



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 NISHANISHINAWBE LEGAL SERVICES | Policy/plan number 68012 |
|--|------------------------------------|

SECTION 2 – INFORMATION ABOUT YOU (please print)

| | | | | |
|--|--|-----------------------------|---|--|
| Last name COLLITIS | Middle initial B | First name TRACEY | Division/subgroup | Identification/employee number |
| Social insurance number (SIN) 493-272-751 | Date of employment 2003 02 11 <small>yyyy mm dd</small> | | Date of birth 1972 02 01 <small>yyyy mm dd</small> | Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| You authorize the use of your SIN for tax reporting, identification and record keeping | | | | Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French |

| | | |
|--|---------------------------|---|
| Last name of spouse/common-law partner MADIGAN | First name TODD | Email address tracey.coultis@gmail.com <small>Required for online access and to email information about the plan or services connected with it</small> |
|--|---------------------------|---|

| | | |
|---|-----------------------|-------------------------------|
| Address (apt. no., street no., street) 103 SHERBROOKE ST. | | |
| City THUNDER BAY | Province ON | Postal code P7C 4R5 |

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 | Date joined plan 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 Select box below OR Specify under Other | | | | % of benefit |
|-------------------|------------|-----------------------------|---|---------------------------|-------------------------------------|-----------------------------|--------------|
| | | | Married | Quebec civil union spouse | Common-law partner | Other (child, friend, etc.) | |
| MADIGAN | TODD | 1968 06 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 80% |
| COLLITIS | DYLAN | 1993 07 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHILD | 10% |
| COLLITIS | BRITTANY | 1998 01 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CHILD | 10% |
| Total 100% | | | | | | | |

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 |
|-----------|------------|-----------------------------|---------------------|--------------|
| | | | | |
| | | | | |
| | | | | |

Total 100%