

Application for membership in a tax-free savings account

Return to Your plan administrator

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor REFRIGERATION WORKERS UNION LOCAL 516	Policy/plan number 42073
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SECTION 2 – ISSUER INFORMATION

This tax-free savings account is issued by London Life Insurance Company (London Life), 255 Dufferin Avenue, London, Ontario N6A 4K1. London Life is a subsidiary of The Great-West Life Assurance Company. The Great-West Life Assurance Company & key design is a trade-mark of The Great-West Life Assurance Company (Great-West), used under licence by London Life for the promotion and marketing of insurance products.

SECTION 3 – HOLDER/MEMBER INFORMATION (please print)

Last name		Middle initial	First name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Division/subgroup
Social insurance number - -		Date of birth yyyy mm dd Must be 18 or older		Identification/employee number		Language preference <input type="checkbox"/> English <input type="checkbox"/> French
Address (apt. no., street no., street)		City	Province	Postal code	Telephone number () -	E-mail address

SECTION 4 – SUCCESSOR HOLDER/SUCCESSOR MEMBER INFORMATION

In the event of my death, I hereby appoint my spouse or common-law partner (if living and still my spouse or common-law partner at the time of my death) to become the successor holder of this tax-free savings account and acquire all rights I have as the holder thereof. I reserve the right to revoke this appointment.

Spouse or common-law partner's last name		Middle initial	First name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social insurance number - -	Date of birth yyyy mm dd
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Note: if you've appointed a successor holder, that individual becomes the holder upon your death and therefore doesn't need to be named as your beneficiary. Another person(s) may be designated as the beneficiary to receive the proceeds upon your death if the successor holder predeceases you or no longer qualifies as your spouse or common-law partner at the time of your death. If you have appointed a successor holder, an irrevocable beneficiary cannot be designated.

SECTION 5 – BENEFICIARY INFORMATION

These designations are for all benefits payable under the plan and are revocable **except** a designation where:

- a *Designation of irrevocable beneficiary* form is completed; or
- the **Civil Code of Quebec** applies and the beneficiary is the holder's spouse (designated without stipulation of revocability) – see box below.

• **Where the Civil Code of Quebec applies, any designation of the holder's spouse as beneficiary is irrevocable unless the holder stipulates the designation to be revocable by checking the box below** ("spouse" here means married or civil union spouse). Where a beneficiary designation is irrevocable and while that beneficiary is living, the holder may not, without the consent of the beneficiary (who must be of legal age to give consent), alter or revoke the designation, assign, surrender, exercise certain rights under or in respect of, or otherwise deal with the contract.

I, as holder, stipulate that whenever in this application my spouse (see above definition) is designated as beneficiary, that designation is **revocable**.

- **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.**

Please provide the name of the trustee: _____

I hereby appoint the following primary beneficiary(ies) to receive proceeds in the event of my death. I reserve the right to revoke any and all revocable beneficiary designations. I also understand that beneficiary choices may, among other things, affect any possibility of creditor protection for the plan. Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to my surviving beneficiaries in equal shares, or if there is no surviving beneficiary, to my contingent beneficiary(ies). If there is no appointed or surviving contingent beneficiary(ies), the entitlement will revert to my estate/successors.

Last name	First name	Relationship to holder	% of distribution	Gender	Minor
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total 100%		

Contingent beneficiary(ies) – If all of the primary beneficiaries die before me, the death benefit set out in the plan is to be paid to:

Last name	First name	Relationship to holder	% of distribution	Gender	Minor
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Total 100%		

Application for membership in a tax-free savings account (continued)

SECTION 6 – TRUSTEE APPOINTMENT (to be completed if beneficiary is a minor or otherwise lacks legal capacity and does not reside in Quebec)

Please complete this trustee appointment section if any of the primary or contingent beneficiaries are minors or otherwise lack legal capacity to receive the proceeds (not required if the holder has already completed a trust agreement). If the holder wishes to name different trustees for different beneficiaries, please complete the *Addendum to designation of revocable beneficiary/trustee appointment form*.

The holder appoints the trustee to receive, in trust, all benefits payable to any beneficiary designated under this 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 London Life to the extent of the payment. The holder authorizes 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, London Life 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. The holder directs the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. The holder or the holder's personal representative may by writing appoint a new trustee to replace the former trustee.

Last name of trustee	First name	Relationship to holder
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SECTION 7 – INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment instructions. 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 / identifier	Percentage	Name of fund / identifier	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 holder. By submitting a written request to the Issuer, the holder may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the holder'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 holder of products and services to help the holder 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 holder will only be available to the holder, plan sponsor, government authorities, the Issuer, their affiliates, within or outside Canada, and any duly authorized employees, agents and representatives of the Issuer or their affiliates, 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 holder. 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 holder's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

SECTION 9 – ELECTION FOR REGISTRATION

The holder applies for membership in the tax-free savings account and authorizes the plan sponsor to act as his/her agent for the purpose of the plan. The holder requests that London Life Insurance Company (the "Issuer") file an election with the Minister of National Revenue to register the qualifying arrangement as a tax-free savings account under the Income Tax Act (Canada) and any similar provincial law. The holder's tax-free savings account will be effective on the date this application is signed.

SECTION 10 – SIGNATURE

The holder confirms the instructions, designations and appointment on this form. The holder is aware of the reasons the information covered by the holder's authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. The holder authorizes and consents to the Issuer collecting, using, and disclosing personal information concerning the holder 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. The holder's authorizations and consents will begin the date this application is signed and end when no longer required. The holder's 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 the holder's authorizations and consents will be as valid as the original. If the holder ceases to be eligible to participate in the Plan, the holder's tax-free savings account will be transferred to a new policy/plan number with the Issuer unless the Issuer receives other instructions from the holder, and the holder hereby appoints the Issuer as the holder's agent for any related purpose.

Signature of holder

Date



Chairman of the Board



President and Chief Executive Officer