

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

SECTION 5 – TRUSTEE APPOINTMENT

(to be completed if any of the beneficiaries are minor 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 applicant:

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 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. 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 6 – INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment instructions for member contributions. If applicable, the same instruction will apply to employer contributions. 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 (PSG)	LCOPO	_____ %
Moderate Portfolio (PSG)	LMOPO	_____ %
Balanced Portfolio (PSG)	LBAPO	_____ %
Advanced Portfolio (PSG)	LADPO	_____ %
Aggressive Portfolio (PSG)	LAGPO	_____ %
Cadence Retirement (PSG)	CADRT	_____ %

Cash and Cash Equivalents

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

Balanced Fund

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

Ethics (GWLIM)	LLEG	_____ %
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Lifecycle Funds (choose only one)

Cadence 2010 (PSG)	CAD10	_____ %
Cadence 2015 (PSG)	CAD15	_____ %
Cadence 2020 (PSG)	CAD20	_____ %
Cadence 2025 (PSG)	CAD25	_____ %
Cadence 2030 (PSG)	CAD30	_____ %
Cadence 2035 (PSG)	CAD35	_____ %
Cadence 2040 (PSG)	CAD40	_____ %
Cadence 2045 (PSG)	CAD45	_____ %
Cadence 2050 (PSG)	CAD50	_____ %
Cadence 2055 (PSG)	CAD55	_____ %

Total allocation must equal 100%

SECTION 7 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Issuer, the applicant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicant'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 of products and services to help the applicant 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 will only be available to the applicant, plan sponsor, pension and related 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 applicant. 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. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.

SECTION 8 – 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 and do 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 I hereby appoint the Issuer as my agent for this and any related purpose. To the best of my knowledge, I confirm the information provided is complete, accurate and will be updated in the future if the information changes.

Signature of applicant

Date

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

SECTION 9 – LUMP SUM CONTRIBUTION INFORMATION

THIS SECTION IS TO BE COMPLETED IF THE APPLICANT INTENDS TO MAKE A LUMP SUM CONTRIBUTION. VERIFICATION OF IDENTITY, ALONG WITH DETAILS RELATED TO THE PURPOSE OF JOINING THE PLAN AND THIRD PARTY DETERMINATION, MAY BE DONE AT THE TIME OF APPLICATION OR AT ANY TIME PRIOR TO SUBMITTING A LUMP SUM CONTRIBUTION.

Part A – to be completed by the applicant

Purpose of joining the plan (select a maximum of two choices)

- Short-term savings Long-term savings Estate planning/protection Retirement fund
 Other (specify) _____

Employment details

Detailed occupation/job title	Employer	Nature of employer's business
Source of funds for the lump sum contribution (complete if unemployed, retired, student or homemaker)	Previous employer (complete if unemployed or retired)	Previous employer's business (complete if unemployed or retired)

Third party determination

Is a third party involved with this plan? For example: Will another person or entity contribute to the plan? YES NO

If "YES", indicate type of third party (there may be more than one third party):

- attorney (Power of attorney)/mandatary payor trustee executor collateral assignee/hypothecary creditor
 other: _____

If there is more than one third party, please use a separate page to record all information below, for each additional third party.

Last name	Middle initial	First name	Date of birth yy yy mm dd	Relationship to applicant	
Address (apt. no., street no., street)			City	Province	Postal code
<small>IMPORTANT – if home address includes a PO box, general delivery or rural route, also include the civic or street address</small>					
Detailed occupation/job title	Employer	Nature of employer's business			
Source of funds for the lump sum contribution (complete if unemployed, retired, student or homemaker)	Previous employer (complete if unemployed or retired)	Previous employer's business (complete if unemployed or retired)			

If a corporation, registration number and country/province of incorporation (provide similar information for a non-corporate entity, e.g., partnership).

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 applicant

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

In compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)*, I have verified the identity of the applicant and confirmed the information indicated below. The source of verification was:

<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's license	<input type="checkbox"/> Other: _____
Issue date: ____ / ____ / ____ yyyy mm dd	Issue date: ____ / ____ / ____ yyyy mm dd	Issue date: ____ / ____ / ____ yyyy mm dd	Issue date: ____ / ____ / ____ yyyy mm dd
Expiry date: ____ / ____ / ____ yyyy mm dd	Expiry date: ____ / ____ / ____ yyyy mm dd	Expiry date: ____ / ____ / ____ yyyy mm dd	Expiry date: ____ / ____ / ____ yyyy mm dd

Issuing jurisdiction _____ Document # _____

Authorized representative name (please print) _____

Authorized representative company name (please print) _____

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

Signature of authorized representative