

Return to Great-West Life, Group Retirement Services  
330 University Ave, 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**

This tax-free savings account is issued by London Life Insurance Company (London Life), 255 Dufferin Avenue, London, Ontario N6A 4K1. London Life is a subsidiary of The Great-West Life Assurance Company. The Great-West Life Assurance Company and key design are trademarks of The Great-West Life Assurance Company (Great-West), used under licence by London Life for the promotion and marketing of insurance products.

**SECTION 3 – HOLDER/MEMBER INFORMATION (please print)**

Last name	Middle initial	First name	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse/common-law partner of employee <small>N/A if plan does not allow spouses/common-law partners to join</small>	Division/subgroup	Identification/employee number (if applicable)

Social insurance number	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language preference	Email address
<small>Holder authorizes use of his/her social insurance number for tax reporting, identification and record keeping</small>	yyyy mm dd <small>Must be 18 or older</small>		<input type="checkbox"/> English <input type="checkbox"/> French	<small>Required for online access to your account</small>

Address (apt. no., street no., street)

City	Province	Postal code	Telephone no.	Ext.	Alternate telephone no.
			-	-	-

**SECTION 4 – SUCCESSOR HOLDER/SUCCESSOR MEMBER INFORMATION**

In the event of my death, I hereby appoint my spouse or common-law partner (if living and still my spouse or common-law partner at the time of my death) to become the successor holder of this tax-free savings account and acquire all rights I have as the holder thereof. I reserve the right to revoke this appointment.

Spouse or common-law partner's last name	Middle initial	First name	Social insurance number	Date of birth
			-	yyyy mm dd

**Note:** if you've appointed a successor holder, that individual becomes the holder upon your death and therefore doesn't need to be named as your beneficiary. Another person(s) may be designated as the beneficiary to receive the proceeds upon your death if the successor holder predeceases you or no longer qualifies as your spouse or common-law partner at the time of your death. If you have appointed a successor holder, an irrevocable beneficiary cannot be designated.

**SECTION 5 – BENEFICIARY INFORMATION**

**Primary beneficiary(ies)**

Last name	First name	Relationship to holder				% 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"/>		
						<i>Total 100%</i>

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 holder	% of benefit
			<i>Total 100%</i>

These designations are for all benefits payable under the plan and 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 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 tax-free savings account (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 holder:

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 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. 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 – INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment 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.

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

*Total allocation must equal 100%*

### SECTION 8 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the holder. By submitting a written request to the Issuer, the holder may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the holder'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 holder of products and services to help the holder 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 holder will only be available to the holder, plan sponsor, 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 holder. 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 holder's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

### SECTION 9 – ELECTION FOR REGISTRATION

I apply for membership in the tax-free savings account and authorize the plan sponsor to act as my agent for the purpose of the plan. I request that London Life Insurance Company (the "Issuer") file an election with the Minister of National Revenue to register the qualifying arrangement as a tax-free savings account under the Income Tax Act (Canada) and any similar provincial law. My tax-free savings account will be effective on the date this application is signed.

### SECTION 10 – SIGNATURE

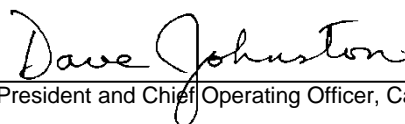
I confirm the instructions, designations and appointment on this form. I am aware of the reasons the information covered by my authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the Issuer collecting, using, and disclosing 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, my tax-free savings account will be transferred to a new policy/plan number with the Issuer unless the Issuer receives other instructions from me, and I hereby appoint the Issuer as my agent for any related purpose.

Signature of holder

Date



President and Chief Executive Officer



President and Chief Operating Officer, Canada