

Return to Great-West Life, Group Retirement Services  
330 University Avenue, Toronto, ON M5G 1R8  
1-800-724-3402

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

Name of employer/plan sponsor <b>ENGINEERS CANADA</b>	Policy/Plan number <b>35408</b>
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**SECTION 2 – ISSUER INFORMATION**

The non-registered savings plan is issued by London Life Insurance Company (the Issuer) 255 Dufferin Avenue, London, ON N6A 4K1. London Life is a subsidiary of Great-West Life. The Great-West Life Assurance Company and key design are trade-marks of Great-West Life, used under licence by London Life for the promotion and marketing of insurance products.

**SECTION 3 – APPLICANT (EMPLOYEE)/ANNUITANT INFORMATION  
(referred to as applicant throughout) (all fields must be completed) (please print)**

Last name	Middle initial	First name	Division/subgroup	Identification/employee number

Social insurance number - - - - -	Are you a United States citizen or U.S. resident for tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide taxpayer identification number (TIN): _____ Failure to answer will require the Issuer to report to Canada Revenue Agency that a response was not received
I authorize the use of my 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 and to email information about the plan or services connected with it)
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Address (apt. no., street no., street)

IMPORTANT – if address includes a PO box, general delivery or rural route, also include the civic or street address

City	Province	Postal code	Telephone no. - - Ext.	Alternate telephone no. - -
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**SECTION 4 – JOINT APPLICANT (NON EMPLOYEE)/ANNUITANT INFORMATION  
(referred to as joint applicant throughout) (all fields must be completed) (please print)**

Last name	Middle initial	First name	Division/subgroup	Identification/employee number

Social insurance number - - - - -	Are you a United States citizen or U.S. resident for tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide taxpayer identification number (TIN): _____ Failure to answer will require the Issuer to report to Canada Revenue Agency that a response was not received
I authorize the use of my 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 and to email information about the plan or services connected with it)
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Address (apt. no., street no., street)

IMPORTANT – if address includes a PO box, general delivery or rural route, also include the civic or street address

City	Province	Postal code	Telephone no. - - Ext.	Alternate telephone no. - -
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**SECTION 5 – BENEFICIARY INFORMATION**

**Primary beneficiary(ies)**

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to applicants				% of benefit
			Married	Select box below Quebec civil union spouse	OR Common-law partner	Specify under Other (child, friend, etc.)	
			<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 the primary beneficiaries predeceases the last applicant, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to the contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to the last surviving applicant's estate/successors.

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

### SECTION 5 – BENEFICIARY INFORMATION (continued)

#### Contingent beneficiary(ies)

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to applicants	% of benefit
				Total 100%

Where permitted by law, these designations are for all benefits payable under the plan upon or following the death of the surviving applicant. If a joint applicant dies, that person's interest in the joint account shall be vested in the surviving applicant.

All beneficiary designations are revocable **except**:

- where a *Designation of irrevocable beneficiary* form is completed
- where Quebec law applies and a married or civil union spouse has been designated as beneficiary - the box below applies.

#### Where Quebec law applies:

- **If the applicant's or joint applicant's married or civil union spouse is designated as beneficiary**, they will be irrevocable unless the box below is checked. If not, restrictions will apply, unless consent of the spouse is obtained. For example, the applicant and joint applicant will be prevented from changing the beneficiary, making withdrawals (where permitted) or exercising certain other rights.

I/we designate the applicant or joint applicant's married or civil union spouse as revocable beneficiary.

- **Where a minor beneficiary or a person who lacks legal capacity resides in Quebec** - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to their tutor(s) or curator, unless a valid trust has been established for the benefit of the beneficiary, by will or by separate contract, to receive any such payment 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. **Before designating a trust, legal advice should be sought.**

### 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, we hereby appoint:

Full name of <b>trustee</b> being appointed (last name, then first):	Trustee for (indicate beneficiary name)	Relationship of trustee to applicants:

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the 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. We authorize the trustee in their 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. We direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. We or our personal representative may by writing appoint a new trustee to replace the former trustee.

### SECTION 7 – INVESTMENT SELECTION

Select investment(s) for member contributions. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

*Total allocation must equal 100%*

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

### SECTION 8 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicants. By submitting a written request to the Issuer, the applicants may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicants' 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 applicants of products and services to help the applicants 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 applicants will only be available to the applicants, plan sponsor, pension and related government authorities, the Issuer, its affiliates, and any duly authorized employees, agents and representatives of the Issuer or its 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 applicants. 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 or joint 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 9 – SIGNATURE

We confirm the information on this form is complete and accurate and will update it in the future as it changes. We are aware that each applicant will be entitled and is authorized to independently perform any actions in respect of any amounts in this account including, without limitation, making investment selections, and requesting withdrawals, unless otherwise specified in this application. In the event of a conflict between our instructions submitted to the Issuer, the Issuer shall be entitled to require written joint instructions from both applicants and may refrain, without liability, from any action in respect of such conflicting instructions until such time as written joint instructions are received.

We are aware of the reasons the information covered by our authorizations and consents are needed, and the benefits of, and the risks of not, authorizing/consenting. We authorize and consent to the Issuer collecting, using, and disclosing personal information concerning us 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. Our authorizations and consents will begin the date this application is signed and end when no longer required. Our 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 our authorizations and consents will be as valid as the original. If either of us cease to be eligible to participate in the plan and do not make an election in accordance with the plan terms, the Issuer is authorized to exercise transfer or withdrawal options provided in the plan, and we hereby appoint the Issuer as our agent for this and any related purpose.

**Important: Please review the instructions at the beginning of section 10 on the next page.**

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Signature of applicant/annuitant

Date

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Signature of joint applicant/annuitant

Date

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

**SECTION 10 – ADDITIONAL REQUIRED INFORMATION/VERIFICATION OF IDENTITY**

The applicants will not be set up as members under the plan until the identification process is complete.

**Note:** Do not complete this section 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.

**Part A – to be completed by the applicants (complete all applicable areas of sections 1 to 4)**

**1) Purpose of joining the plan (select a maximum of two choices)**

- Short-term savings   
  Long-term savings   
  Estate planning/protection   
  Retirement fund  
 Other (specify) \_\_\_\_\_

**2) Source of funds (indicate where funds originated or how they were acquired, it is not sufficient to indicate bank account or savings)**

- Employment income   
  Inheritance   
  Sale of property/house   
  Gift  
 Household income (specify source) \_\_\_\_\_ (e.g. spouse's earnings)  
 Other (provide detailed description) \_\_\_\_\_

**3) Employment details**

**Are the applicants currently employed?**

- Yes. Provide employment details under **Currently employed**.  
 No. Provide details under **Not currently employed**.

**Currently employed:**

**Applicant**

Detailed occupation/job title	Nature of responsibilities
Employer	Nature of employer's business

**Joint applicant**

Detailed occupation/job title	Nature of responsibilities
Employer	Nature of employer's business

**Not currently employed:**

**Applicant**

- Check one of the following:  Unemployed  Retired  Student  Homemaker  
 Other: please specify \_\_\_\_\_

Previous employer (complete if previously employed or retired)	Previous employer's business (complete if previously employed or retired)
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**Joint Applicant**

- Check one of the following:  Unemployed  Retired  Student  Homemaker  
 Other: please specify \_\_\_\_\_

Previous employer (complete if previously employed or retired)	Previous employer's business (complete if previously employed or retired)
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**4) Third party determination**

Is or will a third party be involved with the plan (third party can be an individual or an entity such as a corporation, trust or partnership)? A third party includes any individual or entity who will contribute to the plan, provide instructions for the plan or have the use of, or access to, the funds under the plan.

- No. Proceed to Part B.  
 Yes. Complete the information below.

**Indicate type of third party** (if there is more than one third party, please use a separate page to record information for each additional third party)

- attorney (power of attorney)/mandatary   
  payor (includes any person who will be making lump sum contributions)   
  trustee  
 executor   
  collateral assignee/hypothecary creditor  
 other: \_\_\_\_\_

Name of third party (individual or entity)	Relationship to applicant	Date of birth (if third party is an individual) yyyy mm dd	Incorporation number (if third party is an corporation, otherwise provide registration number for other entities)	Nature of business (if third party is an entity)	Type of entity (if applicable)

Address (apt. no., street no., street)	City	Province	Postal code	Place of incorporation (if applicable)
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**IMPORTANT** – if address includes a PO box, general delivery or rural route, also include the civic or street address.

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

**SECTION 10 – ADDITIONAL REQUIRED INFORMATION/VERIFICATION OF IDENTITY (continued)**

**Part A – to be completed by the applicants (continued)**

**4) Third party determination (continued)**

If the third party is an individual, complete the below:

**Is the third party currently employed?**

- Yes. Provide employment details under **Currently employed**.  
 No. Provide details under **Not currently employed**.

**Currently employed:**

Detailed occupation/job title	Nature of responsibilities
Employer	Nature of employer's business

**Not currently employed:**

Check one of the following:  Unemployed  Retired  Student  Homemaker  
 Other: please specify \_\_\_\_\_

Previous employer (complete if previously employed or retired)	Previous employer's business (complete if previously employed or retired)
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**If the third party (individual or entity) will be contributing to the plan, provide the following information:**

**Source of funds** (indicate where the funds originated or how they were acquired, it is not sufficient to indicate bank account or savings)

**If the third party is an individual, select from the following options:**

- Employment income  Household Income – please specify source \_\_\_\_\_ (e.g. spouse's earnings)  
 Inheritance  Sale of property/house  Gift  
 Other (provide detailed description \_\_\_\_\_)

**If the third party is an entity, select from the following options:**

- Earnings  Endowment  Charitable donations  Sale of property  Gift  
 Other (provide detailed description \_\_\_\_\_)

If unable to obtain information on third parties that has been requested above, give reasons why below:

**Part B – to be completed by an authorized representative (any individual who is employed by Great-West Life group retirement services or is a financial security advisor who is contracted to do business with Great-West Life or London Life)**

**Verification of identity of applicant and joint applicant**

In compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)*, I have verified the identity of the applicant and joint applicant and confirmed the information indicated below.

**Note:** The first and last names on the personal identification document must be an exact match to the first and last names provided on the application.

The source of verification was:

**Applicant**

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Passport Issue date: ____/____/____ yyyy  mm  dd Expiry date: ____/____/____ yyyy  mm  dd	<input type="checkbox"/> Driver's license Issue date: ____/____/____ yyyy  mm  dd Expiry date: ____/____/____ yyyy  mm  dd	<input type="checkbox"/> Other: _____ _____ _____ Issue date: ____/____/____ yyyy  mm  dd Expiry date: ____/____/____ yyyy  mm  dd
Issuing jurisdiction _____		Document # _____	

**Joint applicant**

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Passport Issue date: ____/____/____ yyyy  mm  dd Expiry date: ____/____/____ yyyy  mm  dd	<input type="checkbox"/> Driver's license Issue date: ____/____/____ yyyy  mm  dd Expiry date: ____/____/____ yyyy  mm  dd	<input type="checkbox"/> Other: _____ _____ _____ Issue date: ____/____/____ yyyy  mm  dd Expiry date: ____/____/____ yyyy  mm  dd
Issuing jurisdiction _____		Document # _____	

Authorized representative name (please print) \_\_\_\_\_

Authorized representative company name (please print) \_\_\_\_\_

Company location (city, province) (please print) \_\_\_\_\_

Signature of authorized representative \_\_\_\_\_ Date \_\_\_\_\_