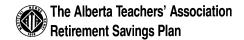


Application for membership in a group tax-free savings account



Return to Capital Estate Planning Corporation

4222 - 97th Street NW, Edmonton, AB, T6E 5Z9 Phone 1-800-661-8755 or (780) 463-6128 Fax: (780) 462-7523 e-mail: rrsp@capitalplanning.ca web: www.capitalplanning.ca

In this application, "you" and "your" refer to the person who is applying to become a holder/member of the group tax-free savings account (the plan), and "we," "us," and "our" refer to the issuer, The Canada Life Assurance Company, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting grsaccess.com.

SECTION 1 - EMPLO	DYER/PLAN SPONS	OR							
Name of employer/plan sponsor				Po		Policy/plan number			
SECTION 2 - INFOR						District		1.1	
Last name	Middle initial Fi	rst name				Division/s	ubgroup	number (if a	on/employee
				mploye	ee			Trainibol (ii c	applicable)
			□ 1	lon-em	ployee				
Social insurance numbe	r (SIN)	Date of birth	Language	e Ei	mail add	Iress			
You authorize the use of you identification and record kee		yyyy mm dd Must be 18 or older	☐ Englis	_ Re		or online access a	nd to email ir	nformation about	the plan or
Address (apt. no., street no.	o., street)			,					
City		Province	Postal	code	Teleph	one no		Alternate telep	phone no
Oity		FIOVINCE	Fusiai	code	relepri			Alternate telep	none no.
					-	- E	xt.	-	-
If the above address is a	PO box, general delive	ery or rural route, also inclu	ıde the civ	ic or sti	reet add	ress below			
Address (apt. no., street no	o., street)			City			Province	Po	ostal code
SECTION 3 -SUCCE									
Where permitted by law,				01				51141	
Full name of spouse or	common-law partner	(last name, then first)		SI	N		Dat	te of birth (yyyy	, mm, dd)
					-	-			
		rights you have as holder sor holder, a beneficiary d							
your spouse or common	-law partner at the date	of your death. If you have	appointed	a succ	cessor h	older, an irrevo	cable benef	ficiary cannot b	e designated.
SECTION 4 - YOUR	BENEFICIARY DES	IGNATION							
	an irrevocable beneficia	more beneficiaries. All deary, complete the <i>Designat</i>					ec (see "Im	iportant: Quebe	ec residents").
, , , , , , , , , , , , , , , , , , , ,	,			F	Relation	ship of benefic	iary to you	u	
						•	OR Specify under 0		
		Date of birth	Married		iebec	Common-law		Other	% of
Last name	First name	yyyy mm dd			lunion	partner	(child	d, friend, etc.)	benefit
				sp	ouse	_			
					Ш				
									Total 100%
their consent) u I designate my The death bene	our married or civil union inless you check the box married or civil union if the tittel to the tuttel legal capacity unless a	spouse as your beneficiary below: a spouse revocably or(s) of a beneficiary who a formal trust has been estable.	is a minor	(genera	ally the p	parents) or the to	utor or cura	ator of a benefic	ciary who
Unless the law requires	otherwise, if one of your surviving primary beneur estate.	primary beneficiaries pred ficiary(ies), to your contin							
				of birth					% of
Last name	First name		yyyy r	nm dd	Rela	tionship of bene	eficiary to yo	ou	benefit

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

SECTION 4 - YOUR BENEFICIARY DESIGNATION (continued)

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 5 - PAYROLL DEDUCTION AUTHORIZATION (to be completed where you are an employee)

You authorize your employer to deduct _____ from each pay.

SECTION 6 - YOUR INVESTMENT SELECTION

Select investment(s) for contributions to the plan. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
	%		%
	%		%
	%		%
	%		%
	%		%

Total allocation must equal 100%

SECTION 7 - ELECTION FOR REGISTRATION

You apply for membership in the plan and authorize your plan sponsor to act as your agent for the purpose of the plan. You request we 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. Your plan will be effective on the date this application is signed.

SECTION 8 - SIGNATURE

You confirm the information on this form and will update it in the future as it changes. You have read the terms of the member's certificate and this application, including the attached Protecting your personal information, and agree to be bound by their terms. 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 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. If you cease to be eligible to participate in the plan, your plan will be transferred to a new policy/plan number with us unless we receive other instructions from you, and you appoint us as your agent for this and any related purpose.

Signature of holder Date

President and Chief Executive Officer President and Chief Operating Officer, Canada

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