

Application for membership in a Non-registered savings plan

Return to Your plan administrator

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor CANADIAN ENTERTAINMENT INDUSTRY RETIREMENT PLAN	Policy/plan number 62724
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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 212
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 _____	Identification / Employee number N/A	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	
Date of birth yyyy mm dd	Date of employment N/A yyyy mm dd	Date joined plan N/A 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 <input type="checkbox"/> Female	Minor <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"/> Female	Minor <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 <input type="checkbox"/> Female	Minor <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 9 – VERIFICATION OF IDENTITY – MUST BE COMPLETED BY AN *AUTHORIZED REPRESENTATIVE
(THIS SECTION IS TO BE COMPLETED IF THE APPLICANT INTENDS TO MAKE A LUMP SUM CONTRIBUTION. VERIFICATION OF
IDENTITY MAY BE DONE AT THE TIME OF APPLICATION OR AT ANY TIME PRIOR TO SUBMITTING A LUMP SUM CONTRIBUTION.)**

NOTE: If verification in person by an *authorized representative is not possible, a separate identification package must be completed. Visit www.grsaccess.com or call 1-800-724-3402 to obtain the appropriate forms. Lump sum 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