



Application for membership in a retirement savings plan

Return to Canadian Actors' Equity Association
44 Victoria Street 12th floor, Toronto, ON M5C 3C4

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

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

Last name	Middle initial	First name	Division/subgroup 02 - CAEA Members	Employee number (if applicable) CAEA member #
Social insurance number Applicant authorizes use of his/her social insurance number for tax reporting, identification and record keeping	Date of birth yyyy mm dd	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Other _____	Language preference <input type="checkbox"/> English <input type="checkbox"/> French
Address (apt. no., street no., street, city, province and postal code)		Telephone number () -	E-mail address	

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.) Identification number (completed by GRS)
- Spousal RSP (The applicant is the owner and the spouse/common-law partner is the contributing employee/contributor to the plan. Complete section 3.) Identification number (completed by GRS)

SECTION 3 – CONTRIBUTOR INFORMATION

Complete for Spousal RSPs only.

Last name of contributing employee/contributor	First name	Social insurance number	Employee number/ID
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SECTION 4 – BENEFICIARY INFORMATION

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

To the extent permitted by law, I reserve the right to alter or revoke the below beneficiary and contingent beneficiary designations. (To designate an irrevocable beneficiary, complete a *Designation of irrevocable beneficiary* form.) The designations apply to all benefits under the plan(s) unless applicable pension legislation requires payment to a spouse or common-law partner. If the beneficiary or contingent beneficiary is a minor, or otherwise lacks legal capacity, complete section 5. (Not required if there is a written trust agreement.)

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

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(s) is to be paid to:

Last name of contingent beneficiary	First name	Relationship to applicant	<input type="checkbox"/> Male <input type="checkbox"/> Minor <input type="checkbox"/> Female <input type="checkbox"/> Yes <input type="checkbox"/> No
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Where the Civil Code of Quebec applies, any designation of the 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 a 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 plan(s).

I stipulate that the designation of my spouse (see above definition) as beneficiary is **revocable**.

GROUP RETIREMENT SERVICES – Application for membership in a retirement 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 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 London Life 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(s). The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, London Life 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

This section to be completed by the contributing employee:

- Personal RSP **only:** I authorize my employer to deduct _____ from each pay.
- Spousal RSP **only:** Complete the RSP contribution details form.
- Both a Spousal and Personal RSP: Complete the RSP contribution details form.

SECTION 7 – INVESTMENT ALLOCATION INSTRUCTIONS

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.

Percentage	Name of fund / identifier	Percentage	Name of fund / identifier	Percentage	Name of fund / identifier
% to		% to		% to	
% to		% to		% to	
% to		% to		% to	
% to		% to		% to	

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. 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, 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.

SECTION 9 – APPLICATION FOR REGISTRATION

The applicant applies for membership in the retirement savings plan(s) and authorizes the plan sponsor to act as his/her agent for the purpose of the plan(s). The applicant requests that London Life Insurance Company (the "issuer") apply to register the plan(s) as 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), the applicant agrees and acknowledges that such funds will be governed by the issuer's locked-in retirement account endorsement or locked-in retirement savings plan endorsement, as applicable (the "locked-in endorsement"), 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 endorsement.

SECTION 10 – SIGNATURE

The applicant confirms the instructions, designations and appointment on this form. The contributing employee authorizes the payroll deduction for contributions to the Spousal RSP. 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 Section 8. 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. Upon termination of employment, the applicant's account under the retirement savings plan will be transferred to a retirement savings plan/LIRA with the issuer, unless the issuer receives other instructions from the applicant.

Signature of applicant Date

Signature of contributing employee/contributor (Spousal RSPs only) Date



RSP contribution details for membership in a retirement savings plan

Do not complete this form if the application is for a Personal RSP only. It is to be completed by the contributing employee indicated in section 3 of the *Application for membership in a retirement savings plan*, when the employee is contributing to a Spousal RSP only or to both a Personal and Spousal RSP.

Please print.

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor Canadian Actors' Equity Association	Policy/plan number 61409
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CONTRIBUTING EMPLOYEE

Last name	Middle initial	First name	Social insurance number
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Payroll deduction authorization

The contributing employee authorizes his/her employer to deduct the following from each pay.

Direction of contributions – The direction given on this form will apply to **future** contributions only and will remain in effect until we are advised otherwise. This direction will apply to contributions as determined in accordance with the plan set up. Please see your plan administrator if you have any questions regarding the plan set up.

Please choose one of the following:

100% Contribution – Spousal RSP, Identification number (completed by GRS) (My spouse/common-law partner is the owner of the plan.)

Split Contribution – Personal/Spousal RSP (total allocation must equal 100%)*

_____ % Personal RSP, Identification number (completed by GRS)
(I am the owner of the plan.)

_____ % Spousal RSP, Identification number (completed by GRS)
(My spouse/common-law partner is the owner of the plan.)

*Lump sum contributions may be applied differently than indicated above. When the contribution is sent in the instructions must be clearly indicated. If no instructions are received, the contribution will be applied according to the instructions on this form.

Signature of contributing employee

Date