



# 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, 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: Nishnawbe-Aski Legal Services Corp. Policy/plan number: \_\_\_\_\_

## SECTION 2 - INFORMATION ABOUT YOU (please print)

Last name: Acosta Middle initial: E. First name: Arturo Division/subgroup: \_\_\_\_\_ Identification/employee number: \_\_\_\_\_

Social insurance number (SIN): 920-157-595 Date of employment: 2023/06/19 Date of birth: 1983/10/05 Gender:  Male  Female Language:  English  French

You authorize the use of your SIN for tax reporting, identification and record keeping

Last name of spouse/common-law partner: \_\_\_\_\_ First name: \_\_\_\_\_ Email address: acostalawbay@gmail.com  
Required for online access and to email information about the plan or services connected with it

Address (apt. no., street no., street): 2 - 305 Balsam St City: Thunder Bay Province: ON Postal code: P7A 5N6

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: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Ext.: \_\_\_\_\_ Alternate telephone no.: \_\_\_\_\_ Province of employment: ON Date joined plan: 2023 09 11  
yyyy mm dd

Are you a connected person?  Yes\*  No \*Form T1007 must be filed by your employer with Canada Revenue Agency (the plan administrator can help determine whether you are a connected person).

## SECTION 3 - YOUR BENEFICIARY DESIGNATION

You can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan 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				% of benefit
			Married	Quebec civil union spouse	Common-law partner	Other (child, friend, etc.)	
<u>Acosta</u>	<u>Reina Isabel</u>	<u>1956/07/24</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Mother</u>	<u>60%</u>
<u>Acosta</u>	<u>Abraham</u>	<u>1987/07/17</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Brother</u>	<u>40%</u>
							<u>Total 100%</u>

**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.

### Contingent beneficiary(ies) on your death

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



**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% and,   
 • your required contributions under the provisions of the plan; 0% and,   
 • if permitted by the plan, additional voluntary contributions of 0%. You reserve the right to alter or discontinue this option.

**SECTION 5 – YOUR INVESTMENT SELECTION**

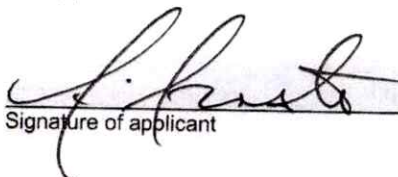
Select investment(s) if your plan sponsor/plan administrator has given you the right to select investments for all or part of the contributions to the plan. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
	%		%
Default Investment Plan	%		%
	%		%
	%		%

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.

  
 Signature of applicant

Harvey, Dec 13<sup>th</sup>, 2023  
 Date

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