

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

Name of employer/plan sponsor <b>Canadian Actors' Equity Association</b>	Policy/plan number <b>61409</b>
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**SECTION 2 – APPLICANT INFORMATION (please print)**

Last name		Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Division/subgroup 02 - CAEA Members
Address (apt. no., street no., street, city, province and postal code)			Telephone number ( ) -	E-mail address	
Social insurance number - -	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 _____		Employee number CAEA member #	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	
Date of birth yyyy mm dd		Date of employment yyyy mm dd	Date joined plan yyyy mm dd	Occupation / Job title	

**SECTION 3 – ISSUER INFORMATION**

The Great-West Life Assurance Company & key design is a trade-mark 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**

These designations are for all benefits payable under the plan upon or following the applicant's death.

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.

**This section is for Quebec only – 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 spouse 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), alter or revoke the designation, assign, surrender, exercise 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**.

Beneficiary in the event of death of the applicant (if more than one beneficiary, total distribution must equal 100%).

I reserve the right to revoke any and all revocable beneficiary designations.

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

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. If there is no appointed or surviving contingent beneficiary, the entitlement will revert to my estate/successors.

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

			<input type="checkbox"/> Male	Minor
			<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name of contingent beneficiary	First name	Relationship to applicant		

**Minor beneficiary or contingent beneficiary appointment** – If the beneficiary is a minor, or otherwise lacks legal capacity, complete the Trustee Appointment section (Not required if there is a written trust agreement).

## Application for membership in a non-registered savings plan (continued)

### SECTION 5 – TRUSTEE APPOINTMENT

Please complete this trustee appointment section if the named beneficiary or contingent beneficiary is a minor or otherwise lacks legal capacity to receive the proceeds (not required if the applicant has already completed a trust agreement).

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 (in Québec: the applicant's tutor, curator, liquidator, or mandatary in the event of incapacity) may by writing appoint a new trustee to replace the former trustee.

Last name of trustee First name Relationship to applicant

**FOR QUEBEC ONLY** – Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Civil Code of Quebec.

### SECTION 6 – PAYROLL DEDUCTION AUTHORIZATION

The applicant authorizes his/her employer to deduct \_\_\_\_\_ from each pay.

### SECTION 7 – INVESTMENT ALLOCATION INSTRUCTIONS

The Issuer offers a selection of investment options. **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, 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.

### SECTION 9 – SIGNATURE

The applicant confirms the instructions, designations and appointment 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

**Application for membership in a non-registered savings plan (continued)**

**SECTION 10 – VERIFICATION OF IDENTITY – MUST BE COMPLETED BY AN \*AUTHORIZED REPRESENTATIVE**

**NOTE:** If verification in person by an \*authorized representative is not possible, a separate identification package must be completed. Visit [www.grsaccess.com](http://www.grsaccess.com) or call 1-800-724-3402 to obtain the appropriate forms. Contributions will not be accepted until the verification of identity process is complete.

**IDENTIFICATION OF APPLICANT:** In compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)*, I have verified the identity of the applicant. The source of verification was:

<input type="checkbox"/> Driver's license no.	Prov. or country	<input type="checkbox"/> Passport no.	Country
<input type="checkbox"/> Birth certificate no.	Prov. or country	<input type="checkbox"/> Other	
Authorized Representative Location/Company Name			
Authorized Representative Name (please print)		Authorized Representative Signature	

**\*Authorized representative means any individual who is employed by Great-West Life group retirement services, or is a contracted advisor for the plan.**