

## Application for membership in a retirement savings plan

Return to Capital Estate Planning Corporation 4222 - 97 street NW Edmonton, AB, T6E 5Z9  
Phone: 1-800-661-8755 Fax: 780-462-7523

### SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor <b>Fort McMurray Catholic Board of Education</b>	Policy/plan number <b>63553</b>
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### SECTION 2 – APPLICANT INFORMATION (please print)

The applicant is applying for:

Personal RSP – the applicant is the owner and person contributing to the plan. Do not complete section 3.  
ID number \_\_\_\_\_ (completed by London Life)

AND/OR

Spousal RSP – the applicant is the owner and the applicant's spouse/common-law partner is the person contributing to the plan. Section 3 must be completed.  
ID number \_\_\_\_\_ (completed by London Life)

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 - - - - - 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	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	Email address Required for online access to your account
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Address (apt. no., street no., street)

City	Province	Postal code	Telephone no. - - Ext.	Alternate telephone no. - -
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### SECTION 3 – RSP SPOUSAL CONTRIBUTOR INFORMATION

Last name of contributing employee/contributor	First name	Social insurance number	ID/employee number
		- - -	- - -

### 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

#### Primary beneficiary(ies)

Last name	First name	Relationship to applicant				% of benefit
		Married	Common-law	Quebec civil union	Other (please specify)	
		<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"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						Total 100%

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, his/her 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	Relationship to applicant	% of benefit
			Total 100%

These designations are for all benefits payable under the plan(s) unless pension legislation requires payment to your eligible 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 you have designated your married or civil union spouse as your beneficiary - read the box below.

#### Where Quebec law applies:

- **If you designate your married or civil union spouse as your beneficiary**, he/she will be irrevocable unless you check the box below. If not, restrictions will apply, unless you obtain the consent of your spouse. For example, you 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 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.**

## 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 applicant:

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 London Life to the extent of the payment. I authorize 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. 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. (Leave blank for HSA Contributions made by employer)

### SECTION 8 – INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment instructions for member contributions. If applicable, the same instruction will apply to employer 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 9 – 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. 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 London Life Insurance Company (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 endorsement, locked-in retirement savings plan endorsement or restricted locked-in 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 11 – SIGNATURE

I confirm the instructions, designations and appointment on this form. 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 applicant

Date

## RSP contribution details for membership in a retirement saving plan

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Complete this form when all or a portion of contributions are being directed to a spousal plan.  
To be completed and signed by the person who is making the contribution (the employee) to the retirement savings plan.

Please print.

EMPLOYER/PLAN SPONSOR INFORMATION			
Name of employer/plan sponsor <b>Fort McMurray Catholic Board of Education</b>			Policy/plan number <b>63553</b>
SPOUSAL RSP MEMBER INFORMATION (owner of the plan)			
Last name	Initial	First name	Social insurance number - -
CONTRIBUTING EMPLOYEE			
Last name	Initial	First name	Social insurance number - -

### Section 1 - Payroll deduction authorization

The contributing employee authorizes the Fort McMurray Catholic School Board of Education (his/her employer) to transfer their eligible monthly Health Spending Account Contribution to their ATA Group RRSP account in accordance with the applicable sections of the Collective Agreement.

### Section 2 - 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. The direction will apply to any contributions the employer/plan sponsor allows to be split. Please see your plan administrator if you have any questions regarding which contributions can be split.

Please choose one of the following:

- 100% to the Spousal RSP, Identification number \_\_\_\_\_ (completed by London Life)  
(My spouse/common-law partner is the owner of the plan.)
- Split my contributions between my Personal RSP and the Spousal RSP (total allocation must equal 100%)\*
- \_\_\_\_\_ % Personal RSP, Identification number \_\_\_\_\_ (completed by London Life)  
(I am the owner of the plan.)
- \_\_\_\_\_ % Spousal RSP, Identification number \_\_\_\_\_ (completed by London Life)  
(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

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company (the issuer), a subsidiary of Great-West.