

## 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.

N	N SPONSOR							
Name of employer/plan sponsor	Legal Ser	uices Con	poratio	Poli	cy/plan number			
SECTION 2 -INFORMATION A	BOUT YOU (plea	ase print)						
The state of the s		irst name	NAME OF DESCRIPTIONS	Div	vision/subgroup	Identification	/employee	number
Cederwall	K	Ashley						
Social insurance number (SIN)			of employme	000000000000000000000000000000000000000	te of birth	Gender	Chicago records a political	iguage
501 - 404 - 404 You authorize the use of your SIN for tax	reporting identification	on and 2024			% MM 15	☐ Male		English
record keeping	reporting, identification	уууу	mm dd	yyy	a mul da	Fema	ale   🗆	French
Last name of spouse/common-law p	oartner First r	name			1001	address	0000	1 0 0 0 0
					Require	for orlline access a		
Address (apt. no., street no., street)					about tr	e plan or services co	onnected w	ith it
1213 Heenan Place								
Kenora			Province			Postal code		
			Ontari			PaN 2	16	
If the above address is a PO box, ge	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ral route, also inc	clude the civi		dress below		T	
Address (apt. no., street no., street)				City		Province	Post	al code
Telephone no.	Alternate telep	nhone no	Province of	employment		Date joined pl	an	
807-466-1056 Ext.						2024 12	03	
	807 -467		Ontari			yyyy mm	dd	
Are you a connected person?  Ye		T1007 must be fil	ed by your e	mployer with	Canada Revenu	e Agency (the plan	n administ	rator can help
determine whether you are a connec		ION.						
SECTION 3 – YOUR BENEFICIA You can appoint one or more benefit								
spouse or common-law partner. All d beneficiary, complete the <i>Designatio</i> <b>Primary beneficiary(ies) on your de</b>	on of irrevocable be			Relatio	nship of benefic	ciary to you		
Last name First na	ame	Date of birth yyyy mm do	Married	Select box   Quebec civil union spouse	celow OR Sp Common-law partner	pecify under Other Other (child, friend		% of benefit
Estate								
CSIMIC	e vin mangris ingge about gas night ann a strice ann mora canair sa ga phàiste a can		A TOTAL PROPERTY AND ADDRESS OF THE PARTY OF					
					······································			
Important: Quahac racidante			and magning and an arrange					Total 100%
Important: Quebec residents  If you appoint your married perform certain transactions  I designate my married or  The death benefit will be pa otherwise lacks legal capac beneficiary in this section)	such as making wing civil union spous recivil union spous rid to the tutor(s) of	thdrawals (where se revocably [] a beneficiary who	ciary, they wi permitted) w	Il be irrevocal ithout their co	ole (meaning younsent) unless you	u check the box be utor or curator of	elow: a beneficia	ciary or
<ul> <li>If you appoint your married perform certain transactions</li> <li>I designate my married or</li> <li>The death benefit will be pa</li> </ul>	s such as making wing civil union spous id to the tutor(s) of city unless a formal one of your primary trimary beneficiary(i	thdrawals (where se revocably  a beneficiary who trust has been en a beneficiaries pre	ciary, they wi permitted) w o is a minor of established b	Il be irrevocal ithout their co	ole (meaning younsent) unless you parents) or the frate contract (in will be paid to the	u check the box be utor or curator of which case, designers	elow: a beneficial gnate the ry benefic	ciary or ary who trust as iaries in equal
If you appoint your married perform certain transactions I designate my married or     The death benefit will be pa otherwise lacks legal capac beneficiary in this section)  Unless the law requires otherwise, if shares, or if there is no surviving pr benefit will be paid to your estate.	s such as making wir civil union spous id to the tutor(s) of city unless a formal one of your primary rimary beneficiary(i	thdrawals (where se revocably  a beneficiary whetrust has been expressed by beneficiaries press), to your cont	ciary, they wi permitted) w o is a minor of established b	Il be irrevocal ithout their co	ole (meaning younsent) unless you parents) or the frate contract (in will be paid to the	u check the box be utor or curator of which case, designers	elow:  a beneficia gnate the  ry benefic ent benefi	ciary or ary who trust as iaries in equal

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

YOUR BENEFICIAR	

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
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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: o

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

and

. 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
	%		%
	%		%
	%		%
	%		%

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.

Oshly Colerwall
Signature of applicant

August 29, 2024

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