

## Lump sum contribution to a group retirement plan

Return to Capital Estate Planning Corp. 4222 - 97th Street NW, Edmonton, AB, T6E 5Z9 Phone 1-800-661-8755 (780)463-6128 Fax: (780)462-7523 Email: strategies@capitalestateplanning.com Web: www.capitalestateplanning.com

To be completed by a plan member/contributor who is making a voluntary lump sum contribution to a group retirement plan. Please note that your plan must allow you to make additional lump sum contributions.

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

Please print.			
EMPLOYER/PLAN SPONSOR IN	FORMATION		
Name of employer/plan sponsor			Policy/plan number
CONTRIBUTION MADE BY:			
st name Initial First nam		name	Social insurance number
I am attaching a cheque (payal	ble to London Life) in th	e amount of \$	to be deposited as follows:
	tirement Savings Plan, is		ibution for myself. , or
	tirement Savings Plan, e number (usually S.I.N		my spouse (I am the spousal contributor).
☐ To my Registered Per	nsion Plan, as a volunta	ary contribution.	
Please invest this contribution	as follows:		
☐ According to my (or m	ny spouse's) current inv	estment allocation i	nstructions.
☐ According to the follow	wing special instructions	s for this contributio	n only:
Percentage Na	ame of fund / identifier	Percentage	Name of fund / identifier
% to		% to	
% to		% to	
% to		% to	
Total allocation must equal 1 instructions.	00%. Note that in som	ne cases your plan	sponsor controls investment allocation
Signature of person contributing			Date
9			

Access anytime ... with www.grsaccess.com – our secure, easy-to-use retirement planning Web site.

Or, Access Line – our automated phone service at 1-800-724-3402.

Please make your cheque payable to London Life Insurance Company and return to Great-West with this form.