

Application for membership in a retirement savings plan

Return to Great-West Life, Group Retirement Services

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

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

Last name	Middle initial	First name	Division/subgroup	Identification/employee number (if applicable)
Social insurance number - - - - -			Date of birth yyyy mm dd	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
Applicant authorizes use of his/her social insurance number for tax reporting, identification and record keeping			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (apt. no., street no., street)	City	Province	Postal code	Telephone number () -
				Email address Required for online access to your account

The applicant is applying for a Personal RSP AND/OR Spousal RSP as indicated below:

Personal RSP (The applicant is the owner and contributing employee/contributor to the plan.) ID number _____ (completed by London Life)

Spousal RSP (The applicant is the owner and the spouse/common-law partner is the contributing employee/contributor to the plan. Complete the Contributor Information section.) ID number _____ (completed by London Life)

SECTION 3 – CONTRIBUTOR INFORMATION

Complete for Spousal RSPs only.

Last name of contributing employee/contributor	First name	Social insurance number	ID/employee number
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SECTION 4 – 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 5 – 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(s), 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 proceeds in the event of my death. I reserve the right to revoke any and all revocable beneficiary designations. I also understand that beneficiary choices may, among other things, affect any possibility of creditor protection for the plan(s). 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
			<i>Total 100%</i>		

Contingent beneficiary(ies) – If all of the primary beneficiaries die before me, the death benefit set out in the plan(s) 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
			<i>Total 100%</i>		

