

**Application for membership in a  
Non-registered savings plan  
Corporation Application**

Return to Your plan administrator

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

Name of employer/plan sponsor <b>CANADIAN ENTERTAINMENT INDUSTRY RETIREMENT PLAN</b>	Policy/plan number <b>62724</b>
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**SECTION 2 – APPLICANT INFORMATION (please print)**

Full legal name of Corporation

Address for delivery of tax receipts, statements and all other material (apt. no., street no., street, city, province and postal code)	Telephone number ( ) -	E-mail address
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**SECTION 3 – ANNUITANT/ MEMBER INFORMATION (please print)**

Last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Division/subgroup <b>15</b>
Address (apt. no., street no., street, city, province and postal code)			Telephone no. ( ) -	E-mail address
Social insurance number	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Quebec civil union <input type="checkbox"/> Single <input type="checkbox"/> Other		Identification number	Language preference <input type="checkbox"/> English <input type="checkbox"/> French
Date of birth yyyy mm dd		Date of employment yyyy mm dd	Date joined plan yyyy mm dd	

Annuitant authorizes use of his/her social insurance number for tax reporting, identification and record keeping

**SECTION 4 – ISSUER INFORMATION**

The Great-West Life Assurance Company & key design is a trade-mark of The Great-West Life Assurance Company (Great-West), used under licence by London Life Insurance Company (London Life) for the promotion and marketing of insurance products. London Life is a subsidiary of Great-West. The group retirement, savings and annuity product(s) described in this application are issued by London Life.

**SECTION 5 – BENEFICIARY INFORMATION**

These designations are for all benefits payable under the plan upon or following the applicant's death. All beneficiary designations are revocable **except** a designation where:

- a *Designation of irrevocable beneficiary* form is completed; or
- the **Civil Code of Quebec** applies and the beneficiary is the applicant's spouse (designated without stipulation of revocability) – see box below.

**This section is for Quebec only – Where the Civil Code of Quebec applies, any designation of an applicant's spouse as beneficiary is irrevocable unless the applicant stipulates the designation to be revocable by checking the box below ("spouse" here means married spouse or civil union spouse). Where a beneficiary designation is irrevocable and while that beneficiary is living, the applicant may not, without the consent of the beneficiary (who must be of legal age to give consent), alter or revoke the designation, assign, surrender, exercise rights under or in respect of, or otherwise deal with the contract.**

I, as applicant, stipulate that whenever in this application my spouse (see above definition) is designated as beneficiary, that designation is **revocable**.

Beneficiary in the event of death of the applicant. I reserve the right to revoke any and all revocable beneficiary designations.

Last name	First name	Relationship to applicant	% of distribution	Gender	Minor
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total 100%		

Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to my surviving beneficiaries in equal shares, or if there is no surviving beneficiary, to my contingent beneficiary. If there is no appointed or surviving contingent beneficiary, the entitlement will revert to my estate/successors.

**Contingent beneficiary – If all of the above beneficiaries die before me, the death benefit set out in the plan is to be paid to:**

Last name	First name	Relationship to applicant	% of distribution	Gender	Minor
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total 100%		

**Minor beneficiary or contingent beneficiary appointment – If the beneficiary is a minor, or otherwise lacks legal capacity, complete the Trustee Appointment section (Not required if there is a written trust agreement).**

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

**SECTION 6 – TRUSTEE APPOINTMENT**

Please complete this trustee appointment section if any of the named beneficiaries or contingent beneficiaries are minors or otherwise lack legal capacity to receive the proceeds (not required if the applicant has already completed a trust agreement). If the applicant wishes to name different trustees for different beneficiaries, please complete the *Addendum to designation of revocable beneficiary/trustee appointment form*

The applicant appoints the trustee to receive, in trust, all benefits payable to any beneficiary designated under this 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. The applicant authorizes 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, 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. The applicant directs the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. The applicant or the applicant's personal representative (in Québec: the applicant's tutor, curator, liquidator, or mandatary in the event of incapacity) may by writing appoint a new trustee to replace the former trustee.

**SECTION 7 – INVESTMENT ALLOCATION INSTRUCTIONS**

The Issuer offers a selection of investment options. 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.

**Asset Allocation Funds** (choose only one)

Conservative Portfolio	LCOPO	_____ %
Moderate Portfolio	LMOPO	_____ %
Balanced Portfolio	LBAPO	_____ %
Advanced Portfolio	LADPO	_____ %
Aggressive Portfolio	LAGPO	_____ %
Cadence Retirement	CADRT	_____ %

**Lifestyle Funds** (choose only one)

Cadence 2010	CAD10	_____ %
Cadence 2015	CAD15	_____ %
Cadence 2020	CAD20	_____ %
Cadence 2025	CAD25	_____ %
Cadence 2030	CAD30	_____ %
Cadence 2035	CAD35	_____ %
Cadence 2040	CAD40	_____ %
Cadence 2045	CAD45	_____ %
Cadence 2050	CAD50	_____ %

**Cash and Guaranteed Interest Accounts**

Daily Interest Account	DIA	_____ %
5 Yr Compound Interest	CI5	_____ %

**Money Market Fund**

Money Market Fund (LCM)	LLMON	_____ %
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**Balanced Fund**

Socially Responsible Asset Allocation Fund (Meritas)	SRMER	_____ %
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**Special Equity Funds**

Ethics (GWLIM)	LLEG	_____ %
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*total allocation must equal 100%*

**SECTION 8 – CONFIDENTIAL INFORMATION FILE**

The Issuer will establish a confidential information file that contains personal 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 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 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 applicant and annuitant will only be available to the applicant, annuitant, plan sponsor, pension and related government authorities, the Issuer, their affiliates, within or outside Canada, and any duly authorized employees, agents and representatives of the Issuer or their affiliates, 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 personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

**SECTION 9 – SIGNATURE**

The applicant and annuitant confirm the instructions, designations and appointment on this form. 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 personal 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.

Authorized signature of applicant

Date

Signature of annuitant

Date

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

**SECTION 10 – VERIFICATION OF IDENTITY OF THE AUTHORIZED SIGNATORY OF THE APPLICANT– MUST BE COMPLETED BY AN \*AUTHORIZED REPRESENTATIVE**  
 (THIS SECTION IS TO BE COMPLETED IF THE APPLICANT INTENDS TO MAKE A LUMP SUM CONTRIBUTION. VERIFICATION OF IDENTITY MAY BE DONE AT THE TIME OF APPLICATION OR AT ANY TIME PRIOR TO SUBMITTING A LUMP SUM CONTRIBUTION.)

NOTE: 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. Lump sum contributions will not be accepted until the verification of identity process is complete.

IDENTIFICATION OF AUTHORIZED SIGNATORY OF THE APPLICANT: In compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada), I have verified the identity of the person signing on behalf of the applicant and confirmed his/her Occupation/Job title indicated below. The source of verification was:

<input type="checkbox"/> Driver's license no.	Prov. or Country	<input type="checkbox"/> Passport no.	Country
<input type="checkbox"/> Birth certificate no.	Prov. or Country	<input type="checkbox"/> Other	

Occupation / Job title \_\_\_\_\_

Authorized Representative Location/Company Name \_\_\_\_\_

Authorized Representative Name (please print) \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

\* Authorized representative means any individual who is employed by Great-West Life group retirement services, or is a contracted advisor for the plan

**SECTION 11 – VERIFICATION OF IDENTITY OF THE ANNUITANT/MEMBER (IF DIFFERENT FROM THE AUTHORIZED SIGNATORY OF THE APPLICANT) – MUST BE COMPLETED BY AN \*AUTHORIZED REPRESENTATIVE**  
 (THIS SECTION IS TO BE COMPLETED IF THE APPLICANT INTENDS TO MAKE A LUMP SUM CONTRIBUTION. VERIFICATION OF IDENTITY MAY BE DONE AT THE TIME OF APPLICATION OR AT ANY TIME PRIOR TO SUBMITTING A LUMP SUM CONTRIBUTION.)

NOTE: 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. Lump sum contributions will not be accepted until the verification of identity process is complete.

IDENTIFICATION OF ANNUITANT/MEMBER: In compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada), I have verified the identity of the annuitant/member and confirmed his/her Occupation/Job title indicated below. The source of verification was:

<input type="checkbox"/> Driver's license no.	Prov. or Country	<input type="checkbox"/> Passport no.	Country
<input type="checkbox"/> Birth certificate no.	Prov. or Country	<input type="checkbox"/> Other	

Occupation / Job title \_\_\_\_\_

Authorized Representative Location/Company Name \_\_\_\_\_

Authorized Representative Name (please print) \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

\* Authorized representative means any individual who is employed by Great-West Life group retirement services, or is a contracted advisor for the plan.

**SECTION 12 – CORPORATION STATUS VERIFICATION**

- i) Corporate documentation
- Attached is a copy of the employer's certificate of corporate status (here meaning official record(s) issued by, or filed with and received by, the government or regulatory authority, e.g. securities commission, showing the corporation's legal name and address, the names of its directors and verifying its present existence).
- OR
- A copy of the employer's certificate of corporate status could not be obtained. One of the following pieces of information has been provided as an alternative.
  - Copy of company's annual filing for the last fiscal year
  - Copy of a published Annual Report signed by an external auditor
  - Notice of assessment from a municipal, provincial, or federal government
- ii) List of all the corporation's directors, and all persons who own or control, directly or indirectly, 25% or more of the shares of the corporation.

NAME	ADDRESS	OCCUPATION