

**PART 1 – CLIENT IDENTIFICATION**

Account/policyholder last name		First name & initial(s)	
Address			Postal code
Social Insurance Number	Home telephone number ( ) -	Alternate telephone number ( ) -	

**PART 2 – RECEIVING INSTITUTION INFORMATION**

Receiving institution <b>LONDON LIFE INSURANCE COMPANY</b>	Address (to confirm, contact <i>Access Line</i> at 1-800-724-3402 Monday to Friday 8 a.m. to 8 p.m. ET) Attn: Great-West Life, Group Retirement Services		
Name of employer/plan sponsor <i>R.W.G.R.A.P.</i>	Policy/plan number <i>42073</i>	Plan type <input type="checkbox"/> Registered Pension Plan <input checked="" type="checkbox"/> RRSP or Locked-in RRSP (LIRA)	

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company (the issuer), a subsidiary of Great-West.

**PART 3 – CLIENT DIRECTION TO RELINQUISHING INSTITUTION**

Relinquishing institution name	
Address	
Postal code	
Client account/policy number	Transfer <u>cash</u> value of (check one box only) <input type="checkbox"/> Full account/policy <input type="checkbox"/> Partial account/policy as indicated below or on attached list

**\* Please refer to bold statement in Client authorization section below** For use by relinquishing institution

Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mm dd yyyy)
Investment description		
Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mm dd yyyy)
Investment description		

**PART 4 – CLIENT AUTHORIZATION**

I hereby request the transfer of my account and its investments as described above.  
**I have requested a transfer in cash. I authorize the liquidation of all or part of my investments and I agree to pay any applicable fees, charges or adjustments.**

X	Signature of account/policyholder	Date
X	Signature of preferred or irrevocable beneficiary (if applicable)	Date

**PART 5 – ACCEPTANCE BY RECEIVING INSTITUTION**

The receiving institution named above accepts the above request for transfer and, when the funds and an application for membership in the plan are received, will credit the annuitant or member under the plan or account number indicated.

Date	<i>Jiana Tremblay</i> Authorized signature	VP, GRS Administration Position or office
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**PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY**

Registered type <input type="checkbox"/> RPP <input type="checkbox"/> DPSP <input type="checkbox"/> RRSP (personal) <input type="checkbox"/> Locked-in RRSP (LIRA) <input type="checkbox"/> RRSP (spousal) – Spouse's name _____ Social Insurance Number _____ - -			
Locked-in funds <input type="checkbox"/> No <input type="checkbox"/> Yes	Original owner <input type="checkbox"/> Yes <input type="checkbox"/> No (no means funds originate from a former or deceased spouse/common-law partner)		
Locked-in amount \$	Governing legislation	Sex-distinct amount \$	Unisex amount \$
Contact name	Telephone ( )		
Authorized signature	Position	Date	