Application for membership in a group registered pension plan

Return to Archdiocese of Vancouver
4885 Saint John Paul II Way
Vancouver BC V5Z 0G3

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

SECTION 1 – EMPLOYER/PLAN SPONSOR

Name of employer/plan sponsor	Policy/plan number
ARCHDIOCESE OF VANCOUVER	35169

SECTION 2 –INFORMATION ABOUT YOU (please print)

Last name	Middle initial	First name	Division/subgroup	Identification/employee number
			01	

Social insurance number (SIN)	Date of employment	Date of birth	Gender	Language
- - You authorize the use of your SIN for tax reporting, identification and record keeping	yyyy mm dd	yyyy mm dd	☐ Male ☐ Female	☐ English ☐ French

Last name of spouse	First name	Email address
		Required for online access and to email information about the plan or services connected with it

Address (apt. no., street no., street)

City	Province	Postal code

If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street)	City	Province	Postal code

Telephone no.	Alternate telephone no.	Province of employment	Date joined plan
- - Ext.	- -		yyyy mm dd

Are you a connected person? ☐ Yes* ☐ No *Form T1007 must be filed by your employer with Canada Revenue Agency (the plan administrator can help determine whether you are a connected person).

SECTION 3 – YOUR BENEFICIARY DESIGNATION

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

Primary beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you Select box below **OR** Specify under Other			% of benefit
			Married	Relationship to me	Other (child, friend, etc.)	
			☐	☐		
			☐	☐		
			☐	☐		
						Total 100%

Important: Quebec residents

- If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:
  I designate my married or civil union spouse revocably ☐
- The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)

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

Contingent beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship to you	% of benefit
				Total 100%

SECTION 3 – YOUR BENEFICIARY DESIGNATION (continued)

Trustee (to be completed if any of your beneficiaries are minors or otherwise lack legal capacity and do not reside in Quebec; do not complete if a formal trust exists)

Last name	First name	Trustee for (indicate beneficiary name)	Relationship of trustee to you

You authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) in their sole discretion, to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to appointing a trustee. Payment to the trustee(s) discharges us to the extent of the payment.

SECTION 4 –PAYROLL DEDUCTION AUTHORIZATION

You authorize your employer to deduct the highest contribution level you are entitled to according to the provisions of your employer's local policy. Contact your Benefits Office if you wish to make changes to this amount or make voluntary contributions.

SECTION 5 – YOUR INVESTMENT SELECTION

At the time of joining the Pension Plan, your contribution and your employer's contribution will be invested in the plan's default fund (Continuum Target Date Fund). The specific Continuum Target Date Fund will be the one that is closest to your 65th birthday year. At any time after enrollment, you may elect to change where you invest your pension assets through your online member account at mycanadalifeatwork.com or call Canada Life at 1-800-724-3402.

SECTION 6 – SIGNATURE

You confirm the information on this form and will update it in the future as it changes. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in the attached Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application.

Signature of applicant Date

Clear

Print

Protecting your personal information

At The Canada Life Assurance Company, we recognize and respect the importance of privacy.

Your personal information:

- We establish a confidential file that contains your personal information like your name and contact and financial information
- Your information is kept in our offices or the offices of an organization authorized by us.
- You may exercise your rights to view and correct information in the file by sending a written request to us.

Who has access to your information:

- We limit access to personal information in your file to our staff or persons authorized by us who require it to perform their duties, and to other persons to whom you have granted access.
- In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside Canada.
- Your personal information may also be subject to disclosure to government authorities or others authorized under applicable law within or outside Canada.

What your information is used for:

- Personal information that we collect will be used for the purposes of administering and servicing the products you have with us, and for our internal data management and analytics purposes.
- This may include investigating claims, paying benefits, and creating and maintaining records concerning our relationship.

Your consent will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to allow you to remain in the plan.

If you want to know more:

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to our Chief Compliance Officer or refer to canadalife.com.