Application for membership in a group registered pension plan

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

Archdiocese of Vancouver

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 canadalife.com.

SECTION 1 – EMPLOYER/PLAN SPONSOR

Name of employer/Plan Sponsor	Policy/Plan number
ARCHDIOCESE OF VANCOUVER	**35169**

SECTION 2 –INFORMATION ABOUT YOU

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

Social insurance number (SIN)	Date of employment	Date of birth		Language
- -	yyyy mm dd	yyyy mm dd	☐ Male ☐ Female ☐ Another gender ☐ Prefer not to answer	☐ English ☐ French

Check here ☐ **if you are a connected person** (refer to your member booklet for a definition or contact your pension plan administrator)

Last name of spouse/common-law partner	First name	Email address

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

SECTION 3 – YOUR BENEFICIARY DESIGNATION

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

Primary beneficiary(ies) on your death

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

Important: Quebec residents

- If you appoint your married or civil union spouse as your primary or contingent 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%

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Application for membership in a group retirement pension plan (continued)

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 – PRIVACY

Protecting your personal information

At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information

Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with

We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as other financial institutions, technology suppliers, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information

We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your online account or by submitting a request through our privacy centre at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information. If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

SECTION 7 – SIGNATURE

You understand that your personal information will be collected, used and shared as set out above.

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. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. By providing us with your email, you agree to receive notices and other relevant information by electronic communication, including information posted on your online account (mycanadalifeatwork.com) and agree to consult the website regularly. It is your responsibility to inform us of any changes to your email address.

This application may be signed electronically (e.g., DocuSign or Adobe Sign).

Signature of applicant Date

Clear

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