

Lump sum contribution to a non-registered savings plan

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

To be completed by a plan member who is making a lump sum contribution to a non-registered savings plan.
Please note that your plan must allow you to make additional lump sum contributions.

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

Please print.

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor

Policy/plan number

ENGINEERS CANADA

35408

CONTRIBUTION MADE BY:

Last name

Initial

First name

Social insurance number

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I am attaching a cheque (payable to London Life) in the amount of \$_____ to be deposited to my non-registered savings plan.

IMPORTANT information regarding non-registered contributions:

IDENTIFICATION REQUIREMENT – If you enrolled in this plan on or after June 23, 2008 you must complete a Personal identification process before a lump sum contribution can be accepted. A Personal identification package can be obtained by accessing our website at www.grsaccess.com or by calling *Access Line* at 1-800-724-3402. Your enrolment date can be found on your member statement, referenced as *Date you joined this plan* or by signing on to www.grsaccess.com, referenced as *Your date of membership*.

CONTRIBUTIONS OF \$100,000 or greater:

Anti-money laundering legislation requires that for lump sum contributions of \$100,000 or greater, a *Politically Exposed Foreign Person Determination* form be completed. This form is only required to be completed once. Your contribution will not be applied without this form. The form can be obtained by visiting www.grsaccess.com or calling *Access Line* at 1-800-724-3402.

Please invest this contribution as follows:

According to my current investment allocation instructions.

According to the following special instructions for this contribution only:

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

Total allocation must equal 100%. Note that in some cases your plan sponsor controls investment allocation instructions.

Signature of plan member _____ Date _____

Please make your cheque **payable to London Life Insurance Company** and return to Great-West with this form.