

Language preference English French

Policy/plan number _____ (to be completed by issuer)

Issuer: London Life Insurance Company

Please print**POLICY PROVISIONS****SECTION 1 - APPLICANT INFORMATION**

Applicant's name (applicant is the plan sponsor/policyholder)

Please indicate **full legal name**. Corporation Partnership Sole proprietorship Other:

Address of applicant (include street address, city, province and postal code)

Telephone number

() - Ext.

Fax number

() -

E-mail address

SECTION 2 - PLAN ADMINISTRATOR INFORMATION Same as above, or, administrator's name:

Address of administrator (include street address, city, province and postal code)

Telephone number

() - Ext.

Fax number

() -

Internet address

SECTION 3 - POLICY DETAILS

Effective date of the policy:

yyyy mm dd

Renewal date of the policy:

The first day of _____
(month)Effective date of the amendment
(if applicable):_____
yyyy mm dd

SECTION 4 - PLAN DETAILS

<input type="checkbox"/> RPP	Plan name:	Registration number(s):
<input type="checkbox"/> DPSP	Plan name:	Registration number:
<input type="checkbox"/> RSP	Plan name:	
<input type="checkbox"/> Other	Plan name/details:	

Complete for RPPs registered in Ontario

Monitoring of the Summary of Contributions/Revised Summary of Contributions (Form 7) to be done by:

London Life External custodian/pension fund trustee

SECTION 5 - INVESTMENT INSTRUCTIONS**Investment instructions**

Percentage	Name of fund or identifier	Percentage	Name of fund or identifier
_____ % to _____	_____	_____ % to _____	_____
_____ % to _____	_____	_____ % to _____	_____
_____ % to _____	_____	_____ % to _____	_____

IMPORTANT:

- **The issuer offers a selection of both guaranteed investments and variable investment funds. Contributions directed to the variable investment funds are not guaranteed and will increase or decrease in value according to fluctuations in the market value of the assets.**
- **If the Income Tax Act (Canada) imposes restrictions on foreign investments pertaining to segregated funds, the issuer will monitor compliance and automatically adjust member accounts where the foreign content limits are exceeded.**
- **If the applicant elects to remove one or more of the standard set of asset class options, or chooses not to provide the minimum number of investment options per asset class, both as recommended by the issuer, then the issuer will not be liable for any losses or claims that may result.**

SECTION 6 - REPORTING DETAILS

Contribution types	<p>Is record keeping required by contribution type?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, indicate the contribution types applicable:</p> <p><input type="checkbox"/> Employer required <input type="checkbox"/> Member voluntary <input type="checkbox"/> Member required <input type="checkbox"/> _____</p>
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SECTION 7 - SPECIAL INSTRUCTIONS

SECTION 8 - APPLICANT AGREEMENT AND SIGNATURE

The applicant:

- Requests the issuer to issue an investment only policy in accordance with this application and containing the issuer's standard terms for such policies and under which contributions will be received by the issuer and invested.
- Understands and agrees that all benefits and benefit payments will be made upon the direction of the plan administrator, and will be governed by the terms of the investment only policy from the effective date set out in the application.
- Requests that the issuer provide such services as outlined in the service agreement and such other services that may be requested by the plan administrator from time to time and agreed to by the issuer, and agrees to pay to the issuer all fees and charges due under the policy in accordance with the schedule of fees on a timely basis.
- Will provide the issuer with all necessary information required by the issuer to perform any service to be provided by the issuer in connection with the investment only policy on a timely basis.
- Understands that this application forms part of the investment only policy.
- Consents to the release of client and any member information relating to this policy, to employees, representatives and agents of Group Retirement Services; personal information is collected, used, disclosed or otherwise processed or handled in accordance with governing law, including applicable privacy legislation, and with representations made by the issuer to any plan members.

Dated at _____ this _____ day of _____
city, province day month year

Corporate Seal (if one exists):

Signature of applicant by authorized person

Name and title (please print)