



# Application for membership in a group registered pension

Return to Canada Life, Group Retirement Services  
330 University Avenue, Toronto, ON M5G 1R8

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.

SECTION 1 – EMPLOYER/PLAN SPONSOR	
Name of employer/plan sponsor <b>ANGELICAN CHURCH OF CANADA</b>	Policy/plan number <b>37080</b>

SECTION 2 – INFORMATION ABOUT YOU (please print)				
Last name	Middle initial	First name	Division/subgroup	Identification/employee number
Social insurance number (SIN) - - - - - You authorize the use of your SIN for tax reporting, identification and record keeping	Date of employment yyyy mm dd	Date of birth yyyy mm dd	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Language <input type="checkbox"/> English <input type="checkbox"/> French
Last name of spouse/common-law partner	First name	Email address  Required for online access and to email information about the plan or services connected with it		
Address (apt. no., street no., street)				
City		Province	Postal code	
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

### SECTION 3 – YOUR BENEFICIARY DESIGNATION

You can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan may require payment of the death benefit to your qualifying spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary, complete the *Designation of irrevocable beneficiary* form.

#### Primary beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you Select box below OR Specify under Other				% of benefit
			Married	Quebec civil union spouse	Common-law partner	Other (child, friend, etc.)	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							Total 100%

#### Important: Quebec residents

If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent unless you check the box below:

- I designate my married or civil union spouse revocable
- The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)

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

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

**SECTION 3 – YOUR BENEFICIARY DESIGNATION (continued)**

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

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you	% of benefit
				<i>Total 100%</i>

**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

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 – 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.

**If you invest in an Asset Allocation Fund, check the fund below then go directly to section 5.**

**Asset Allocation Funds (choose only one fund)**

- Conservative Continuum PSG S605 100%
- Moderate Continuum PSG S606 100%
- Balanced Continuum PSG S607 100%
- Advanced Continuum PSG S608 100%
- Aggressive Continuum PSG S609 100%

If you choose to invest in any of the funds listed below, write the percentage of your contributions beside the fund that you want to invest in. **The minimum you can invest in each fund is 5%. Check to ensure your percentage allocations add up to 100%.**

**Cash and Equivalent Funds**

- 1 Yr Compound Interest Account C11 \_\_\_\_\_ %
- 3 Yr Compound Interest Account CI3 \_\_\_\_\_ %
- 5 Yr Compound Interest Account CI5 \_\_\_\_\_ %
- Money Market Fund MFS S143 \_\_\_\_\_ %

**Fixed Income Fund**

- Fixed Income Fund MFS FIMB \_\_\_\_\_ %

*Total allocation must equal 100%*

**SECTION 5 – 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.

Signature of applicant

Date

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