10 – ELECTION FOR REGISTRATION

I apply for membership in the tax-free savings account and authorize the plan sponsor to act as my agent for the purpose of the plan. I request that the Issuer 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. My tax-free savings account will be effective on the date this application is signed.

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, my tax-free savings account will be transferred to a new policy/plan number with the Issuer unless the Issuer receives other instructions from me, and I hereby appoint the Issuer as my agent for any related purpose.

Signature of holder

Date



President and Chief Executive Officer



President and Chief Operating Officer, Canada

WHERE IS EVERYTHING?!



Fill out this form and keep one copy with your Will and give a second copy to your executor or next of kin.
Be sure to update this form as frequently as necessary.

Name: _____

Date of Birth: _____ SIN: _____

Place of Work /Employer: _____ Work Phone: _____

Family Doctor: _____

Lawyer: _____

Accountant: _____

Estate & Financial Planner: _____

Banking & Insurance Information

Account #s: _____ Chequing: _____ Saving: _____ Other: _____

Bank Branch: _____ Bank Manager: _____ Phone: _____

Life Insurance Policies: # _____ Company: _____

_____ Company: _____

_____ Company: _____

Property Insurance:# _____ Company: _____

Auto Insurance:# _____ Company: _____

Property & Casualty Broker: _____ Phone: _____

Pension Plans: _____

Private Loans: _____

Club Memberships: _____

Where to Find

Organ Donation Forms _____ Safety Deposit Box Key _____

Living Will Instructions _____ Canada Savings Bonds _____

Birth Certificate _____ GIC's, Certificate of Deposits, Term Deposits _____

Marriage Certificate _____ RRSP, RRIF, LIF, DPSP _____

Divorce Decree _____ Stocks _____

House Keys _____ Mutual Funds _____

Vehicle Keys _____ Bonds _____

Cottage Keys _____ Tax Shelter Investments _____

Wills

Document Location _____ Last Reviewed (dd/mm/yyyy) _____

Executors _____ Guardian(s) of Children _____

----- **Power of Attorney** -----

Document Location _____ Last Reviewed (dd/mm/yyyy) _____

Person(s) Named for Financial Decisions _____

----- **Personal Directives (Living Will)** -----

Document Location _____ Last Reviewed (dd/mm/yyyy) _____

Person(s) Named for Personal Care _____

----- **Planned Giving Clause** -----

Document Location _____ Last Reviewed (mm/dd/yyyy) _____

Charities to Support _____

----- **Creditors** -----

Lines of Credit _____ Reverse Mortgage _____

Loans, Promissory Notes, Guarantees _____ Lease Ents _____

Mortgages _____ Other Liabilities _____

----- **Social Media & Email Accounts** -----

Account _____ User-name _____ Password _____

Account instructions _____

Account _____ User-name _____ Password _____

Account instructions _____

Email Address _____ Password _____

Account instructions _____

Email Address _____ Password _____

Account instructions _____

----- **Funeral Information** -----

I have discussed my funeral wishes with my family: YES or NO

Funeral details are attached: YES or NO ---- Funeral details are located _____

----- **Additional Information** -----

