

Application for membership in a group registered pension plan

Return to Canada Life, Group Retirement Services

In this application, "you" and "your" refer to the person who is applying to become a member of the group registered pension plan (the plan), and "we," "us," and "our" refer to The Canada Life Assurance Company, the issuer of the group annuity product for the plan, 100 Osborne Street North, Winnipeg, M8 R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting grsaccess.com.

SECTION 1 - EMPLO	OYER/PLAN S	PONSOR		1					1.12.1		
Name of employer/plan sponsor						Policy/plan number					
SECTION 2 -INFOR	MATION ABO	UT YOU (ple	ase print)	14 V			1 m = 1 2 - 5				
Last name, Swthep land by Middle initial First name						Division/subgroup Identification/employee numb			loyee number		
Social insurance number (SIN) 512 - 859 - 486 You authonize the use of your SIN for tax reporting, identification and record keeping				Date of employment 2022 /0 0 8 yyyy mm dd			Date of birth		29	Gender Male	Language English French
Last name of spouse/co	ommon-law partr	ner First	name					Email a	ddress	6	
										ine access and to r services connect	email information
Address (apt. no., stree	t no., street)										
City				Province			Postal code				
If the above address is a		al delivery or ru	iral route, a	iso incl	ude the civ	ic or stree	t addres	s below	<u>0</u>		
Address (apt. no., street no., street)						City			Province Postal co		Postal code
Telephone no.	no. Alternate telephone no.				Province of employment			Date joined plan			
Ext								yyyy mm dd			
Are you a connected per determine whether you a			T1007 mus	t be file	ed by your e	mployer	with Can	ada Revenue	e Agen	cy (the plan adr	ninistrator can help
SECTION 3 - YOUR	BENEFICIAR	Y DESIGNAT	ION	1	3		<u></u>				
You can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan may require payment spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). beneficiary, complete the <i>Designation of irrevocable beneficiary</i> form. Primary beneficiary(ies) on your death Relationship of beneficiar Select box below OR Speci						ary to	ary to you				
Last name First name			Date of yyyy m	birth m dd	Married	Queb civil ur spou	ec nion	Common-law partner		Other child, friend, etc	% of benefit :.)
Taylor	Martie	nzu	2002/	0910	10				d	rushter	33
Taylor	Josef	h	2004/r	4/13					S	DIA	33
Taylor 1	tonta	na	2001/0	30	5 0			0	da	upter	34 Total 100%
 perform certain I designate my The death bene 	rour married or c transactions suc married or civ efit will be paid to legal capacity u is section) otherwise, if one surviving prima ur estate.	h as making wi il union spous o the tutor(s) of inless a formal of your priman ry beneficiary(i ath	thdrawals (se revocab a beneficia trust has b y beneficiari y beneficiari ies), to you	where ly iry who been es ies pre- r contir Da yyyy	bermitted) v is a minor stablished t deceases y ngent bene tte of birth y mm do	(generally y will or s ou, their s ficiary(ies)	the pare eparate hare will named	nt) unless you ents) or the to contract (in be paid to th	utor or which o	the box below: curator of a ber case, designate ving primary be	neficiary who the trust as neficiaries in equal eneficiary(ies), the % of benefit
NUDICUM	1 Ma	SIM	d	0.6	0.01	10	91	uus	DI	1	100

Application for membership in a group registered pension plan (continued)

SECTION 3 - YOUR BENEFICIARY DESIGNATION (continued)

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 4 - PAYROLL DEDUCTION AUTHORIZATION

You authorize your employer to deduct the following from each pay: 6%

- · your required contributions under the provisions of the plan;
- if permitted by the plan, additional voluntary contributions of

SECTION 5 - YOUR INVESTMENT SELECTION

Select investment(s) if your plan sponsor/plan administrator has given you 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.

and,

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
W TO REPORT OF THE	%		%
	%		%
	%		%
	%		%
	Total allocation	must equal 100%	

SECTION 6 – SIGNATURE

You confirm the information on this form and will update it in the future as it changes. 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 the attached 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.

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. You reserve the right to alter or discontinue this option.

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Protecting your personal information

At The Canada Life Assurance Company, we recognize and respect the importance of privacy.

Your personal information:

- We establish a confidential file that contains your personal information like your name and contact and financial information
- Your information is kept in our offices or the offices of an organization authorized by us.
- You may exercise your rights to view and correct information in the file by sending a written request to us.

Who has access to your information:

- We limit access to personal information in your file to our staff or persons authorized by us who require it to perform their duties, and to other persons to whom you have granted access.
- In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside Canada.
- Your personal information may also be subject to disclosure to government authorities or others authorized under applicable law within or outside Canada.

What your information is used for:

- Personal information that we collect will be used for the purposes of administering and servicing the products you have with us, and for our internal data management and analytics purposes.
- This may include investigating claims, paying benefits, and creating and maintaining records concerning our relationship.

Your consent will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to allow you to remain in the plan.

If you want to know more:

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to our Chief Compliance Officer or refer to <u>canadalife.com</u>.