

Application for membership in a tax-free savings account

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



SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor ARCHDIOCESE OF VANCOUVER	Policy/plan number 35169
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SECTION 2 – ISSUER INFORMATION

This tax-free savings account is issued by London Life Insurance Company (the Issuer) 255 Dufferin Avenue, London, ON N6A 4K1. London Life is a subsidiary of Great-West Life. The Great-West Life Assurance Company and key design are trade-marks of Great-West Life, 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 <input type="checkbox"/> Spouse of employee	Division/subgroup	Identification/employee number (if applicable)

Social insurance number - - - - -	Date of birth yyyy mm dd Must be 18 or older	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	Email address Required for online access and to email information about the plan or services connected with it
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I authorize the use of my social insurance number for tax reporting, identification and record keeping

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

City	Province	Postal code	Telephone no. - - - - - Ext.	Alternate telephone no. - - - - -
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SECTION 4 – SUCCESSOR HOLDER/SUCCESSOR MEMBER INFORMATION

Where permitted by law, in the event of my death, I hereby appoint:

Full name of spouse (last name, then first)	Social insurance number - - - - -	Date of birth (yyyy, mm, dd)
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to become the successor holder and acquire all rights I have as holder instead of a lump sum death benefit. I understand that, if I have appointed my spouse as successor holder, a beneficiary designation will be effective only if the successor holder dies before me or is not my spouse at the date of my death. If I have appointed a successor holder, an irrevocable beneficiary cannot be designated.

SECTION 5 – BENEFICIARY INFORMATION

Primary beneficiary(ies)

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to holder		% of benefit
			Married	Select box below OR Specify under Other Other (child, friend, etc.)	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
<i>Total 100%</i>					

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

Contingent beneficiary(ies)

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to holder	% of benefit
<i>Total 100%</i>				

Where permitted by law, these designations are for all benefits payable under the plan and are revocable **except**:

- where a *Designation of irrevocable beneficiary* form is completed
- where Quebec law applies and I have designated my spouse as my beneficiary - the box below applies.

Where Quebec law applies:

- **If I designate my spouse as my beneficiary**, they will be irrevocable unless I check the box below. If not, I will be prevented from changing my beneficiary unless I obtain the consent of my spouse.
I designate my spouse as my revocable beneficiary.
- **Where a minor beneficiary or a person who lacks legal capacity resides in Quebec** - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to their tutor(s) or curator, unless a valid trust has been established for the benefit of the beneficiary, by will or by separate contract, to receive any such payment 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. **Before designating a trust, legal advice should be sought.**

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

SECTION 6 – TRUSTEE APPOINTMENT

(to be completed if any of the beneficiaries are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)

If a formal trust does not exist, I hereby appoint:

Full name of trustee being appointed (last name, then first):	Trustee for (indicate beneficiary name)	Relationship of trustee to holder:

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the 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 the Issuer to the extent of the payment. I authorize the trustee 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 trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, the Issuer 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. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

SECTION 7 – PAYROLL DEDUCTION AUTHORIZATION (to be completed where the holder is an employee)

I authorize my employer to deduct _____ from each pay.

SECTION 8 – INVESTMENT SELECTION

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

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

Total allocation must equal 100%

SECTION 9 – 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, its affiliates, and any duly authorized employees, agents and representatives of the Issuer or its 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 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 10 – ELECTION FOR REGISTRATION

I apply for membership in the tax-free savings account and authorize the plan sponsor to act as my agent for the purpose of the plan. I request that 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. My tax-free savings account will be effective on the date this application is signed.

SECTION 11 – SIGNATURE

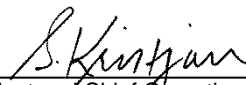
I confirm the information on this form and will update it in the future as it changes. I am aware of the reasons the information covered by my authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the Issuer collecting, using, and disclosing personal information concerning me 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. My authorizations and consents will begin the date this application is signed and end when no longer required. My 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 my authorizations and consents will be as valid as the original. If I cease to be eligible to participate in the plan, my tax-free savings account will be transferred to a new policy/plan number with the Issuer unless the Issuer receives other instructions from me, and I hereby appoint the Issuer as my agent for any related purpose.

Signature of holder

Date



President and Chief Executive Officer



President and Chief Operating Officer, Canada