



# Application for membership in a group retirement savings plan

Return to Canada Life, Group Retirement Services  
 255 Dufferin Ave., T540, London, ON N6A 4K1  
 1-800-724-3402

In this application, "you" and "your" refer to the person who is applying to become an annuitant/member of the group retirement savings plan(s) (the plan), and "we," "us," and "our" refer to the issuer, The Canada Life Assurance Company, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting grsaccess.com.

## SECTION 1 – EMPLOYER/PLAN SPONSOR

Name of employer/plan sponsor <b>Paytrak Payroll Services Ltd.</b>	Policy/plan number <b>69717</b>
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## SECTION 2 – INFORMATION ABOUT YOU (please print)

You are applying for:

<input type="checkbox"/> Personal RSP – you are the owner and person contributing to the plan. Do not complete section 3.  ID number _____ (completed by us)	AND/OR	<input type="checkbox"/> Spousal RSP – you are the owner and your spouse/common-law partner is the person contributing to the plan. Section 3 must be completed.  ID number _____ (completed by us)
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Last name	Middle initial	First name	<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee	Division/subgroup <b>01</b>	Identification/employee number (if applicable)
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Social insurance number (SIN) - - - - -	Date of birth yyyy mm dd	Language <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)

City	Province	Postal code	Telephone no. - - Ext.	Alternate telephone no. - -
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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 3 – RSP SPOUSAL CONTRIBUTOR

Last name of contributing employee/contributor	First name	Social insurance number	ID/employee number
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## SECTION 4 – YOUR BENEFICIARY DESIGNATION

Where permitted by law, you can appoint one or more beneficiaries. Note: pension legislation may require payment of the death benefit to your qualifying spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary, complete the *Designation of irrevocable beneficiary* form.

### Primary beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you Select box below OR Specify under Other				% of benefit
			Married	Quebec civil union spouse	Common-law partner	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%	

### Important: Quebec residents

- If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:  
**I designate my married or civil union spouse revocably**
- The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)

Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to your contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to your estate.

**Application for membership in a group retirement savings plan (continued)**

**SECTION 4 – YOUR BENEFICIARY DESIGNATION (continued)**

**Contingent beneficiary(ies) on your death**

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you	% of benefit

Total 100%

**Trustee (to be completed if any of your beneficiaries are minors or otherwise lack legal capacity and do not reside in Quebec; do not complete if a formal trust exists)**

Last name	First name	Trustee for (indicate beneficiary name)	Relationship of trustee to you

You authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) 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 trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to appointing a trustee. Payment to the trustee(s) discharges us to the extent of the payment.

**SECTION 5 – PAYROLL DEDUCTION AUTHORIZATION (complete for Personal RSPs where payroll authorization is applicable)**

You authorize your employer to deduct \_\_\_\_\_ from each pay.

**SECTION 6 – YOUR INVESTMENT SELECTION**

Select investment(s) for your contributions, and if applicable, employer 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%

**SECTION 7 – APPLICATION FOR REGISTRATION**

You apply for membership in the plan and authorize your plan sponsor to act as your agent for the purpose of the plan. You request that we apply to register the plan as a registered retirement savings plan under the *Income Tax Act* (Canada) and any similar provincial law.

**SECTION 8 – SIGNATURE**

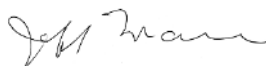
You confirm the information on this form and will update it in the future as it changes. You have read the terms of the member's certificate and this application, including the attached Protecting your personal information, and agree to be bound by their terms. If locked-in pension funds are transferred to the plan, you agree and acknowledge that such funds will be governed by the locked-in retirement account addendum, locked-in retirement savings plan addendum or restricted locked-in savings plan addendum, as applicable (the locked-in addendum), which will form part of the plan and will override the terms of the retirement savings plan certificate issued to you to the extent of any inconsistency between the certificate and the locked-in addendum. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. If you cease to be eligible to participate in the plan and do not make an election in accordance with the terms of the plan, we authorized to exercise transfer or withdrawal options provided in the plan, and you appoint us as your agent for this and any related purpose.

Signature of annuitant

Date



President and Chief Executive Officer



President and Chief Operating Officer, Canada

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## RSP contribution details

Return to Canada Life, Group Retirement Services  
255 Dufferin Ave., T540, London, ON N6A 4K1  
1-800-724-3402

Complete this form to direct contributions to a spousal retirement savings plan.

This form is completed and signed by the person who is making the contribution (RSP spousal contributor). The owner of the plan is your spouse/common-law partner.

EMPLOYER/PLAN SPONSOR			
Name of employer/plan sponsor			Policy/plan number
Paytrak Payroll Services Ltd.			69717
INFORMATION ABOUT THE OWNER OF THE PLAN			
Last name	Middle Initial	First name	Social insurance number
			- -
RSP SPOUSAL CONTRIBUTOR			
Last name	Middle Initial	First name	Social insurance number
			- -

### Payroll deduction authorization

The contributing employee authorizes their employer to deduct the following from each pay.

\_\_\_\_\_

**Direction of contributions** – The direction given on this form will apply to **future** contributions only and will remain in effect until we are advised otherwise. This direction will apply to any contribution the employer/plan sponsor allows to be split. Please see your plan administrator if you have any questions regarding which contributions can be split.

Choose one of the following

- 100% to the spousal RSP (I am the RSP spousal contributor)
- Split my contributions between my personal RSP and the spousal RSP (total allocation must equal 100%)

\_\_\_\_\_ % personal RSP (I am the owner of the plan.)

\_\_\_\_\_ % spousal RSP (I am the RSP spousal contributor)

\*Lump sum contributions may be applied differently than indicated above. When the contribution is sent in, the direction must be clearly indicated. If no direction is received, the contribution will be applied according to the direction on this form.

Signature of RSP spousal contributor

Date

Contact information 1-800-724-3402 or [grsaccess.com](http://grsaccess.com)  
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