

PART 1 – CLIENT IDENTIFICATION

Account/policyowner last name		First name & initial(s)	
Address			Postal code
Social Insurance Number	Home telephone number () -	Business telephone number () -	

PART 2 – RECEIVING INSTITUTION INFORMATION

Receiving institution name LONDON LIFE INSURANCE COMPANY		Address Attn: The Great-West Life Assurance Company Group Retirement Services 255 Dufferin Avenue, T540, London, ON N6A 4K1	
Contact name Dina Cera	Telephone number & extension (519) 435 - 7041	FAX number (888) 797 - 0071	
Name of employer/plan sponsor Canadian Entertainment Industry Retirement Plan	Client plan number 6 2 7 2 4 2 1 2	Plan type <input checked="" type="checkbox"/> RRSP <input type="checkbox"/> RPP <input type="checkbox"/> DPSP	

Investment instructions (if no instructions noted, deposit will be made according to your current allocation instructions)

<u>Investment/fund name</u>	<u>% or \$ amount</u>

PART 3 – CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing institution name	
Address	
Postal code	
Client account/policy number	Transfer <u>cash</u> value of (check one box only) <input type="checkbox"/> Full account/policy <input type="checkbox"/> Partial account/policy as indicated below or on attached list
* Please refer to bold statement in Client authorization section below	
Investment amount (\$)	For use by relinquishing institution Symbol and/or certificate/policy number
Investment description	Delay transfer until (mmm dd yyyy)
Investment amount (\$)	Symbol and/or certificate/policy number
Investment description	Delay transfer until (mmm dd yyyy)

PART 4 – CLIENT AUTHORIZATION

I hereby request the transfer of my account and its investments as described above.
I have requested a transfer in cash. I authorize the liquidation of all or part of my investments and I agree to pay any applicable fees, charges or adjustments.

X	Signature of account/policyholder	Date
X	Signature of preferred or irrevocable beneficiary (if applicable)	Date

PART 5 – ACCEPTANCE BY RECEIVING INSTITUTION

The receiving institution named above accepts the above request for transfer and, when the funds and an application for membership in the plan are received, will credit the annuitant or member under the plan or account number indicated.

Date	Authorized signature <i>Jiana Tremblay</i>	Director, GRS Admin Position or office
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PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY

Registered type <input type="checkbox"/> RPP <input type="checkbox"/> DPSP <input type="checkbox"/> RRSP (personal) <input type="checkbox"/> RRSP (spousal) - Spouse's name _____ Social Insurance Number _____			
Locked-in funds <input type="checkbox"/> No <input type="checkbox"/> Yes – Locked-in confirmation attached			
Locked-in amount \$	Sex-distinct amount \$	Unisex amount \$	Governing legislation
Contact name	Telephone ()	FAX number ()	
Authorized signature	Position	Date	