

Application for membership in a registered pension plan

Return to Great-West Life, Group Retirement Services

1-800-724-3402

Company of the Compan	ER/PLAN SPONSOR INFOR	MATION		
Name of employer/plan sp			Policy/plan number	
COASTA CONTRACTOR OF THE PARTY	be-Aski Legal Services	Corporation		68012
West Life, used underlice	t for the registered pension pla e is a subsidiary of Great-Wes nce by London Life for the pro	t Life. The Great-West Life Ass motion and marketing of Insura	urance Company and key	er) 255 Dufferin Avenue, London, design are trade-marks of Great-
Last name	NT INFORMATION (please	A received to the control of the con		
AKIWENZI	F Middle initial	Firstname	Division/subgroup	Identification/employee number
Social insurance number (SIN) Date o	f employment Date of his	th	Language
I authorize the use of my SIN for identification and record keeping	уууу		mm dd Fen	
Marital status:	Last name of spouse/pa	50 CONTROL 100 CON	Email addre	ss
Married Common	FARIES	PATRICIA	0	notmail com
Single Other Address (apt. no., street no.)	o., street) KESHORE	blvd.		nline access and to email information or services connected with it
City	KESTORE	Province	Po	stal code
	HINIGMIN	G ONTAI	210 N	JOH 2TO
		al route, also include the civic o	or street address below	
Address (apt. no., street no	o., street)	City	Provi	nce Postal code
Telephone no.	Alternate telepho	ne no. Province of emplo	yment Da	te joined plan
705-2623954Ext.		ONTAI	210	yyyy mm dd
Registry number (Status In	dian) (minimum 10 digits)	1220105	101	777
administrator can help dete	ted person? Yes* No ermine whether the applicant	*Form T1007 must be filed s a connected person).	by the employer with Car	ada Revenue Agency (the plan
SECTION 4 - BENEFICE Primary beneficiary(les) of			- Manua - III	ELECTRICAL SERVICE SERVICE
rimary beneficiary(les) o	n my death			
Last Name	First name			
	rustname	Date of birth yyyy mm dd	Relationship to me	% of benefit
FARIES	PATRICIA		Relationship to me S Pous €	% of benefit
AKIWENZIE	PATRICIA =, GILES J.	yyyy mm dd		
AKIWENZIE	PATRICIA	yyyy mm dd	SPOUSE	50 25 28 25
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Total 100%

Application for membership in a reg		(conunuea)		
SECTION 4 - BENEFICIARY INFORMATION				
Contingent beneficiary(ies) on my death (co	entinued)			
These designations are for all benefits payable common-law partner.	e under the pian unless p	ension legislation or t	the terms of the plan require	payment to my spouse of
All beneficiary designations are revocable exc				
 where a Designation of irrevocable benefit 				
where Quebec law applies and I have de	signated my married or ci	vil union spouse as m	y beneficiary - the box belo	w applies.
Where Quebec law applies: • If I designate my married or civil u	ninn snatten as my han	officions than will be	Impropriate to the second seco	
withdrawals (where permitted) or exer	ne consent of my spouse. cisina certain other richts.	Forexample, I will be	prevented from changing m	ne box below. If not, y beneficiary, making
I designate my married or civil union Where a minor beneficiary or a personal state of the model.	in who lacks local censol	to melde la Costa	- Banafita navahla undarthi	onlanta a banafisian
established for the benefit of the ben provided notice of the trust. If a trus	eliciary, by will or by sepa t has already been estab	irate contract, to rece lished designate the	elve any such payment and	the Issuer has been
designating a trust, legal advice sh	ould be sought.		- unit as the beneaties y the	uns secuon. Denore
SECTION 5 - TRUSTEE APPOINTMENT				
(to be completed if any of the beneficiari	es are minors or other	wise lack legal can	acity AND DO NOT RESI	DE IN CHERECI
If a formal trust does not exist, I hereby appoi	nt:		acity rate are true include	DE NY COLDEO
Full name of trustee being app	ointed	Trustee	a for	Relationship of
(last name, then first)		(indicate benef	ficiary name)	trustee to me
ROOTE, CURT	15	ROOTE	ANASTASIA	FATHFUR DE
ROOTE, CURT	· · · · · · · · · · · · · · · · · · ·	DOCTE	ANASTASIA	10-0-11-11-10-0-1-1-1-1-1-1-1-1-1-1-1-1
RUUTE, CURI	1 3	RUU IEI	MANERS	MHEROT
as trustee to receive, in trust, all benefits payal legal capacity to give a valid discharge accord to the extent of the payment. I authorize the trand to exercise any right of the beneficiary un product of, or offered by the Issuer or its affiliage of majority and has legal capacity to give	ing to the laws of the beni ustee in their sole discre ider the plan. The trustee ated financial institutions.	eficiary's domicile. Pa lon to use the benefit may, in addition to The trust for any ben	lyment of benefits to the trus is for the education or maint the investments authorized eficiary will terminate once	tee discharges the Issuer enance of the beneficiary for trustees, invest in any that beneficiary is both of
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for that beneficiary. I or my personal represen	a valid discharge, i direct tative may by writing appo	me trustee to deliver int a new trustee to re	' at that time to the beneficia eplace the former trustee.	ry th e assets held in trust
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RPP (Pay) - June 2017