



Application for membership in a registered pension plan

Return to Great-West Life, Group Retirement Services

SECTION 1: EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor: Nishnawbe Aski Legal Services Corp. Policy/plan number: 68012

SECTION 2: APPLICANT INFORMATION (please print)

Last name: Phelan Middle initial: J. First name: Bryan Division/subgroup: _____ Identification/employee number: _____

Social insurance number: _____ Date of employment: 2015 02 02 Date of birth: 1966 09 08 Male Female Language preference: English French

Applicant authorizes use of his/her social insurance number for tax reporting, identification and record keeping. Marital status: Married Common law Quebec civil union Single Other. Last name of spouse/partner: Phelan First name: Anna Male Female

Address (apt. no., street no., street): 1 Seventh Ave. City: Sioux Lookout Province: Ont. Postal code: P8T 1K9 Telephone number: 807-737-5206

Email address: bryanjphelan@gmail.com Province of employment: Ontario Date joined plan: _____ Required for online access to your account: _____

Registry number (Status Indian) (minimum 10 digits): _____ Is the applicant a connected person? Yes No *Form T1007 must be filed by the employer with Canada Revenue Agency (your plan administrator can help you determine whether you are a connected person).

SECTION 3: ISSUER INFORMATION

The Great-West Life Assurance Company and key design are trade-marks of The Great-West Life Assurance Company (Great-West), used under licence by London Life Insurance Company (London Life) for the promotion and marketing of insurance products. London Life is a subsidiary of Great-West. The group retirement, savings and annuity product(s) described in this application are issued by London Life.

SECTION 4: BENEFICIARY INFORMATION

Primary beneficiary(ies)

Last name	First name	Relationship to applicant	% of benefit
<u>Phelan</u>	<u>Anna</u>	<u>Wife</u>	<u>100</u>
			Total 100%

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, his/her 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)

Last name	First name	Relationship to applicant	% of benefit
<u>Phelan</u>	<u>Shane</u>	<u>Son</u>	<u>100</u>
			Total 100%

These designations are for all benefits payable under the plan unless pension legislation or the terms of the plan require payment to your 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 you have designated your married or civil union spouse as your beneficiary - read the box below.

Where Quebec law applies:

- If you designate your married or civil union spouse as your beneficiary, he/she will be irrevocable unless you check the box below. If not, restrictions will apply, unless you obtain the consent of your spouse. For example, you will be prevented from changing your 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 resides in Quebec - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor, will be paid to his/her tutor(s), unless a valid trust has been established for the benefit of the minor, by will or by separate contract, to receive the benefits 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. Legal advice should be sought.

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Application for membership in a registered pension plan (continued)

SECTION 6 - 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 applicant
Kipling, Michelle	Phelan, Shane	Sister

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 his or her 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 7 - PAYROLL DEDUCTION AUTHORIZATION

I authorize my employer to deduct the following from each pay:
 • required contributions under the provisions of the plan; and
 • if permitted by the plan, I authorize the additional deduction of 6% and reserve the right to alter or discontinue this option.

SECTION 7 - INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment instructions if the plan sponsor/plan administrator has given members the right to make the investment decision for all or part of the contributions. The issuer offers a selection of both guaranteed investments and variable investment funds. Contributions directed to variable investment funds are not guaranteed and will increase or decrease in value according to fluctuations in the market value of the assets. If no election is made, contributions will be invested in the default investment option.

Name of fund and identifier	Percentage	Name of fund and identifier	Percentage
(Balanced)	100%		%
	%		%
	%		%

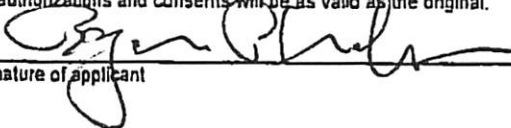
Total allocation must equal 100%

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, their affiliates, and any duly authorized employees, agents and representatives of the issuer or their 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 instructions, designations and appointments on this form. 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

April 14 / 15
 Date

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