

*Envision* your retirement

# Your retirement guide

## IBEW LOCAL 1555



IBEW Local Union 1555

THE  
**Great-West Life**  
ASSURANCE  COMPANY

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# Welcome

Great-West Life is pleased to welcome you to your IBEW LOCAL 1555 group retirement or savings plan. By joining, you'll have access to superior tools and the *smartPATH* education program to help you achieve your financial goals.

Saving for your future doesn't need to be stressful; it can be easy. This guide helps you through the planning process, and has the information you need to make the right choices for you.

Carefully review the *Easy planning steps* on page 10. They'll help you envision your retirement, calculate how much you need to save to reach your goals, select your investments and enrol in your plan.

Contact Great-West with your questions – we're here to help. Call 1-800-724-3402, Monday to Friday, between 8 a.m. and 8 p.m. ET to speak with a client service representative.

So turn the page, take the next step and get closer to achieving your goals.

# Plan highlights

## Why should you join?

- Grow your savings faster - your plan offers generally lower investment management fees than what you'd find in an individual savings plan
- Access investment options not usually available to individual investors
- Monitor your savings with customized and easy-to-read statements, featuring your personal rate of return
- Get your questions answered by client service representatives when you call *Access Line*, 1-800-724-3402, Monday to Friday, 8 a.m. to 8 p.m. ET
- Enjoy no annual account fees, set-up fees, or fees to transfer between investment options
- Access a variety of tools and resources to help you plan for your financial future

## Plans offered by IBEW LOCAL 1555

To help you understand your plan better, here's a summary of your plan details as of April 22, 2013.

|                                             | RRSP                                                      | TFSA                                                      |
|---------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| Who can join?                               | All employees                                             | All employees                                             |
| When can I join?                            | Immediately                                               | Immediately                                               |
| How do I make voluntary contributions?      | Through payroll deductions and/or lump-sum contributions. | Through payroll deductions and/or lump-sum contributions. |
| How much does my employer contribute?       | \$3.50 per hour of your pay                               | N/A                                                       |
| Who decides how contributions are invested? | You decide how all contributions are invested.            | You decide how all contributions are invested.            |

This summary doesn't contain all of your plan rules and policies. The official plan documents associated with your plan contain more details than what's shown here. In case of an error or conflict in wording with this section, the official plan documents will apply.

### WHAT'S NEXT

*Member services:* Get your questions answered and learn about the additional services available through your plan.

#### Experienced investors?

Go to *Select* on page 16 to find which investments in this plan will help you reach your retirement plan goals.

# Member services

GRS Access  
www.grsaccess.com

Access Line  
1-800-724-3402

## QUESTIONS

|                                                                |   | Client Service<br>Centre | Automated phone<br>service |
|----------------------------------------------------------------|---|--------------------------|----------------------------|
| Can someone help me complete my forms?                         |   | •                        |                            |
| What is the value of my current investments?                   | • | •                        | •                          |
| What are my current interest rates and net unit values?        | • | •                        | •                          |
| What are the rates of return for the funds available to me?    | • | •                        | •                          |
| Where can I reset my Access ID/password for GRS Access?        | • | •                        |                            |
| Who is my beneficiary?                                         | • | •                        |                            |
| Who can help me understand the investment options for my plan? |   | •                        |                            |
| Could I have a duplicate of my last statement?                 | • | •                        |                            |
| Who can help me select appropriate investments for my plan?    |   | •                        |                            |
| Where can I find the forms I need?                             | • | •                        |                            |

GRS Access  
www.grsaccess.com

Access Line  
1-800-724-3402

## CHANGE/UPDATE

Client Service  
Centre

Automated phone  
service

|                    |                |                     |
|--------------------|----------------|---------------------|
| Change name        | Form available | Request form        |
| Change beneficiary | Form available | Request form        |
| Make a withdrawal  | •              | Maximum<br>\$25,000 |

GRS Access  
www.grsaccess.com

Access Line  
1-800-724-3402

## TOOLS

Client Service  
Centre

Automated phone  
service

|                                                      |   |   |
|------------------------------------------------------|---|---|
| Retirement planning concepts and "what if" scenarios | • |   |
| Investment personality questionnaire                 | • |   |
| Personal rate of return                              | • |   |
| Education articles and videos                        | • |   |
| Fund reports                                         | • | • |

Throughout this guide, you'll find more information about the services your group retirement or savings plan has to offer. More information about [www.grsaccess.com](http://www.grsaccess.com) and *Access Line* is on page 9.

# The Great-West *smartPATH* education program



All your services and support, from enrolment to retirement, are part of the Great-West *smartPATH* education program. *SmartPATH* will be an ongoing source of information about planning and investing for your future.

Many *smartPATH* education materials are organized into three retirement planning stages: *Getting started*, *Getting serious* and *Getting close*. This helps you find materials which are most relevant to you.

| > GETTING started                                                                                                     | > GETTING serious                                                                                                                                                                  | > GETTING close                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If you're new to retirement planning or investing, these materials contain basic information in easy, clear language. | For those who have been plan members for a few years and want more information about advanced investment concepts to make the most out of their group retirement or savings plans. | If you're within five years of retirement, these materials will help you research your sources of retirement income and how you can make a smooth transition to retirement. |

## WHAT'S NEXT

*Easy planning steps:* Take action with these steps to create your retirement plan and select the right investments for you.

Your first step, *Envision*, is the next section. There you'll imagine your retirement lifestyle and create your retirement budget.

### Experienced investors?

Go to *Select* on page 16 to find which investments in this plan will help you reach your retirement plan goals.

## Easy access to your plan

[www.grsaccess.com](http://www.grsaccess.com)

- Print your own plan statement at any time
- View information about you and your current investment choices
- Learn more about the fund performance, fees and unit values for the investment options for your plan
- Walk through the entire retirement planning process including budgeting for retirement, determining your investment personality and selecting your funds
- Access articles, videos and other resources in the *Learning centre*

### Call 1-800-724-3402

If you prefer to manage your finances by phone, you'll appreciate the ease and convenience of our toll-free, automated phone service, *Access Line*.

If you prefer to speak with someone directly, you can reach a client service representative, Monday to Friday between 8 a.m. and 8 p.m., ET.

IBEW LOCAL 1555  
61990

1-800-724-3402  
[www.grsaccess.com](http://www.grsaccess.com)

THE  
**Great-West Life**  
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STEP  
1



# Envision

## Your retirement lifestyle

The retirement lifestyle you envision, as well as your existing savings, determines how much you need to save. Many financial advisors estimate you need 50 to 70 per cent of your gross pre-retirement income to maintain your lifestyle.

Use the formula below to calculate what that would be:

| Your gross pre-retirement income | X | Multiply by 50 to 70 per cent | Your total annual retirement goal |
|----------------------------------|---|-------------------------------|-----------------------------------|
|                                  | X |                               |                                   |

If you want to use this guideline, move ahead to **Step 2: CALCULATE** on page 14.

Or, go to the next page where you can choose a retirement lifestyle and use the matching budget as your guideline. You can also customize a budget to suit your goals or create a budget that's entirely your own.

## Picture yourself in retirement

The descriptions below portray three different retirement lifestyles. Pick the one that most closely resembles the retirement you envision.

### CONSERVATIVE

This lifestyle could provide a modest home or rental unit in a smaller city. Much of your time is spent with friends and family who live nearby. Leisure time is spent gardening, volunteering and going for long walks on the nature trails that wind through the city. Vacations are modest, usually by car, and you stay in a modest hotel or your trailer.

### COMFORTABLE

With this lifestyle you could see yourself in a three-bedroom house or condo in a medium-sized city. You'll have some free time – and money – to go to local community affairs and charities. Cycling in the summer and cross-country skiing in the winter bring a great deal of enjoyment. This year's trip is a one-week stay at a nearby resort.

### ABOVE AVERAGE

This lifestyle may include a three-bedroom house in a large city and a modest cottage. Leisure time pleasures include gardening, reading a good novel, canoeing and cycling. Renting an apartment on the sandy white shores of Portugal for two weeks distracts you from the long winter months.

On the following pages are budgets that match each lifestyle. Use the final column “Custom” to create a budget that's all your own.

### WHAT'S NEXT

After you determine your retirement budget on the pages 12 – 13, go to your second step *Calculate*, on page 14. You'll learn how to calculate how much you need to save for your retirement lifestyle.

# STEP 1

## Conservative

| Item                                                                        | Single          | Couple          |
|-----------------------------------------------------------------------------|-----------------|-----------------|
| Food                                                                        | \$2,900         | \$5,200         |
| Housing (includes rent / mortgage, property taxes, insurance)               | \$4,600         | \$5,100         |
| Household operation (includes repairs, maintenance and utility bills)       | \$5,800         | \$8,200         |
| Clothing                                                                    | \$500           | \$1,000         |
| Recreation / leisure (entertainment, TV, hobbies, sports, club memberships) | \$1,100         | \$1,600         |
| Travel                                                                      | \$900           | \$1,700         |
| Transportation (car, insurance, public transit, parking)                    | \$1,200         | \$5,900         |
| Health and personal care (hair styling, dry cleaning, etc.)                 | \$1,400         | \$3,000         |
| Gifts and donations                                                         | \$1,400         | \$1,700         |
| Tobacco and alcohol                                                         | \$1,000         | \$1,000         |
| Savings                                                                     | -               | -               |
| Interest paid and miscellaneous                                             | \$800           | \$1,800         |
| Estimated personal income taxes                                             | \$300           | \$1,800         |
| <b>Total annual retirement income</b>                                       | <b>\$21,900</b> | <b>\$38,000</b> |

## Comfortable

| Item                                                                        | Single          | Couple          |
|-----------------------------------------------------------------------------|-----------------|-----------------|
| Food                                                                        | \$3,500         | \$6,900         |
| Housing (includes rent / mortgage, property taxes, insurance)               | \$5,600         | \$6,100         |
| Household operation (includes repairs, maintenance and utility bills)       | \$6,100         | \$10,800        |
| Clothing                                                                    | \$700           | \$1,900         |
| Recreation / leisure (entertainment, TV, hobbies, sports, club memberships) | \$1,300         | \$3,200         |
| Travel                                                                      | \$1,100         | \$2,300         |
| Transportation (car, insurance, public transit, parking)                    | \$2,900         | \$7,100         |
| Health and personal care (hair styling, dry cleaning, etc.)                 | \$2,200         | \$3,300         |
| Gifts and donations                                                         | \$3,100         | \$3,800         |
| Tobacco and alcohol                                                         | \$1,000         | \$1,600         |
| Savings                                                                     | -               | -               |
| Interest paid and miscellaneous                                             | \$1,200         | \$2,200         |
| Estimated personal income taxes                                             | \$1,100         | \$4,700         |
| <b>Total annual retirement income</b>                                       | <b>\$29,800</b> | <b>\$53,900</b> |

## Above average

| Item                                                                        | Single          | Couple           |
|-----------------------------------------------------------------------------|-----------------|------------------|
| Food                                                                        | \$4,500         | \$9,700          |
| Housing (includes rent / mortgage, property taxes, insurance)               | \$9,700         | \$10,000         |
| Household operation (includes repairs, maintenance and utility bills)       | \$8,700         | \$18,200         |
| Clothing                                                                    | \$1,400         | \$4,400          |
| Recreation / leisure (entertainment, TV, hobbies, sports, club memberships) | \$2,500         | \$9,000          |
| Travel                                                                      | \$2,500         | \$5,400          |
| Transportation (car, insurance, public transit, parking)                    | \$3,700         | \$12,100         |
| Health and personal care (hair styling, dry cleaning, etc.)                 | \$6,700         | \$8,200          |
| Gifts and donations                                                         | \$6,500         | \$7,900          |
| Tobacco and alcohol                                                         | \$1,300         | \$2,500          |
| Savings                                                                     | -               | -                |
| Interest paid and miscellaneous                                             | \$3,700         | \$6,900          |
| Estimated personal income taxes                                             | \$11,200        | \$24,500         |
| <b>Total annual retirement income</b>                                       | <b>\$62,400</b> | <b>\$118,800</b> |

## Custom

| Item                                                                        | Single | Couple |
|-----------------------------------------------------------------------------|--------|--------|
| Food                                                                        |        |        |
| Housing (includes rent / mortgage, property taxes, insurance)               |        |        |
| Household operation (includes repairs, maintenance and utility bills)       |        |        |
| Clothing                                                                    |        |        |
| Recreation / leisure (entertainment, TV, hobbies, sports, club memberships) |        |        |
| Travel                                                                      |        |        |
| Transportation (car, insurance, public transit, parking)                    |        |        |
| Health and personal care (hair styling, dry cleaning, etc.)                 |        |        |
| Gifts and donations                                                         |        |        |
| Tobacco and alcohol                                                         |        |        |
| Savings                                                                     |        |        |
| Interest paid and miscellaneous                                             |        |        |
| Estimated personal income taxes                                             |        |        |
| <b>Total annual retirement income</b>                                       |        |        |

Based on Statistics Canada 2008 household expenditure averages and adjusted to suit scenario. This budget is a sample for educational purposes only.

Personal taxes — assumes partners are in same income tax bracket.



# Calculate

How much will you have to save?

|                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|
| <p>If you chose a retirement budget from pages 12-13, write your total annual retirement income goal here.</p>       |  |
| <p>If you created a personal budget on page 13, write your total annual retirement income goal here.</p>             |  |
| <p>If you chose to use the 50- to 70-per cent rule of thumb, write the retirement income goal from page 10 here.</p> |  |

## PREVIEW GRS ACCESS

To preview the tools and resources on *GRS Access*, contact your group plan administrator for a temporary Access ID and password.

A temporary Access ID and password won't give you access to your specific account information, but you can review the details of your plan such as investment choices and fees.

You'll receive a new, personal Access ID and password after you enrol. They will be mailed to your home in two separate letters to protect your personal information.

## Get online

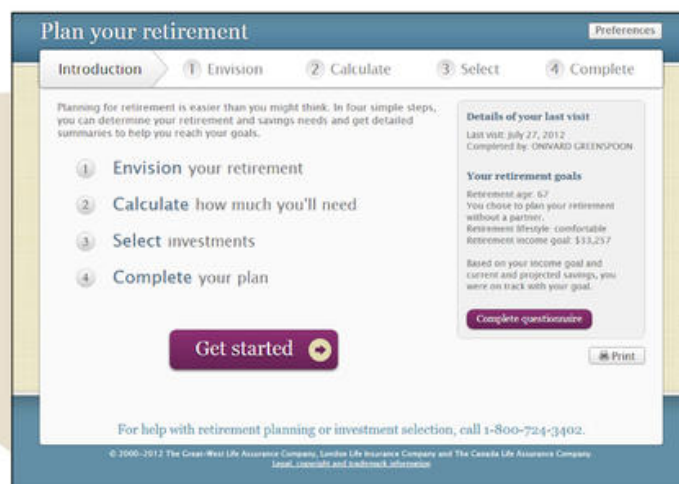
### CALCULATE YOUR SAVINGS GOALS

The *Plan your retirement* tool calculates how much you need to save to retire in the lifestyle you'd like. You can quickly launch the tool from your home page on *GRS Access* ([www.grsaccess.com](http://www.grsaccess.com)) and you can also find it under Planning & learning > Plan your retirement.

Use the tool, to explore different “what if” scenarios and walk through the entire retirement planning process:

- Choose a budget that matches your desired retirement lifestyle
- Determine how much you need to reach your retirement goals
- Select funds that match your investment personality, goals and how much time you have to contribute

If you forget your Access ID and password, call *Access Line* at 1-800-724-3402.



## Get on track

No one cares more about reaching your retirement goals than you do. Your plan sponsor simply provides the foundation with this retirement or savings plan; you do the work by contributing to the plan and monitoring your progress.

# Select

You now have an idea of three things:

- What sort of retirement you want
- How much it's going to cost
- What you need to do to get there

Next, you need to find out which funds your savings will be invested into.

## Choosing the right investments for you

Every path to retirement is unique — even for people with the same goal.

It's important to choose the investment or combination of investments that best suits you.

Your plan sponsor wants to help you reach your goals and has carefully selected investment choices that best suit your plan.

### Your plan offers:

- Target risk asset allocation funds
- A range of investments which allows you to select your own

Take the time to learn more about these funds by reading the investment chart on page 28 or the fund reports on [www.grsaccess.com](http://www.grsaccess.com).

### YOUR PLAN'S DEFAULT FUNDS

If you don't make any investment selections, your savings will be invested in your plan's default funds. This may not be right for you so take the time to choose your funds carefully.

Your plan's default funds:

| Amount of contributions invested | Fund name                                   |
|----------------------------------|---------------------------------------------|
| 10.00%                           | Balanced Portfolio Fund                     |
| 5.00%                            | Dividend Fund (London Capital)              |
| 13.50%                           | Canadian Equity Fund (Leith Wheeler)        |
| 11.50%                           | Canadian Equity Fund (Greystone)            |
| 10.00%                           | Canadian Bond Universe Index Fund (Portico) |
| 11.00%                           | Government Bond Fund (Portico)              |
| 14.00%                           | Commercial Mortgage Fund (Portico)          |
| 5.00%                            | American Equity Fund (MFS McLean Budden)    |
| 7.00%                            | International Equity Fund (Sprucegrove)     |
| 3.00%                            | Emerging Markets Fund (Mackenzie)           |
| 10.00%                           | Real Estate Fund (GWLIM)                    |

## Your other investment choices

To learn more about your other choices, you first need to discover your investment personality. On the next page you'll find the *Investment personality questionnaire*. It will help you get a better understanding of your risk tolerance and will assist you in selecting investments.

# STEP 3

Explore your investment personality and risk tolerance by answering the following 14 questions. The results will help you select the investments that best suit you.

## Section one – Investment objectives

1. What is the intent of your portfolio? Please select the most appropriate one.

|                                                                          | Points |
|--------------------------------------------------------------------------|--------|
| (a) To generate income for today                                         | 0      |
| (b) To generate income at a later date                                   | 10     |
| (c) To provide for my dependents (I do not anticipate using these funds) | 15     |
| (d) To fund a large purchase in the future                               | 10     |

2. What is your major goal for your portfolio? Please select the most appropriate one.

|                                                                            | Points |
|----------------------------------------------------------------------------|--------|
| (a) To ensure my portfolio remains secure                                  | 2      |
| (b) To see my portfolio grow and avoid fluctuating returns                 | 5      |
| (c) To balance growth and security, and to keep pace with inflation        | 10     |
| (d) To provide growth potential, and to accept some fluctuation in returns | 15     |
| (e) To provide the sole objective of potential long-term growth            | 20     |

Total points for section one

## Section two – Personal information

3. Which of the following ranges includes your age ?

|              | Points |
|--------------|--------|
| (a) Under 30 | 15     |
| (b) 30 to 39 | 15     |
| (c) 40 to 49 | 15     |
| (d) 50 to 59 | 10     |
| (e) 60 to 69 | 5      |
| (f) 70 to 79 | 3      |
| (g) Over 79  | 2      |

4. Which of the following ranges best represents your current annual family income (including pensions) before taxes?

|                           | Points |
|---------------------------|--------|
| (a) Under \$30,000        | 4      |
| (b) \$30,000 to \$60,000  | 6      |
| (c) \$60,001 to \$90,000  | 8      |
| (d) \$90,001 to \$120,000 | 10     |
| (e) More than \$120,000   | 10     |

5. After deducting any loan or mortgage balances, which one of the following ranges best represents your immediate family's overall net worth?

|                            | Points |
|----------------------------|--------|
| (a) Under \$30,000         | 2      |
| (b) \$30,000 to \$50,000   | 4      |
| (c) \$50,001 to \$100,000  | 6      |
| (d) \$100,001 to \$200,000 | 8      |
| (e) \$200,001 to \$300,000 | 10     |
| (f) More than \$300,000    | 10     |

Total points for section two

### Section three – Investment horizons

Investors often have distinct phases in their investment plans. The initial phase is savings and growth. During this time an investor builds up a portfolio toward a future goal. The second phase is typically the use of funds, either for a specific purchase or for income.

#### 6. When do you anticipate using these funds?

|                         | Points |
|-------------------------|--------|
| (a) Immediately*        | 0      |
| (b) One to three years* | 0      |
| (c) Four to five years  | 5      |
| (d) Six to 10 years     | 10     |
| (e) 11 to 15 years      | 15     |
| (f) 16 to 20 years      | 20     |
| (g) More than 20 years  | 20     |

#### 7. At the time you need this money, when will you withdraw it?

|                                           | Points |
|-------------------------------------------|--------|
| (a) All at once, in a lump sum*           | 3      |
| (b) Over a period of less than two years* | 3      |
| (c) Over a period of two to five years    | 5      |
| (d) Over a period of six to nine years    | 8      |
| (e) Over a period of 10 to 15 years       | 10     |
| (f) Over a period of more than 15 years   | 15     |

**\*If your response to question six is either (a) or (b), and your answer to question seven is also (a) or (b), your needs are short term.** Consider using money market funds or short-term guaranteed interest investments to meet your savings goals.

This retirement plan is intended for long-term investing. Using this money for purposes other than retirement planning is not advised and may not be allowed under the registered pension plan locking-in rules.

#### 8. What are your intentions regarding withdrawals and/or contributions to your investments today and over the next five years?

|                                                                                            | Points |
|--------------------------------------------------------------------------------------------|--------|
| (a) I plan to withdraw money at regular intervals and do not plan on making contributions. | 5      |
| (b) I will likely make a lump-sum withdrawal and do not plan on making contributions.      | 7      |
| (c) I will likely to be making both contributions and withdrawals.                         | 8      |
| (d) I will likely make additional contributions and will not be withdrawing any funds.     | 10     |
| (e) I will certainly make regular contributions and will not be withdrawing any funds.     | 15     |

Total points for section three



### Section four – Attitude toward risk

#### 9. Which statement best describes your knowledge of investments?

|                                                                                                                                         | Points |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|
| (a) I have very little knowledge and I rely exclusively on the recommendations of financial advisors.                                   | 2      |
| (b) I have limited knowledge of stocks and bonds, and I do not follow financial markets.                                                | 5      |
| (c) I have a good working knowledge and I regularly follow financial markets.                                                           | 8      |
| (d) I understand completely how different investment products work; including stocks and bonds, and I follow financial markets closely. | 10     |

# STEP 3

10. Realizing there will be downturns in the market, in the event of a significant loss, how long are you prepared to hold your existing investments in anticipation of a recovery in value?

|                            | Points |
|----------------------------|--------|
| (a) Less than three months | 5      |
| (b) Three to six months    | 8      |
| (c) Six months to one year | 10     |
| (d) One or two years       | 15     |
| (e) Two to three years     | 20     |
| (f) Three years or more    | 25     |

11. Assuming you invest \$100,000 for the long term, what is the maximum drop in your portfolio's value you could comfortably tolerate in any given year?

|                                                        | Points |
|--------------------------------------------------------|--------|
| (a) I'd be uncomfortable with any loss.*               | 2      |
| (b) A \$5,000 drop is all I could live with.           | 5      |
| (c) A \$10,000 decline is something I could tolerate.  | 10     |
| (d) A \$15,000 drop would be about all I could stand.  | 15     |
| (e) A \$20,000 decline is pretty much my limit.        | 20     |
| (f) I could live with a decline of more than \$20,000. | 25     |

12. Which of the following statements most correctly describes your investment philosophy?

|                                                                                                                                   | Points |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|
| (a) I cannot accept any fluctuation in principal.*                                                                                | 5      |
| (b) I can only accept minimal fluctuations and prefer to invest in safer, lower-return investments.                               | 10     |
| (c) I am willing to tolerate some ups and downs in the value of my investments to achieve overall higher returns in the long run. | 20     |
| (d) My main interest is high, long-term returns and I am not concerned about short-term decreases in the value of my investments. | 30     |

Total points for section four



\*If your response to question 11 or 12 is (a), you should re-evaluate your need for growth and carefully consider your desire for stability. Portfolios without fluctuations in values generally have no growth component. If you cannot tolerate loss, even short term, consider using money market funds or short-term guaranteed interest investments to meet your savings goals.

## Section five – Portfolio volatility

Investment portfolios aimed at providing higher returns tend to have greater swings in value (providing both gains and losses). The more aggressive your portfolio, the more pronounced these swings become, and the more often short-term losses can occur.

13. A portfolio is a basket of different investments. The returns earned by a specific portfolio depend on the mix of investments that make up the portfolio. The following graph shows the probable range of returns (from best to worst) of four hypothetical portfolios over a one-year period. In which of these portfolios would you prefer to invest?

|                 | Points |
|-----------------|--------|
| (a) Portfolio A | 5      |
| (b) Portfolio B | 10     |
| (c) Portfolio C | 20     |
| (d) Portfolio D | 30     |



14. Some investors are more willing than others to accept periodic declines in the value of the portfolio as a trade-off for potentially higher long-term returns. Which response best represents your feelings toward the following statement?

I am willing to experience potentially large and frequent declines in the value of my investment if it will increase the likelihood of achieving higher long-term returns.

|                       | Points |
|-----------------------|--------|
| (a) Strongly agree    | 20     |
| (b) Agree             | 15     |
| (c) Disagree          | 10     |
| (d) Strongly disagree | 5      |

Total points for section five

Add up the section points to get your final total.

|                                  |  |
|----------------------------------|--|
| Total points for section one     |  |
| + Total points for section two   |  |
| + Total points for section three |  |
| + Total points for section four  |  |
| + Total points for section five  |  |
| <b>= Final total</b>             |  |

Match your final total to an investment personality below.

If your final total is between...

Your investment personality is...

|             |              |
|-------------|--------------|
| 105 or less | Conservative |
| 106 to 135  | Moderate     |
| 136 to 164  | Balanced     |
| 165 to 199  | Advanced     |
| 200 or more | Aggressive   |

Your investment personality is: \_\_\_\_\_

Over time, your financial objectives, personal circumstances and the level of risk you're comfortable with will change. We recommend you revisit the *Investment personality questionnaire* regularly or whenever your personal circumstances change significantly, for example: marriage, promotion, etc.

# STEP 3

## Target risk asset allocation funds

Target risk asset allocation funds are often called “target risk” or “asset allocation” funds and are an easy way to invest your savings. You simply have to choose the fund that matches your investment personality from the *Investment personality questionnaire*.

### BENEFITS TO YOU:

- Diversification within a single fund – strength of one investment offsets a weakness in another
- Easy to use and manage
- Matches your personal investment objectives and risk tolerance
- Helps you avoid emotion-based decisions and market-timing
- Makes tracking your savings easier
- Automatically rebalances to suit your investment personality

### HOW THEY WORK

Target risk funds are specifically designed to match your investment personality and give you exposure to many investments in a single fund solution. They're designed so you make only one selection from the list of target risk fund options.

Target risk funds are automatically rebalanced to ensure the asset allocation remains current and consistent with each fund's investment objective.

This graph shows the difference in risk and return for each investment option.



The asset mixes illustrated above are examples. Refer to the fund reports for the actual asset mix of each target risk fund in your plan.

With target risk funds, you should take the *Investment personality questionnaire* every few years to make sure your risk tolerance still matches this fund. If it doesn't, you should consider changing your investments to reflect your new risk personality.

## YOUR PLAN'S TARGET RISK ASSET ALLOCATION FUNDS

Your plan offers the following target risk asset allocation funds:

- Conservative Portfolio Fund
- Moderate Portfolio Fund
- Balanced Portfolio Fund
- Advanced Portfolio Fund
- Aggressive Portfolio Fund

For the fund reports associated with these target risk funds, visit [www.grsaccess.com](http://www.grsaccess.com) under Investments.

# STEP 3

## Select your own investments

Using your investment personality as a guide, you can select a specific set of investments that best suits your personality and goals.

### BENEFITS TO YOU:

- Allows you to be hands-on with your investments
- Provides the opportunity for you to choose specific investments
- Gives the chance to diversify your investments to suit your goals

### HOW TO SELECT YOUR OWN FUNDS:

First you need to find the recommended asset mix for your investment personality, which you determined in the *Investment personality questionnaire*.

An **asset mix** is the recommended distribution of your investment dollars among different asset classes.

An **asset class** is a group of similar investments. They're grouped together based on how they earn a return or what they invest in. Your plan offers a selection of funds that may fall into one or more of these asset classes. You can identify asset classes by these symbols:



Asset allocation funds



Balanced funds



Canadian equity funds



Cash and equivalent funds



Fixed income funds



Foreign equity funds



Special equity funds

The recommended asset mixes in this section illustrate suggestions for each investment personality. These asset mixes have been selected by investment experts. Simply select the asset mix chart that matches your investment personality.

After you find your asset mix, turn to the investment choices chart to match specific investments to your asset mix.

It's a good idea to invest no more than 25 per cent of your investments in any one fund (with the exception of asset allocation funds). If your asset mix recommends that you have more than 25 per cent in one asset class, consider selecting more than one fund.

By staying within the suggested asset mix percentages, you're growing your savings in a way that's comfortable to you.

This isn't however, a one-time process. As your life changes, so can your risk tolerance so it's a good idea to take the *Investment personality questionnaire* regularly to make sure your investments are still working for you.

### Guaranteed investments

Your plan also offers guaranteed investments. These investments aren't based on an investment personality but offer an interest rate on contributions you invest for a predetermined time.

The interest rate offered on a guaranteed investment doesn't change. Sometimes the growth in a guaranteed investment may not even keep pace with the inflation rate.

Although you're guaranteed to get your initial contributions back with the stated interest, it may not be enough to help you reach your retirement savings goals. However, if you're close to retirement or you'll soon need to access the money you saved, guaranteed investments may be a good choice to avoid market fluctuations.

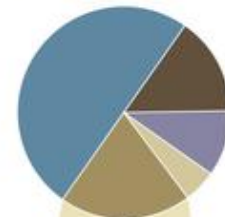
There may be fees or penalties associated with redeeming a guaranteed investment prior to its maturity date. Review your member booklet for more information.

## THE FUND SELECTION PROCESS

Your investment personality

*Determines*

Your asset mix



*Made up of*

Asset classes

*Containing*

Your investment selections

# STEP 3

## Recommended asset mixes

### CONSERVATIVE

The conservative asset mix is the least aggressive option, with a primary emphasis on income. It's designed for investors who have a short period of time to invest, want a regular income, or have concerns about investment volatility. A small equity component is included to bolster returns above fixed income levels over the long term.

\* If you choose not to include balanced funds in your portfolio, our suggested asset mix is fixed income 75%, Canadian equity 15%, foreign equity 10%.



### MODERATE

The moderate asset mix is suitable for investors who have a medium period of time to invest and prefer more income than growth. With the largest portion of the asset mix in fixed income investments, and a good portion in equities, the risk is lower than other more aggressive options, but still provides a solid component for growth.

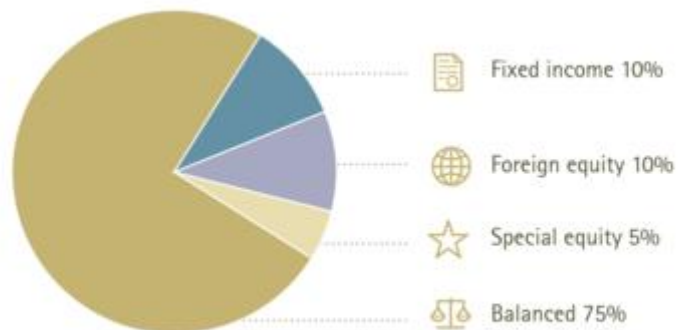
\* If you choose not to include balanced funds in your portfolio, our suggested asset mix is fixed income 60%, Canadian equity 25%, foreign equity 15%.



### BALANCED

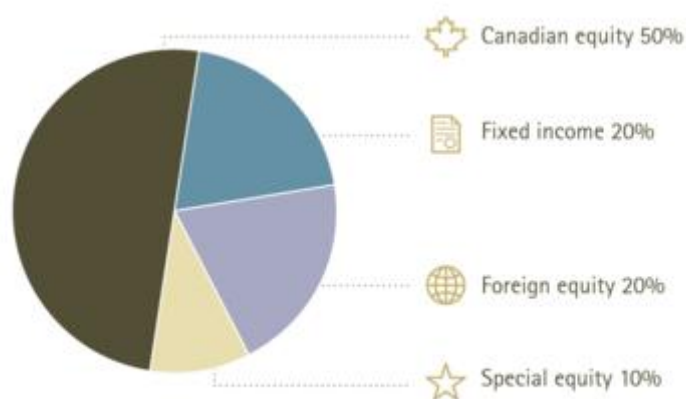
The balanced asset mix is suitable for investors who want a longer-term balance between growth and income at reduced risk. The largest portion of this asset mix is in equities.

\* If you choose not to include balanced funds in your portfolio, our suggested asset mix is fixed income 40%, Canadian equity 35%, foreign equity 25%.



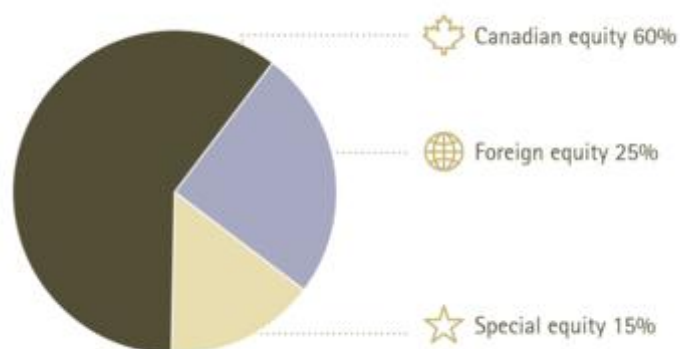
### ADVANCED

Advanced investors prefer to emphasize growth. The largest portion of this asset mix is in equities and a moderate amount is in fixed income investments. It's appropriate for investors who want some income in the short term, but are more interested in long-term capital appreciation.



### AGGRESSIVE

Aggressive investors want the potential for maximum long-term growth. This asset mix consists solely of equity investments, which is appropriate for people with a long period of time to invest and who aren't concerned with short-term investment volatility.



## FIND OUT MORE ABOUT YOUR INVESTMENT OPTIONS

On the next page, all of your investment options are summarized in a brief overview. For more details on a particular fund, read the fund reports on [www.grsaccess.com](http://www.grsaccess.com).

# STEP 3

Here's a brief overview of your investment choices.

## Asset Allocation Funds



| Fund name                   | Fund code | Gross annualized rates of return for period ending March 31, 2013 * |        |        |         | Investment management fee and expense ** |
|-----------------------------|-----------|---------------------------------------------------------------------|--------|--------|---------|------------------------------------------|
|                             |           | 1 year                                                              | 3 year | 5 year | 10 year | ALL PLANS                                |
| Conservative Portfolio Fund | LCOPO     | 7.47%                                                               | 7.85%  | 6.18%  | 6.68%   | 0.989%                                   |
| Moderate Portfolio Fund     | LMOPO     | 8.66%                                                               | 8.34%  | 5.92%  | 7.18%   | 0.989%                                   |
| Balanced Portfolio Fund     | LBAPO     | 9.31%                                                               | 7.86%  | 4.89%  | 7.50%   | 0.991%                                   |
| Advanced Portfolio Fund     | LADPO     | 10.39%                                                              | 7.78%  | 4.31%  | 7.70%   | 0.992%                                   |
| Aggressive Portfolio Fund   | LAGPO     | 11.70%                                                              | 7.64%  | 3.52%  | 7.50%   | 0.990%                                   |

## Balanced Funds



| Fund name                               | Fund code | Gross annualized rates of return for period ending March 31, 2013 * |        |        |         | Investment management fee and expense ** |
|-----------------------------------------|-----------|---------------------------------------------------------------------|--------|--------|---------|------------------------------------------|
|                                         |           | 1 year                                                              | 3 year | 5 year | 10 year | ALL PLANS                                |
| Diversified Fund (London Capital)       | LLDIV     | 6.74%                                                               | 5.78%  | 3.83%  | 7.14%   | 0.852%                                   |
| Balanced Value Fund (MFS McLean Budden) | BVMB      | 10.03%                                                              | 6.48%  | 4.34%  | 6.95%   | 1.122%                                   |

## Canadian Equity Funds



| Fund name                                      | Fund code | Gross annualized rates of return for period ending March 31, 2013 * |        |        |         | Investment management fee and expense ** |
|------------------------------------------------|-----------|---------------------------------------------------------------------|--------|--------|---------|------------------------------------------|
|                                                |           | 1 year                                                              | 3 year | 5 year | 10 year | ALL PLANS                                |
| Dividend Fund (London Capital)                 | LDVDL     | 11.46%                                                              | 9.12%  | 6.11%  | 10.82%  | 0.751%                                   |
| Canadian Equity Fund (GWLIM)                   | LCEG      | 5.53%                                                               | 6.81%  | 1.29%  | 8.70%   | 0.751%                                   |
| Canadian Equity Fund (Jarislowsky Fraser)      | CEJF      | 12.72%                                                              | 6.13%  | 4.14%  | 10.91%  | 1.104%                                   |
| Canadian Equity Value Fund (MFS McLean Budden) | CEVMB     | 7.09%                                                               | 6.00%  | 4.03%  | 9.33%   | 1.112%                                   |
| Canadian Equity Fund (Leith Wheeler)           | S195      | 14.77%                                                              | 9.39%  | 4.13%  | 12.11%  | 0.902%                                   |
| Canadian Equity Fund (Greystone)               | S203      | 5.88%                                                               | 2.25%  | -0.94% | 8.90%   | 0.922%                                   |
| Mid Cap Canada Fund (GWLIM)                    | LMCCG     | 3.15%                                                               | 7.47%  | 3.56%  | 10.91%  | 0.751%                                   |

## Cash and Equivalent Funds



| Fund name                   | Fund code | Gross annualized rates of return for period ending March 31, 2013 * |        |        |         | Investment management fee and expense ** |
|-----------------------------|-----------|---------------------------------------------------------------------|--------|--------|---------|------------------------------------------|
|                             |           | 1 year                                                              | 3 year | 5 year | 10 year | ALL PLANS                                |
| Money Market Fund (Portico) | LLMON     | 1.11%                                                               | 1.03%  | 1.32%  | 2.33%   | 0.501%                                   |
| 1 Yr Compound Interest Acct | CI1       | -                                                                   | -      | -      | -       | -                                        |
| 3 Yr Compound Interest Acct | CI3       | -                                                                   | -      | -      | -       | -                                        |
| 5 Yr Compound Interest Acct | CI5       | -                                                                   | -      | -      | -       | -                                        |
| Daily Interest Acct         | DIA       | -                                                                   | -      | -      | -       | -                                        |

# STEP 3

## Fixed Income Funds



| Fund name                                   | Fund code | Gross annualized rates of return for period ending March 31, 2013 * |        |        |         | Investment management fee and expense ** |
|---------------------------------------------|-----------|---------------------------------------------------------------------|--------|--------|---------|------------------------------------------|
|                                             |           | 1 year                                                              | 3 year | 5 year | 10 year | ALL PLANS                                |
| Canadian Bond Universe Index Fund (Portico) | LCBIL     | 4.48%                                                               | 6.41%  | 5.78%  | 6.03%   | 0.701%                                   |
| Government Bond Fund (Portico)              | LGBG      | 2.88%                                                               | 4.01%  | 4.26%  | 4.59%   | 0.754%                                   |
| Commercial Mortgage Fund (Portico)          | LMG       | 4.36%                                                               | 6.38%  | 5.90%  | 6.23%   | 0.954%                                   |

## Foreign Equity Funds



| Fund name                                | Fund code | Gross annualized rates of return for period ending March 31, 2013 * |        |        |         | Investment management fee and expense ** |
|------------------------------------------|-----------|---------------------------------------------------------------------|--------|--------|---------|------------------------------------------|
|                                          |           | 1 year                                                              | 3 year | 5 year | 10 year | ALL PLANS                                |
| U.S. Mid Cap Fund (GWLIM)                | LLMCG     | 17.98%                                                              | 9.97%  | 2.96%  | 3.79%   | 0.852%                                   |
| U.S. Equity Fund (Jarislowsky Fraser)    | USEJF     | 19.32%                                                              | 12.13% | 6.02%  | 4.09%   | 1.102%                                   |
| American Equity Fund (MFS McLean Budden) | AEMB      | 17.33%                                                              | 9.64%  | 3.64%  | 4.87%   | 1.160%                                   |
| Global Equity Fund (Trimark)             | TRGE      | 15.63%                                                              | 11.31% | 2.92%  | 6.27%   | 1.554%                                   |
| International Equity Fund (Sprucegrove)  | SPIE      | 12.82%                                                              | 7.69%  | 1.70%  | 7.37%   | 1.230%                                   |
| International Equity Index Fund (TDAM)   | LIEIT     | 13.26%                                                              | 5.16%  | -1.05% | 5.35%   | 0.859%                                   |
| International Equity Fund (UBS)          | LIEP      | 13.30%                                                              | 6.40%  | 0.99%  | 4.92%   | 1.106%                                   |
| Asian Growth Fund (AGF)                  | LSGAG     | 6.86%                                                               | 6.79%  | 3.38%  | 10.59%  | 1.657%                                   |
| Emerging Markets Fund (Mackenzie)        | LLEMS     | 5.69%                                                               | 4.32%  | 2.28%  | 13.91%  | 1.835%                                   |

## Special Equity Funds



| Fund name                          | Fund code | Gross annualized rates of return for period ending March 31, 2013 * |        |        |         | Investment management fee and expense ** |
|------------------------------------|-----------|---------------------------------------------------------------------|--------|--------|---------|------------------------------------------|
|                                    |           | 1 year                                                              | 3 year | 5 year | 10 year | ALL PLANS                                |
| Real Estate Fund (GWLIM)           | LREG      | 17.40%                                                              | 14.40% | 7.96%  | 10.36%  | 1.102%                                   |
| Canadian Resource Fund (Mackenzie) | LNRM      | -4.31%                                                              | 4.84%  | -2.14% | 14.50%  | 1.038%                                   |

\* The indicated growth in rates of return reflects changes in unit value and reinvestment of all distributions and is net of the fund operating expense and applicable taxes. It does not take into account investment management fees and applicable taxes payable by the unitholder which would reduce returns. Performance data is provided for illustrative purposes only and represents past performance, which is not necessarily indicative of future performance. Rates shown are valid at time of publication.

\*\* Investment management fees and fund operating expenses shown are exclusive of applicable taxes. Fund operating expenses fluctuate based on asset levels and actual expenses incurred, and are not guaranteed or projected; they are reported retrospectively by calendar year and are calculated as a percentage of the fund.

## WHAT'S NEXT

Continue to the fourth step, *Enrol* on the next page. *Enrol* will explain how to join your plan and will give you tips for staying on track to reaching your retirement goals.

# STEP 4



## Enrol

Now it's time to enrol in your plan. Enrolling is easy, just fill out the forms that start on page 34.

You may need to send different forms to different addresses so make sure you review each one carefully.

### Keep the dream alive

Congratulations! By enrolling in your group retirement and savings plan, you've taken the first steps towards achieving your retirement goals.

Review the *Stay on track* checklist to see how you can continue to make the most out of your group retirement and savings plan.

## Stay on track

- ❑ **Review and keep your statements** – They provide a snapshot of your retirement savings and whether or not you're on track to reaching your goals. You can also find copies of your statements at [www.grsaccess.com](http://www.grsaccess.com).
- ❑ **Increase contributions, if your plan allows** – To see the difference even a small increase could make to your retirement income, visit *My 1 per cent advantage* at [www.my1percentadvantage.ca](http://www.my1percentadvantage.ca). It's also available at [www.grsaccess.com](http://www.grsaccess.com) in *Smart tools* in the *Learning centre*.
- ❑ **Act on your responsibilities** – No one cares more about your future than you do. As a plan member you're responsible for:
  - Making investment decisions that fit your goals and risk tolerance
  - Informing yourself about your group retirement and savings plan using all the tools available to you
  - Seeking advice from a trusted financial advisor
- ❑ **Review your goals** – You should review your plan at least once a year or as personal circumstances change. Your annual review should include taking the *Investment personality questionnaire* to make sure your risk tolerance hasn't changed.
- ❑ **Monitor your investments** – Keep a close eye on your investments and the other investment options in your plan. You can do that using your statements, fund reviews, fund reports, *GRS Access* and *Access Line*.
- ❑ **Keep perspective** – Short-term changes in the market are normal. Switching your investment choices because one investment looks like it's gaining value or your current investment is decreasing in value may not help you in the long-term.

### Investment Information

#### Fund Reports

In selecting appropriate investments that match both your goals and investment style, you may want to spend some time reviewing the **fund reports** for your plan choices. These are located at [www.grsaccess.com](http://www.grsaccess.com) under Investments.

# Forms

Here you'll find the forms you need to enrol in the plan. Complete and submit to the address indicated on the form. Forms may have different return address information.

## Take note:

- You must complete the registered retirement savings plan (RRSP) application on page 35.
- If you want to join the tax-free savings account (TFSA), complete the form on page 37.
- Any additional forms that you may need to complete can be found starting on page 39.
  - Lump sum contribution to a group retirement plan
  - Lump sum contribution to a Tax-free savings account
  - Transfer authorization for registered investments
  - Transfer authorization for Tax-Free Savings Account
  - Pre-Authorized Contribution Agreement (“PAC Agreement”) Tax-Free Savings Plan (TFSA)

# Application for membership in a retirement savings plan

Return to Your plan administrator

## SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

|                                                         |                                    |
|---------------------------------------------------------|------------------------------------|
| Name of employer/plan sponsor<br><b>IBEW Local 1555</b> | Policy/plan number<br><b>61990</b> |
|---------------------------------------------------------|------------------------------------|

## SECTION 2 – APPLICANT INFORMATION (please print)

|                                                                                                                  |                |                             |                                                                                                     |                                                                                                                                                                                                               |                                                                                            |
|------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Last name                                                                                                        | Middle initial | First name                  | <input type="checkbox"/> Employee<br><input type="checkbox"/> Spouse/common-law partner of employee | Division/subgroup                                                                                                                                                                                             | Identification/employee number (if applicable)                                             |
| Social insurance number                                                                                          |                | Date of birth<br>yyyy mm dd | <input type="checkbox"/> Male<br><input type="checkbox"/> Female                                    | Marital status<br><input type="checkbox"/> Married <input type="checkbox"/> Common-law<br><input type="checkbox"/> Quebec civil union<br><input type="checkbox"/> Single <input type="checkbox"/> Other _____ | Language preference<br><input type="checkbox"/> English<br><input type="checkbox"/> French |
| Applicant authorizes use of his/her social insurance number for tax reporting, identification and record keeping |                |                             |                                                                                                     |                                                                                                                                                                                                               |                                                                                            |
| Address (apt. no., street no., street)                                                                           |                | City                        | Province                                                                                            | Postal code                                                                                                                                                                                                   | Telephone number ( ) -                                                                     |
|                                                                                                                  |                |                             |                                                                                                     |                                                                                                                                                                                                               | Email address<br><small>Required for online access to your account</small>                 |

### The applicant is applying for a Personal RSP AND/OR Spousal RSP as indicated below:

Personal RSP (The applicant is the owner and contributing employee/contributor to the plan.)  
ID number \_\_\_\_\_ (completed by London Life)

Spousal RSP (The applicant is the owner and the spouse/common-law partner is the contributing employee/contributor to the plan. Complete the Contributor Information section.) ID number \_\_\_\_\_ (completed by London Life)

## SECTION 3 – CONTRIBUTOR INFORMATION

Complete for Spousal RSPs only.

|                                                |            |                         |                    |
|------------------------------------------------|------------|-------------------------|--------------------|
| Last name of contributing employee/contributor | First name | Social insurance number | ID/employee number |
|------------------------------------------------|------------|-------------------------|--------------------|

## SECTION 4 – ISSUER INFORMATION

The Great-West Life Assurance Company and key design are trade-marks of The Great-West Life Assurance Company (Great-West), used under licence by London Life Insurance Company (London Life) for the promotion and marketing of insurance products. London Life is a subsidiary of Great-West. The group retirement, savings and annuity product(s) described in this application are issued by London Life.

## SECTION 5 – BENEFICIARY INFORMATION

In this section the applicant can name a beneficiary. The person or persons named below will receive the death benefit under the plan(s), subject to applicable pension legislation which may require payment to the applicant's spouse or common-law partner.

All beneficiary designations 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 applicant's spouse (designated without stipulation of revocability) – see box below.

- **Where the Civil Code of Quebec applies, any designation of an applicant's spouse as beneficiary is irrevocable unless the applicant 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 applicant may not, without the consent of the beneficiary (who must be of legal age to give consent), change or revoke the designation, make withdrawals from the plan where permitted, assign, surrender, exercise certain rights under or in respect of, or otherwise deal with the contract.  
 I, as applicant, 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.**

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(s). 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 applicant | % 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 |
|           |            |                           | <i>Total 100%</i> |                                                               |                                                          |

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

| Last name | First name | Relationship to applicant | % 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 |
|           |            |                           | <i>Total 100%</i> |                                                               |                                                          |

## Application for membership in a retirement savings plan (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 applicant has already completed a trust agreement). If the applicant wishes to name different trustees for different beneficiaries, please complete the *Addendum to designation of revocable beneficiary/trustee appointment form*.

The applicant appoints the trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan(s) 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 applicant 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(s). 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 applicant directs the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. The applicant or the applicant's personal representative may by writing appoint a new trustee to replace the former trustee.

Last name of trustee

First name

Relationship to applicant

### SECTION 7 – PAYROLL DEDUCTION AUTHORIZATION

This section to be completed by the contributing employee:

- Personal RSP only:** I authorize my employer to deduct \_\_\_\_\_ from each pay.  
 **Spousal RSP only:** Complete the RSP contribution details form.  
 **Both a Spousal and Personal RSP:** Complete the RSP contribution details form.

### SECTION 8 – INVESTMENT ALLOCATION INSTRUCTIONS

Please provide investment instructions for member contributions. If applicable, the same instruction will apply to employer contributions. 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 and identifier | Percentage | Name of fund and identifier | Percentage |
|-----------------------------|------------|-----------------------------|------------|
|                             | %          |                             | %          |
|                             | %          |                             | %          |
|                             | %          |                             | %          |
|                             | %          |                             | %          |

Total allocation must equal 100%

### SECTION 9 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Issuer, the applicant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicant'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 applicant of products and services to help the applicant 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 applicant will only be available to the applicant, plan sponsor, pension and related government authorities, the Issuer, their affiliates, and any duly authorized employees, agents and representatives of the Issuer or their affiliates, within or outside Canada, 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 applicant. 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 applicant's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.

### SECTION 10 – APPLICATION FOR REGISTRATION

The applicant applies for membership in the retirement savings plan(s) and authorizes the plan sponsor to act as his/her agent for the purpose of the plan(s). The applicant requests that London Life Insurance Company (the "Issuer") apply to register the plan(s) as registered retirement savings plan(s) under the Income Tax Act (Canada) and any similar provincial law. If locked-in pension funds are transferred to the plan(s), the applicant agrees and acknowledges that such funds will be governed by the locked-in retirement account endorsement, locked-in retirement savings plan endorsement or restricted locked-in savings plan endorsement, as applicable (the "locked-in endorsement"), which will form part of the plan(s) and will override the terms of the retirement savings plan certificate issued to the member to the extent of any inconsistency between the certificate and the endorsement.

### SECTION 11 – SIGNATURE

The applicant confirms the instructions, designations and appointment on this form. The contributing employee authorizes the payroll deduction for contributions to the Spousal RSP. The applicant is aware of the reasons the information covered by the applicant's authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. The applicant authorizes and consents to the Issuer collecting, using, and disclosing personal information concerning the applicant 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 applicant's authorizations and consents will begin the date this application is signed and end when no longer required. The applicant'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 applicant's authorizations and consents will be as valid as the original. If the applicant ceases to be eligible to participate in the Plan and does not make an election in accordance with the Plan terms, the Issuer is authorized to exercise transfer or withdrawal options provided in the Plan, and the applicant hereby appoints the Issuer as the applicant's agent for this and any related purpose.

Signature of applicant

Date

Signature of contributing employee/contributor (Spousal RSPs only)

Date

## 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<br><b>IBEW Local 1555</b> | Policy/plan number<br><b>61990</b> |
|---------------------------------------------------------|------------------------------------|

### 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 and key design are trademarks 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"/> Employee<br><input type="checkbox"/> Spouse/common-law partner of employee<br><small>N/A if plan does not allow spouses/common-law partners to join</small> | Division/subgroup                                                                                                                       | Identification/employee number (if applicable)                             |
| Social insurance number                                                                                                      |                | Date of birth<br><small>Must be 18 or older</small><br>yyyy mm dd |                                                                                                                                                                                      | Language preference                                                                                                                     |                                                                            |
| <small>Holder authorizes use of his/her social insurance number for tax reporting, identification and record keeping</small> |                |                                                                   |                                                                                                                                                                                      | <input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> English<br><input type="checkbox"/> French |                                                                            |
| Address (apt. no., street no., street)                                                                                       |                | City                                                              | Province                                                                                                                                                                             | Postal code                                                                                                                             | Telephone number<br>( ) -                                                  |
|                                                                                                                              |                |                                                                   |                                                                                                                                                                                      |                                                                                                                                         | Email address<br><small>Required for online access to your account</small> |

### 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<br><input type="checkbox"/> Female | Social insurance number | Date of birth<br>yyyy mm dd |
|------------------------------------------|----------------|------------|------------------------------------------------------------------|-------------------------|-----------------------------|

**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.**

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 |
| <i>Total 100%</i> |            |                        |                   |                                                               |                                                          |

**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 |
| <i>Total 100%</i> |            |                        |                   |                                                               |                                                          |

**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 |
|----------------------|------------|------------------------|
|----------------------|------------|------------------------|

**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

## Lump sum contribution to a group retirement plan

Return to: Great-West Life, Group Retirement Services  
255 Dufferin Ave., T540, London, ON N6A 4K1

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 INFORMATION**

|                                                         |                                    |
|---------------------------------------------------------|------------------------------------|
| Name of employer/plan sponsor<br><b>IBEW LOCAL 1555</b> | Policy/plan number<br><b>61990</b> |
|---------------------------------------------------------|------------------------------------|

**CONTRIBUTION MADE BY:**

|           |         |            |                         |
|-----------|---------|------------|-------------------------|
| Last name | Initial | First name | Social insurance number |
|           |         |            | - -                     |

I am attaching a cheque (payable to London Life) in the amount of \$\_\_\_\_\_ to be deposited as follows:

- To my Registered Retirement Savings Plan, as a personal contribution for myself.  
My certificate number is \_\_\_\_\_, or  my certificate is my S.I.N.
- To my Registered Retirement Savings Plan, as a contribution for my spouse (I am the spousal contributor).  
My spouse's certificate number (usually S.I.N.) is \_\_\_\_\_.
- To my Registered Pension Plan, as a voluntary contribution.

Please invest this contribution as follows:

- According to my (or my spouse's) current investment allocation instructions.
- According to the following special instructions for this contribution only:

| Percentage | Name of fund / identifier | Percentage | Name of fund / identifier |
|------------|---------------------------|------------|---------------------------|
| % to       |                           | % to       |                           |
| % to       |                           | % to       |                           |
| % to       |                           | % to       |                           |

**Total allocation must equal 100%. Note that in some cases your plan sponsor controls investment allocation instructions.**

Signature of person contributing \_\_\_\_\_ Date \_\_\_\_\_

Signature of spouse\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Only required if contributions are directed to a spouse, and special investment instructions apply.

Please make your cheque **payable to London Life Insurance Company** and return to Great-West with this form. Our offices are located at:

255 Dufferin Avenue, T540, London ON N6A 4K1  
PO Box 7200 Stn. Main, Winnipeg MB R3C 4W4  
1450-2001 University Street, Montreal QC H3A 1T9  
330 University Avenue, Toronto ON M5G 1R8

Access anytime ... with [www.grsaccess.com](http://www.grsaccess.com) – our secure, easy-to-use retirement planning Web site.  
Or, Access Line – our automated phone service at 1-800-724-3402.





## Lump sum deposit to a Tax-Free Savings Account

Return to: Great-West Life, Group Retirement Services  
255 Dufferin Ave., T540, London, ON N6A 4K1

To be completed by a plan member who is making a lump sum deposit to a Tax-Free Savings Account (TFSA).

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 INFORMATION**

|                                                         |                                    |
|---------------------------------------------------------|------------------------------------|
| Name of employer/plan sponsor<br><b>IBEW LOCAL 1555</b> | Policy/plan number<br><b>61990</b> |
|---------------------------------------------------------|------------------------------------|

**MEMBER INFORMATION:**

|           |         |            |                         |
|-----------|---------|------------|-------------------------|
| Last name | Initial | First name | Social insurance number |
|           |         |            | - -                     |

I am attaching a cheque (payable to London Life) in the amount of \$ \_\_\_\_\_ to be deposited to my Tax-Free Savings Account (TFSA):

Please invest this deposit as follows:

- According to my current investment allocation instructions.
- According to the following special instructions for this deposit only:

| Percentage | Name of fund / identifier | Percentage | Name of fund / identifier |
|------------|---------------------------|------------|---------------------------|
| % to       |                           | % to       |                           |
| % to       |                           | % to       |                           |
| % to       |                           | % to       |                           |

**Total allocation must equal 100%.**

Signature of member \_\_\_\_\_ Date \_\_\_\_\_

*Please make your cheque payable to London Life Insurance Company and return to Great-West with this form. Our offices are located at:*

255 Dufferin Avenue, T540, London ON N6A 4K1  
 PO Box 7200 Stn. Main, Winnipeg MB R3C 4W4  
 1450-2001 University Street, Montreal QC H3A 1T9  
 330 University Avenue, Toronto ON M5G 1R8

Access anytime ... with [www.grsaccess.com](http://www.grsaccess.com) – our secure, easy-to-use retirement planning Web site.  
 Or, Access Line – our automated phone service at 1-800-724-3402.



**PART 1 – CLIENT IDENTIFICATION**

|                               |                                |                                    |             |
|-------------------------------|--------------------------------|------------------------------------|-------------|
| Account/policyowner last name |                                | First name & initial(s)            |             |
| Address                       |                                |                                    | Postal code |
| Social Insurance Number       | Home telephone number<br>( ) - | Business telephone number<br>( ) - |             |

**PART 2 – RECEIVING INSTITUTION INFORMATION**

|                                                                    |                                                               |
|--------------------------------------------------------------------|---------------------------------------------------------------|
| Receiving institution name<br><b>LONDON LIFE INSURANCE COMPANY</b> | Address *<br>Attn: Great-West Life, Group Retirement Services |
|--------------------------------------------------------------------|---------------------------------------------------------------|

\*For the Group Retirement Services address contact *Access Line* at 1-800-724-3402 Monday to Friday 8 a.m. to 8 p.m. ET.

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.

|                               |                                       |                                                                                                                               |
|-------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Contact name                  | Telephone number & extension<br>( ) - | FAX number<br>( ) -                                                                                                           |
| Name of employer/plan sponsor | Client plan number                    | Plan type <input type="checkbox"/> RPP <input type="checkbox"/> DPSP<br><input type="checkbox"/> RRSP or Locked-in RRSP(LIRA) |

**Investment instructions** (if no instructions noted, deposit will be made according to your current allocation instructions)

| Investment/fund name | % or \$ amount |
|----------------------|----------------|
|                      |                |
|                      |                |

**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)<br><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 |                                                                                                                                                                                           |
| Investment amount (\$)                                                 | For use by relinquishing institution<br>Symbol and/or certificate/policy number                                                                                                           |
| Investment description                                                 | Delay transfer until (mmm dd yyyy)                                                                                                                                                        |
| Investment amount (\$)                                                 | Symbol and/or certificate/policy number                                                                                                                                                   |
| Investment description                                                 | Delay transfer until (mmm dd yyyy)                                                                                                                                                        |

**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 | Authorized signature<br><i>Jiana Tremblay</i> | AVP, GRS Admin<br>Position or office |
|------|-----------------------------------------------|--------------------------------------|

**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)<br><input type="checkbox"/> RRSP (spousal) – Spouse's name | Social Insurance Number   | -                   | -                     |
| Locked-in funds <input type="checkbox"/> No <input type="checkbox"/> Yes – Locked-in confirmation attached                                                                                                                    |                           |                     |                       |
| Locked-in amount<br>\$                                                                                                                                                                                                        | Sex-distinct amount<br>\$ | Unisex amount<br>\$ | Governing legislation |
| Contact name                                                                                                                                                                                                                  | Telephone<br>( )          | FAX number<br>( )   |                       |
| Authorized signature                                                                                                                                                                                                          | Position                  | Date                |                       |



**PART 1 – CLIENT IDENTIFICATION**

|                               |                                |                                    |
|-------------------------------|--------------------------------|------------------------------------|
| Account/policyowner last name |                                | First name & initial(s)            |
| Address                       |                                | Postal code                        |
| Social Insurance Number       | Home telephone number<br>( ) - | Business telephone number<br>( ) - |

**PART 2 – RECEIVING INSTITUTION INFORMATION**

|                                                                                   |                                                                                             |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Receiving institution name (cheque payee)<br><b>LONDON LIFE INSURANCE COMPANY</b> | Mailing address<br>Attn: The Great-West Life Assurance Company<br>Group Retirement Services |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

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

|                               |                                       |                     |
|-------------------------------|---------------------------------------|---------------------|
| Contact name                  | Telephone number & extension<br>( ) - | FAX number<br>( ) - |
| Name of employer/plan sponsor | Client plan number                    | Plan type<br>TFSA   |

**Investment instructions** (if no instructions noted, deposit will be made according to your current allocation instructions)

|                             |                       |
|-----------------------------|-----------------------|
| <u>Investment/fund name</u> | <u>% or \$ amount</u> |
|                             |                       |
|                             |                       |

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

|                                |             |
|--------------------------------|-------------|
| Relinquishing institution name |             |
| Address                        | Postal code |

|                                   |                                                                                                                                                                                           |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Client TFSA account/policy number | Transfer <u>cash</u> value of (check one box only)<br><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 (mmm dd yyyy) |
|------------------------|-----------------------------------------|------------------------------------|

Investment description

|                        |                                         |                                    |
|------------------------|-----------------------------------------|------------------------------------|
| Investment amount (\$) | Symbol and/or certificate/policy number | Delay transfer until (mmm dd yyyy) |
|------------------------|-----------------------------------------|------------------------------------|

Investment description

**PART 4 – CLIENT AUTHORIZATION**

I hereby request the transfer of my TFSA 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<br>Signature of account/policyholder | Date |
|----------------------------------------|------|

|                                                                        |      |
|------------------------------------------------------------------------|------|
| X<br>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 | Authorized signature<br><i>Jiana Tremblay</i> | AVP, GRS Admin<br>Position or office |
|------|-----------------------------------------------|--------------------------------------|

**PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY**

|                      |                  |                   |
|----------------------|------------------|-------------------|
| Contact name         | Telephone<br>( ) | FAX number<br>( ) |
| Authorized signature | Position         | Date              |



**PRE-AUTHORIZED CONTRIBUTION AGREEMENT  
("PAC AGREEMENT")  
TAX- FREE SAVINGS PLAN (TFSA)  
(automatic monthly withdrawals from your bank account)**

Services for this 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 INFORMATION**

|                                                         |                                    |
|---------------------------------------------------------|------------------------------------|
| Name of employer/plan sponsor<br><b>IBEW LOCAL 1555</b> | Policy/plan number<br><b>61990</b> |
|---------------------------------------------------------|------------------------------------|

**MEMBER INFORMATION**

|           |         |            |                                     |
|-----------|---------|------------|-------------------------------------|
| Last name | Initial | First name | Certificate/Social insurance number |
|-----------|---------|------------|-------------------------------------|

Telephone #      Home (      )      -      Business (      )      -

**PART A - Complete this part to START or CHANGE pre-authorized contributions**

Name of Bank Account holder(s) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch Address \_\_\_\_\_

Transit Number \_\_\_\_\_ Bank Code \_\_\_\_\_ Account Number \_\_\_\_\_

**IMPORTANT: Attach a pre-printed personalized cheque marked "VOID" to this form for new or changed banking information.**

I agree that the withdrawal date for my contributions will be the fifteenth (15<sup>th</sup>) day of each month or the next business day. Withdrawals will begin on the first withdrawal date following receipt of this PAC Agreement, as outlined below.

I authorize London Life Insurance Company ("London Life") and my financial institution set out in Part A above to withdraw monthly \$\_\_\_\_\_ (minimum \$25.00) from my bank account, as though I had personally signed a cheque, and to allocate such amount to the Policy/plan indicated above.

**I HEREBY WAIVE MY RIGHT TO RECEIVE PRE-NOTIFICATION OF THE AMOUNT TO BE WITHDRAWN FROM MY ACCOUNT PURSUANT TO THIS PAC AGREEMENT, INCLUDING AFTER I REQUEST A CHANGE TO THE AMOUNT TO BE WITHDRAWN.**

**PART B – Complete this part to STOP pre-authorized contributions**

I would like to cancel this PAC Agreement. Please stop withdrawals. I understand that I will need to submit a new PAC Agreement to resume pre-authorized contributions.

**Pre-Authorized Contribution Agreement – Tax-free savings plan (continued)**

**PART C – Additional Terms and Conditions**

NOTE: all references in this form to “this PAC Agreement” include later amendments to it.

1. I agree that a photocopy or an electronic copy of this PAC Agreement will be as valid as the original.
2. I certify that all persons whose signatures are required to authorize a withdrawal from the bank account have signed in Part D, including any required joint bank accountholder.
3. I will notify London Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required at least five (5) days prior to the fifteenth (15<sup>th</sup>) of the month in order to be effective for the same month. London Life may, but is not obligated to, rely on verbal instructions from me for any such changes.
4. I understand that if the ownership of the Policy/plan is transferred, this PAC Agreement will no longer apply unless I notify London Life otherwise.
5. I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes I will notify London Life in writing at the address set out below within ninety (90) days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.
6. If there is not enough money in my account to cover the monthly specified amount listed above(not sufficient funds also referred to as “NSF”), I authorize London Life to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is denied due to NSF (or if London Life decides, in its sole discretion, not to make a second attempt), I understand that this PAC Agreement may be suspended and possibly cancelled by London Life. I understand that I am responsible for any NSF charge(s). I agree that if this PAC Agreement is suspended by London Life, London Life may, in its sole discretion require a new written PAC Agreement.
7. **I HEREBY WAIVE ANY REQUIREMENT OF WRITTEN NOTICE TO ME OF THE ASSIGNMENT OF THIS PAC AGREEMENT.**
8. (a) I may cancel this PAC Agreement by checking the box in Part B and mailing this completed form to the address below, or by calling the telephone number provided below. In order for such cancellation to be effective for the same month my instructions must be received at the address or telephone number set out below at least five (5) business days prior to the fifteenth (15<sup>th</sup>) of the month.  
(b) This PAC Agreement may also be cancelled if any withdrawal is not permitted or is reversed by the financial institution or upon thirty (30) days written notice to me.  
(c) I may obtain a sample cancellation form or more information on my right to cancel this PAC Agreement by contacting my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).
9. I have certain recourse rights if any debit does not comply with this PAC Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**PART D- Authorization- always complete this part**

This authorization replaces all previous instructions. The completed PAC Agreement including this authorization must be mailed to the address set out below and received at least five (5) business days prior to the fifteenth (15<sup>th</sup>) of the month in order to be effective for the same month.

All bank accountholders must sign below. I certify that all persons whose signatures are required to authorize the withdrawals have signed below, including any required joint bank accountholder. If the withdrawals are to be made from a bank account owned by a non-member, the member of the Policy/plan must also sign below.

Signature of Authorized Bank Accountholder \_\_\_\_\_

Signature of Joint Bank Accountholder (if required) \_\_\_\_\_

Member Signature (if not a Bank Accountholder) \_\_\_\_\_

Date \_\_\_\_\_

To speak to a bilingual client service representative please call *Access Line* at 1-800-724-3402.

**RETURN TO:**           **GREAT-WEST LIFE**  
                              **Group Retirement Services**  
                              **255 Dufferin Avenue, T540**  
                              **London, ON N6A 4K1**

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