

Application for membership in a non-registered savings plan Corporation Application

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

SECTION 1 – PLAN SPONSOR INFORMATION

Name of plan sponsor ENGINEERS CANADA	Policy/plan number 35408
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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 INFORMATION (please print)

Full legal name of corporation	Corporation income tax account number (15 characters, business no. plus account no.)	If Quebec, also provide 10 digit NEQ number
Division/subgroup	Identification number	Nature of business
		Language <input type="checkbox"/> English <input type="checkbox"/> French
Address for delivery of tax receipts, statements and all other material (suite no., street no., street, city, province and postal code)		

If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street)	City	Province	Postal code
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SECTION 4 – ANNUITANT INFORMATION (person on whose life the plan is based) (please print)

Last name	Middle initial	First name	Date of birth
			yyyy mm dd
Address (apt. no., street no., street)	City	Province	Postal code
		Telephone number	- -

If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street)	City	Province	Postal code
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SECTION 5 – AUTHORIZED SIGNING OFFICER OF APPLICANT INFORMATION (please print)

☐ Same as annuitant (please indicate email address below) OR if signing officer is different from annuitant, complete all fields below

Last name	Middle initial	First name	Date of birth	Email address
			yyyy mm dd	Required for online access and to email information about the plan or services connected with it
Address (apt. no., street no., street)	City	Province	Postal code	Telephone number
				- -

If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street)	City	Province	Postal code
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SECTION 6 – BENEFICIARY INFORMATION

There may be tax consequences where an individual or entity other than the corporate applicant is named as beneficiary under the plan or receives payments out of the plan. The Issuer recommends that the applicant make these decisions in consultation with the corporation's professional tax advisor.

Primary beneficiary(ies)

Last name/corporation name	First name	Relationship to annuitant	% of benefit
			Total 100%

Unless the law requires otherwise, if one of the primary beneficiaries predeceases the annuitant, 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 applicant.

Contingent beneficiary(ies)

Last name	First name	Relationship to annuitant	% of benefit
			Total 100%

Where permitted by law, these designations are for all benefits payable under the plan. All beneficiary designations are revocable **except** where a *Designation of irrevocable beneficiary* form is completed.

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.**

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

SECTION 7 – 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, the applicant hereby appoints:

Full name of trustee being appointed (last name, then first)	Trustee for (indicate beneficiary name)	Relationship of trustee to annuitant

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. I 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. 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 8 – INVESTMENT SELECTION

Select investment(s) if the plan sponsor has given members the right to select investments for all or part of the contributions to the plan. 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%

SECTION 9 – TAX INFORMATION REQUIRED BY CANADA REVENUE AGENCY (CRA)

For tax reporting purposes, the applicant ("entity") **must** answer the questions below to determine their international tax classification under the *Canada-United States Enhanced Tax Information Exchange Agreement Implementation Act* and Part XIX to the *Income Tax Act* (collectively the Acts). If the applicant fails to answer or depending on the classification, the Issuer may report to CRA as financial institutions must identify and report specific types of accounts under the Acts. The terms used in this section are defined in the Acts. For more information, the applicant should consult their tax or other legal advisor, or go to the CRA website (www.cra-arc.gc.ca), search "entities" and click on "CRA Information for entities with accounts with Canadian financial institutions." For information about the Acts, visit www.fin.gc.ca.

1) Declaration of tax residence

- ☐ the entity is a tax resident of Canada
- ☐ the entity is a tax resident of a jurisdiction other than Canada. Provide the applicant's jurisdictions of tax residence and taxpayer identification numbers (TIN):
- Jurisdiction of tax residence: _____ TIN: _____
- Jurisdiction of tax residence: _____ TIN: _____

2) Entity classification

A. Is the entity a financial institution?

☐ No, **go to subsection 2 C**

☐ Yes, **select only one**

- ☐ Financial institution with valid GIIN: _____ (example: AB3456-000-XX-000)
- ☐ Deemed compliant financial institution not required to obtain GIIN. Type: _____
- ☐ Non-participating financial institution (NPFI)
- ☐ Other (type): _____

B. Does the financial institution meet all of these criteria?

- It is a resident in a non-participating jurisdiction (visit the CRA website for the list of participating jurisdictions)
- At least 50 per cent of its gross income is from investing or trading in financial assets
- It is managed by another financial institution

☐ No, **go to section 10** of this application form

☐ Yes, **go to subsection 3**

C. Is the entity a specified United States person under the U.S. Internal Revenue Code?

☐ No.

☐ Yes, provide the EIN/U.S. TIN: _____

D. Is the entity an active non financial entity (NFE)? (see definition below)

☐ No, the entity is a passive NFE, **go to subsection 3**

☐ Yes, **go to section 10** of this application form

An active NFE could include one or more of the following:

- Business where more than 50 per cent of gross income is generated from active trade or business AND more than 50 per cent of assets held are used to produce active income
- Registered charity or a club, association or arrangement in Canada operated exclusively for cultural, athletic or educational purposes
- Corporation with shares that regularly trade on an established securities market. It can also be a related corporation.
- Government or international organization
- Refer to the reference guide for details and for other types of active NFEs or go to the CRA website (www.cra-arc.gc.ca), search "entities" and click on "CRA Information for entities with accounts with Canadian financial institutions".

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

SECTION 9 – TAX INFORMATION REQUIRED BY CANADA REVENUE AGENCY (CRA) (continued)

3) Information about owners/controllers

Owners/controllers are any individual(s) who own or control, directly or indirectly, 25 per cent or more of the shares/interests of the entity. An individual's direct or indirect ownership of an entity includes direct ownership interests as well as ownership interests held indirectly through other entities. All such ownership interests should be aggregated to determine if the 25 per cent threshold has been reached.

- ☐ The entity has owners/controllers that individually own or control, directly or indirectly, a total of 25 per cent or more of the shares/interests of the entity. List all the owners/controllers below (attach a separate sheet if additional space is required and include the applicant's name and policy/plan number).

Or

- ☐ The entity has no single owner/controller who owns or controls, directly or indirectly, a total of 25 per cent or more of the shares/interests of the entity. **Go to section 10** of this application form.

Last name	Middle initial	First name	Date of birth
			yyyy mm dd
Address (include civic or street address)	City	Province	Postal code

Is the individual a U.S. citizen or U.S. resident for U.S. tax purposes? ☐ No ☐ Yes

If **yes**, provide the taxpayer identification number (TIN): _____

Is the individual a resident of Canada? ☐ No ☐ Yes

If **yes**, provide social insurance number (SIN): _____

Is the individual a resident for tax purposes in a country or region other than Canada or the U.S.? ☐ No ☐ Yes

If **yes**, provide jurisdiction of residence(s) for tax purposes and taxpayer identification number (TIN(s)):

Jurisdiction of residence: _____ TIN: _____

Jurisdiction of residence: _____ TIN: _____

Last name	Middle initial	First name	Date of birth
			yyyy mm dd
Address (include civic or street address)	City	Province	Postal code

Is the individual a U.S. citizen or U.S. resident for U.S. tax purposes? ☐ No ☐ Yes

If **yes**, provide the taxpayer identification number (TIN): _____

Is the individual a resident of Canada? ☐ No ☐ Yes

If **yes**, provide social insurance number (SIN): _____

Is the individual a resident for tax purposes in a country or region other than Canada or the U.S.? ☐ No ☐ Yes

If **yes**, provide jurisdiction of residence(s) for tax purposes and taxpayer identification number (TIN(s)):

Jurisdiction of residence: _____ TIN: _____

Jurisdiction of residence: _____ TIN: _____

SECTION 10 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains information concerning the applicant and annuitant. By submitting a written request to the Issuer, the applicant or annuitant may exercise rights of access to, and rectification of, the file, as applicable. The Issuer will collect, use and disclose the applicant's and annuitant's 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 applicant and annuitant of products and services to help the annuitant 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 annuitant will only be available to the applicant, annuitant, 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 applicant and annuitant. 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 and annuitant's 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.

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

SECTION 11 – SIGNATURE

The applicant applies for membership in the plan and appoints the plan sponsor as the applicant's agent for the purpose of the plan. The applicant and annuitant confirm the information on this form is complete and accurate, and the applicant will update it in the future as it changes. The applicant and annuitant are aware of the reasons the information covered by the applicant's and annuitant's authorizations and consents are needed, and the benefits of, and the risks of not, authorizing/consenting. The applicant and annuitant authorizes and consents to the Issuer collecting, using, and disclosing information concerning the applicant and annuitant 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. The applicant and annuitant's authorizations and consents will begin the date this application is signed and end when no longer required. The applicant and annuitant's 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 the applicant and annuitant's authorizations and consents will be as valid as the original. If the applicant ceases to be eligible to participate in the plan and does 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 the applicant hereby appoints the Issuer as the applicant's agent for this and any related purpose. The signor for the applicant confirms he or she is an authorized signing officer of the corporate applicant and will provide proof of authority to bind the corporation if requested. If the signing officer is also the annuitant, one signature will bind both.

Important: Please review the instructions at the beginning of section 12 on the next page.

Signature of authorized signing officer of applicant*

Date

Signature of annuitant (if different from authorized signing officer)

Date

*The signor must be an individual identified in a search through ESC Corporate Services Ltd. If the signor is not identified in the search, the Issuer will request documentation, such as a resolution, as proof that the signor has the power to bind.

SECTION 12 – ADDITIONAL REQUIRED INFORMATION VERIFICATION OF IDENTITY

The applicant will not be set up as a member 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 or call 1-800-724-3402 to obtain the appropriate forms.

Part A – to be completed by the authorized signing officer (complete all applicable areas of sections 1 to 4)

1) Purpose of establishing 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)

- ☐ Earnings ☐ Endowment ☐ Charitable donations ☐ Sale of property ☐ Gift
☐ Other (provide detailed description) _____

3) Employment details of authorized signing officer

Are you 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

If not currently employed (e.g. retired), provide the following:

Previous employer (if applicable) Previous employer's business (if applicable)

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: _____

Application for membership in a non-registered savings plan (continued)**SECTION 12 – ADDITIONAL REQUIRED INFORMATION VERIFICATION OF IDENTITY (continued)****Part A – to be completed by the authorized signing officer (complete all applicable areas of sections 1 to 4)****4) Third party determination (continued)**

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	Jurisdiction of issue (federal or province /territory) (if third party is an entity)

If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street)	City	Province	Postal code
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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 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 authorized signing officer**

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

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

Document used to verify identity (must be valid, original government issued photo ID. Health cards may not be acceptable ID in all provinces):

- ☐ Passport
☐ Driver's licence
☐ Other: _____

Document number: _____

Jurisdiction: _____

Issue date: _____

Expiry date: _____

Authorized representative name (please print) _____

Authorized representative company name (please print) _____

Company location (city, province) (please print) _____

Signature of authorized representative_____
Date

Application for membership in a non-registered savings plan (continued)**Part C – to be completed by the authorized signing officer****Corporation status verification**

The Issuer will conduct a search of the corporation to confirm its existence and current status using the information provided with regards to the corporation. List the names and detailed occupations of all the corporation's directors.

Individual name	Detailed occupation

- i) Do any persons or entities own or control, directly or indirectly, 25% or more of the shares of the corporation? Yes ☐ No ☐

If yes, please provide details below.

	Individual or entity name	Address	Detailed occupation (nature of business if entity)
1.			
2.			
3.			
4.			

- ii) If an entity(ies) is/are listed in ii) above, please complete the following:

Are there any individuals who own or control, directly or indirectly, 25% or more of the entity(ies) listed in ii) above. Yes ☐ No ☐

If yes, please provide details below.

Entity number (from ii)	Individual name	Address	Detailed occupation