

Return to Great-West Life, Group Retirement Services

1-800-724-3402

**SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION**

Name of employer/plan sponsor <b>Nishnawbe-Aski Legal Services Corporation</b>	Policy/plan number <b>68012</b>
---	------------------------------------

**SECTION 2 – ISSUER INFORMATION**

The group annuity product for the registered pension plan is issued by London Life Insurance Company (the Issuer) 255 Dufferin Avenue, London, ON N6A 4K1. London Life is a subsidiary of Great-West Life. The Great-West Life Assurance Company and key design are trade-marks of Great-West Life, used under licence by London Life for the promotion and marketing of insurance products.

**SECTION 3 – APPLICANT INFORMATION (please print)**

Last name <b>Linklater</b>	Middle initial	First name <b>Irene</b>	Division/subgroup	Identification/employee number
Social insurance number (SIN) <b>445 - 578 - 236</b>	Date of employment <b>2019 09 16</b> yyyy mm dd	Date of birth <b>1951 12 29</b> yyyy mm dd	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French
I authorize the use of my SIN for tax reporting, identification and record keeping				
Marital status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Quebec civil union <input type="checkbox"/> Single <input type="checkbox"/> Other _____	Last name of spouse/partner <b>Linklater</b>	First name <b>Ronald</b>	Email address <b>i.linklater@nanlegal.on.ca</b>	
Address (apt. no., street no., street) <b>202 - 53 Cumberland Street South</b>				
City <b>Thunder Bay</b>	Province <b>ON</b>	Postal code <b>P7B 2T6</b>		
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	
Registry number (Status Indian) (minimum 10 digits) <b>126 01 1209 01</b>				
Is the applicant a connected person? <input type="checkbox"/> Yes* <input type="checkbox"/> No *Form T1007 must be filed by the employer with Canada Revenue Agency (the plan administrator can help determine whether the applicant is a connected person).				

Required for online access and to email information about the plan or services connected with it

City <b>Thunder Bay</b>	Province <b>ON</b>	Postal code <b>P7B 2T6</b>
----------------------------	-----------------------	-------------------------------

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
---------------------------	--------------------------------	------------------------	--------------------------------

Registry number (Status Indian) (minimum 10 digits) **126 01 1209 01**

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

**SECTION 4 – BENEFICIARY INFORMATION**

**Primary beneficiary(ies) on my death**

Last Name	First name	Date of birth yyyy mm dd	Relationship to me	% of benefit
<b>Linklater</b>	<b>Ronald</b>	<b>1960 11 13</b>	<b>Spouse</b>	<b>100%</b>
				Total 100%

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to my estate.

**Contingent beneficiary(ies) on my death**

Last Name	First name	Date of birth yyyy mm dd	Relationship to me	% of benefit
				Total 100%

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

**SECTION 4 – BENEFICIARY INFORMATION (continued)**

**Contingent beneficiary(ies) on my death (continued)**

These designations are for all benefits payable under the plan unless pension legislation or the terms of the plan require payment to my spouse or common-law partner.

All beneficiary designations are revocable **except**:

- where a *Designation of irrevocable beneficiary* form is completed
- where Quebec law applies and I have designated my married or civil union spouse as my beneficiary - the box below applies.

**Where Quebec law applies:**

- **If I designate my married or civil union spouse as my beneficiary**, they will be irrevocable unless I check the box below. If not, restrictions will apply, unless I obtain the consent of my spouse. For example, I will be prevented from changing my beneficiary, making withdrawals (where permitted) or exercising certain other rights.  
I designate my married or civil union spouse as my revocable beneficiary.
- **Where a minor beneficiary or a person who lacks legal capacity resides in Quebec** - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks capacity, will be paid to their tutor(s) or curator, unless a valid trust has been established for the benefit of the beneficiary, by will or by separate contract, to receive any such payment and the Issuer has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, legal advice should be sought.**

**SECTION 5 – TRUSTEE APPOINTMENT**

**(to be completed if any of the beneficiaries are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)**

If a formal trust does not exist, I hereby appoint:

Full name of trustee being appointed (last name, then first)	Trustee for (indicate beneficiary name)	Relationship of trustee to me

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges the Issuer to the extent of the payment. I authorize the trustee 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 trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by the Issuer or its affiliated financial institutions. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

**SECTION 6 – PAYROLL DEDUCTION AUTHORIZATION**

I authorize my employer to deduct the following from each pay:

- member required contributions under the provisions of the plan; 6% and,
- if permitted by the plan, additional voluntary contributions of           . I reserve the right to alter or discontinue this option.

**SECTION 7 – INVESTMENT SELECTION**

Select investment(s) if the plan sponsor/plan administrator has given members 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 8 – CONFIDENTIAL INFORMATION FILE**

The Issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Issuer, the applicant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicant's personal information to: process this application and provide, administer and service the plan applied for (including service quality assessments by or on behalf of the Issuer); advise the applicant of products and services to help the applicant plan for financial security; investigate, if required, and pay benefits under the plan; create and maintain records concerning our relationship as appropriate; and, fulfil such other purposes as are directly related to the preceding. The Issuer may use service providers within or outside Canada. Personal information concerning the applicant will only be available to the applicant, plan sponsor, plan administrator, pension and related government authorities, the Issuer, its affiliates, and any duly authorized employees, agents and representatives of the Issuer or its affiliates, within or outside Canada, for or related to the purpose of the plan, except as otherwise may be required, authorized or allowed by law or legal process, or by the applicant. In all cases, availability is subject to lawful determination by the Issuer. Personal information is collected, used, disclosed, or otherwise processed or handled in accordance with governing law, including applicable privacy legislation, and the applicant's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.

**SECTION 9 – SIGNATURE**

I confirm the information on this form and will update it in the future as it changes. I am aware of the reasons the information covered by my authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the Issuer collecting, using, and disclosing personal information concerning me for the purposes outlined in the Confidential Information File section. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. My authorizations and consents will begin the date this application is signed and end when no longer required. My authorizations and consents may be revoked at any time by either written or electronic notification to the Issuer, subject to legal and contractual considerations. A reproduction of my authorizations and consents will be as valid as the original.

Signature of applicant *Franklata*

Date *Sept. 16, 2019*