

**SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION**

Name of employer/plan sponsor <b>St Thomas University</b>	Policy/plan number <b>67125</b>
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**SECTION 2 – APPLICANT INFORMATION (please print)**

Last name	Middle initial	First name	Division/subgroup	Identification/employee number
Social insurance number		Date of employment yyyy mm dd	Date of birth yyyy mm dd	Language preference <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> English <input type="checkbox"/> French
Applicant authorizes use of his/her social insurance number for tax reporting, identification and record keeping				
Marital status: <input type="checkbox"/> Married* <input type="checkbox"/> Common law* <input type="checkbox"/> Quebec civil union* <input type="checkbox"/> Single <input type="checkbox"/> Other _____	*Last name of spouse First name			<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (apt. no., street no., street)	City	Province	Postal code	Telephone number ( ) -
Email address	Province of employment			Date joined plan yyyy mm dd
Required for online access to your account				
Registry number (Status Indian) (minimum 10 digits)				

Is the applicant a connected person?  Yes\*  No \*Form T1007 must be filed by the employer with Canada Revenue Agency (consult with your plan administrator to determine connected person status and obtain information regarding tax consequences).

**SECTION 3 – ISSUER INFORMATION**

The Great-West Life Assurance Company and key design are trade-marks of The Great-West Life Assurance Company (Great-West), used under licence by London Life Insurance Company (London Life) for the promotion and marketing of insurance products. London Life is a subsidiary of Great-West. The group retirement, savings and annuity product(s) described in this application are issued by London Life.

**SECTION 4 – BENEFICIARY INFORMATION**

In this section the applicant can name a beneficiary. The person or persons named below will receive the death benefit under the plan, subject to applicable pension legislation which may require payment to the applicant's spouse or common-law partner.

All beneficiary designations are revocable **except** a designation where:

- a *Designation of irrevocable beneficiary* form is completed; or
- the **Civil Code of Quebec** applies and the beneficiary is the applicant's spouse (designated without stipulation of revocability) – see box below.

- **Where the Civil Code of Quebec applies, any designation of an applicant's spouse as beneficiary is irrevocable unless the applicant stipulates the designation to be revocable by checking the box below** ("spouse" here means married or civil union spouse). Where a beneficiary designation is irrevocable and while that beneficiary is living, the applicant may not, without the consent of the beneficiary (who must be of legal age to give consent), change or revoke the designation, make withdrawals from the plan where permitted, assign, surrender, exercise certain rights under or in respect of, or otherwise deal with the contract.  
 I, as applicant, stipulate that whenever in this application my spouse (see above definition) is designated as beneficiary, that designation is **revocable**.
- **Where a minor beneficiary resides in Quebec** - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor, will be paid to his/her tutor(s), unless a valid trust has been established for the benefit of the minor, by will or by separate contract, to receive the benefits 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. **Legal advice should be sought.**

I hereby appoint the following primary beneficiary(ies) to receive the proceeds in the event of my death. I reserve the right to revoke any and all revocable beneficiary designations. Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to my surviving beneficiaries in equal shares, or if there is no surviving beneficiary, to my contingent beneficiary(ies). If there is no appointed or surviving contingent beneficiary(ies), the entitlement will revert to my estate/successors.

Last name	First name	Relationship to applicant	% of distribution	Gender	Minor
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Total 100%	

## Application for membership in a registered pension plan (continued)

### SECTION 4 – BENEFICIARY INFORMATION (continued)

**Contingent beneficiary(ies)** – If all of the primary beneficiaries die before me, the death benefit set out in the plan is to be paid to:

Last name	First name	Relationship to applicant	% of distribution	Gender	Minor
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<i>Total 100%</i>		

### SECTION 5 – TRUSTEE APPOINTMENT (to be completed if beneficiary is a minor or otherwise lacks legal capacity AND DOES NOT RESIDE IN QUEBEC)

Please complete this trustee appointment section if any of the primary or contingent beneficiaries are minors or otherwise lack legal capacity to receive the proceeds (not required if the applicant has already completed a trust agreement). If the applicant wishes to name different trustees for different beneficiaries, please complete the *Addendum to designation of revocable beneficiary/ trustee appointment form*.

The applicant appoints the trustee to receive, in trust, all benefits payable to any beneficiary designated under this 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. The applicant authorizes the trustee in his or her 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. The applicant directs the trustee to deliver at that time, to the beneficiary, the assets held in trust for that beneficiary. The applicant or the applicant's personal representative may by writing appoint a new trustee to replace the former trustee.

Last name of trustee	First name	Relationship to applicant
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### SECTION 6 – PAYROLL DEDUCTION AUTHORIZATION

The applicant authorizes his/her employer to deduct the following from each pay:

- required contributions under the provisions of the plan; and,
- if permitted by the plan, the applicant authorizes the additional deduction of \_\_\_\_\_ and reserves the right to alter or discontinue this option.

### SECTION 7 – INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment instructions if the plan sponsor/plan administrator has given members the right to make the investment decision for all or part of the contributions. The Issuer offers a selection of both guaranteed investments and variable investment funds. **Contributions directed to variable investment funds are not guaranteed and will increase or decrease in value according to fluctuations in the market value of the assets.** If no election is made, contributions will be invested in the default investment option.

Name of fund and identifier	Percentage	Name of fund and identifier	Percentage
	%		%
	%		%
	%		%

*Total allocation must equal 100%*

### SECTION 8 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Issuer, the applicant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicant'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 applicant of products and services to help the applicant 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 applicant will only be available to the applicant, plan sponsor, plan administrator, pension and related government authorities, the Issuer, their affiliates, and any duly authorized employees, agents and representatives of the Issuer or their 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 applicant. 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 applicant'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 9 – SIGNATURE

The applicant confirms the instructions, designations and appointments on this form. The applicant is aware of the reasons the information covered by the applicant's authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. The applicant authorizes and consents to the Issuer collecting, using, and disclosing personal information concerning the applicant 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. The applicant's authorizations and consents will begin the date this application is signed and end when no longer required. The applicant's 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 the applicant's authorizations and consents will be as valid as the original.

Signature of applicant

Date