

**Application for membership in a
Non-registered savings plan
Corporation Application**

Return to Your plan administrator

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor CANADIAN ENTERTAINMENT INDUSTRY RETIREMENT PLAN	Policy/plan number 62724
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SECTION 2 – APPLICANT INFORMATION (please print)

Full legal name of Corporation		
Address for delivery of tax receipts, statements and all other material (apt. no., street no., street, city, province and postal code)	Telephone number () -	E-mail address

SECTION 3 – ANNUITANT/ MEMBER INFORMATION (please print)

Last name	Middle initial	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Division/subgroup
Address (apt. no., street no., street, city, province and postal code)			Telephone no. () -	E-mail address
Social insurance number - -	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Other _____	Identification number N/A	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	
Date of birth yyyy mm dd	Date of employment N/A	Date joined plan N/A	Occupation / job title	

SECTION 4 – ISSUER INFORMATION

The Great-West Life Assurance Company & key design is a trade-mark 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

Any proceeds on the death of the annuitant will be payable to the applicant.

SECTION 6 – INVESTMENT ALLOCATION INSTRUCTIONS

The Issuer offers a selection of investment options. **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.**

The *Cadence Series Funds* automatically become increasingly conservative in their asset mix as you get closer to your retirement date. If you elect to invest in the *Cadence Series Funds*, please choose the *Cadence Fund* that is closest to your planned retirement date.

Asset Allocation Funds (choose only one)

Conservative Portfolio	LCOPO	_____ %
Moderate Portfolio	LMOPO	_____ %
Balanced Portfolio	LBAPO	_____ %
Advanced Portfolio	LADPO	_____ %
Aggressive Portfolio	LAGPO	_____ %
Cadence Retirement	CADRT	_____ %

Cash and Guaranteed Interest Accounts

Daily Interest Account	DIA	_____ %
5 Yr Compound Interest	CI5	_____ %

Money Market Fund

Money Market Fund (LCM)	LLMON	_____ %
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Lifestyle Funds (choose only one)

Cadence 2010	CAD10	_____ %
Cadence 2015	CAD15	_____ %

Balanced Fund

Socially Responsible Asset Allocation Fund (Meritas)	SRMER	_____ %
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Cadence 2020	CAD20	_____	<u>Special Equity Funds</u>	
		%		
Cadence 2025	CAD25	_____	Ethics (GWLIM)	LLEG _____
		%		%
Cadence 2030	CAD30	_____		
		%		
Cadence 2035	CAD35	_____		
		%		
Cadence 2040	CAD40	_____		
		%		
Cadence 2045	CAD45	_____		
		%		
Cadence 2050	CAD50	_____	<i>total allocation must equal 100%</i>	
		%		

Application for membership in a non-registered savings plan (continued)

SECTION 7 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicant and annuitant. By submitting a written request to the Issuer, the applicant or annuitant may exercise rights of access to, and rectification of, the file, as applicable. The Issuer will collect, use and disclose the applicant's and annuitant'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 and annuitant of products and services to help the annuitant 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 and annuitant will only be available to the applicant, annuitant, plan sponsor, pension and related 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 applicant and annuitant. 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.

SECTION 8 – SIGNATURE

The applicant and annuitant confirm the instructions, designations and appointment on this form. The applicant and annuitant are aware of the reasons the information covered by the applicant's and annuitant's authorizations and consents are needed, and the benefits of, and the risks of not, authorizing/consenting. The applicant and annuitant authorizes and consents to the Issuer collecting, using, and disclosing personal information concerning the applicant and annuitant 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 and annuitant's authorizations and consents will begin the date this application is signed and end when no longer required. The applicant and annuitant'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 and annuitant's authorizations and consents will be as valid as the original.

Authorized signature of applicant

Date

Signature of annuitant

Date

SECTION 9 – VERIFICATION OF IDENTITY OF THE AUTHORIZED SIGNATORY OF THE APPLICANT– MUST BE COMPLETED BY AN *AUTHORIZED REPRESENTATIVE (THIS SECTION IS TO BE COMPLETED IF THE APPLICANT INTENDS TO MAKE A LUMP SUM CONTRIBUTION. VERIFICATION OF IDENTITY MAY BE DONE AT THE TIME OF APPLICATION OR AT ANY TIME PRIOR TO SUBMITTING A LUMP SUM CONTRIBUTION.)

NOTE: If verification in person by an *authorized representative is not possible, a separate identification package must be completed. Visit www.grsaccess.com or call 1-800-724-3402 to obtain the appropriate forms. Lump sum contributions will not be accepted until the verification of identity process is complete.

IDENTIFICATION OF AUTHORIZED SIGNATORY OF THE APPLICANT: In compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada), I have verified the identity of the person signing on behalf of the applicant. The source of verification was:

<input type="checkbox"/> Driver's license no.	Prov. or country	<input type="checkbox"/> Passport no.	Country
<input type="checkbox"/> Birth certificate no.	Prov. or country	<input type="checkbox"/> Other	

Authorized Representative Location/Company Name

Authorized Representative Name (please print)

Authorized Representative Signature

*** Authorized representative means any individual who is employed by Great-West Life group retirement services, or is a contracted advisor for the plan**

SECTION 10 – VERIFICATION OF IDENTITY OF THE ANNUITANT/MEMBER (IF DIFFERENT FROM THE AUTHORIZED SIGNATORY OF THE APPLICANT) – MUST BE COMPLETED BY AN *AUTHORIZED REPRESENTATIVE (THIS SECTION IS TO BE COMPLETED IF THE APPLICANT INTENDS TO MAKE A LUMP SUM CONTRIBUTION. VERIFICATION OF IDENTITY MAY BE DONE AT THE TIME OF APPLICATION OR AT ANY TIME PRIOR TO SUBMITTING A LUMP SUM CONTRIBUTION.)

NOTE: If verification in person by an *authorized representative is not possible, a separate identification package must be completed. Visit www.grsaccess.com or call 1-800-724-3402 to obtain the appropriate forms. Lump sum contributions will not be accepted until the verification of identity process is complete.

IDENTIFICATION OF ANNUITANT/MEMBER: In compliance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada), I have verified the identity of the annuitant/member. The source of verification was:

<input type="checkbox"/> Driver's license no.	Prov. or country	<input type="checkbox"/> Passport no.	Country
<input type="checkbox"/> Birth certificate no.	Prov. or country	<input type="checkbox"/> Other	

Authorized Representative Location/Company Name

Authorized Representative Name (please print)

Authorized Representative Signature

*** Authorized representative means any individual who is employed by Great-West Life group retirement services, or is a contracted advisor for the plan**

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SECTION 11 – CORPORATION STATUS VERIFICATION

i) Corporate documentation

- Attached is a copy of the employer's certificate of corporate status (here meaning official record(s) issued by, or filed with and receipted by, the government or regulatory authority, e.g. securities commission, showing the corporation's legal name and address, the names of its directors and verifying its present existence).

OR

- A copy of the employer's certificate of corporate status could not be obtained. One of the following pieces of information has been provided as an alternative.
- Copy of company's annual filing for the last fiscal year
 - Copy of a published Annual Report signed by an external auditor
 - Notice of assessment from a municipal, provincial, or federal government

ii) List of all the corporation's directors, and all persons who own or control, directly or indirectly, 25% or more of the shares of the corporation.

NAME	ADDRESS	OCCUPATION