

Language preference  English  French

New Issue  
 Change of Carrier  
 Registration #(s) \_\_\_\_\_  
 Amendment to \_\_\_\_\_  
 plan # \_\_\_\_\_

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 administrator) - please indicate **full legal name**  Corporation  
 Partnership  
 Sole proprietorship  
 Pension committee  
 Board of trustees  
 Other \_\_\_\_\_

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

| Telephone number  | Fax number                    | E-mail address |
|---|-------------------------------|----------------|
| (    )                      -                      Ext. | (    )                      - |                |

Nature of business/activities (if applicable)

**SECTION 2 – PLAN SPONSOR INFORMATION**

(To be completed only if the plan sponsor is not the Applicant)

Plan sponsor's name - please indicate **full legal name**  Corporation  
 Partnership  
 Sole proprietorship  
 Other \_\_\_\_\_

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

| Telephone number  | Fax number                    | E-mail address |
|---|-------------------------------|----------------|
| (    )                      -                      Ext. | (    )                      - |                |

Nature of business

### SECTION 3 - SUBSIDIARY OR AFFILIATED EMPLOYERS PARTICIPATING IN THE PLAN

State the **full legal name** of each **subsidiary or affiliated** employer participating in the plan:

**NOTE FOR PLANS REGISTERED IN QUEBEC ONLY:** Subsidiaries and affiliated employer participating in the plan are jointly responsible for all of their respective obligations under the plan and the applicable legislation.

Name of employer

Name of employer

Is there a collective agreement supporting the plan?  No  Yes (please provide copy)

### SECTION 4 - POLICY DETAILS

|  |   |  |   |
|--|---|--|---|
| Effective date of the policy:<br><br>_____ <small>yyyy mm dd</small> | Renewal date of the policy:<br><br>The first day of _____ (month) | Original effective date of the plan (complete for existing plans only):<br><br>_____ <small>yyyy mm dd</small> | Effective date of the amendment (if applicable):<br><br>_____ <small>yyyy mm dd</small> |
|--|---|--|---|

### SECTION 5 - INVESTMENT INSTRUCTIONS

#### Investment instructions

Member contributions:  Member to determine allocation (complete member application)  
 Applicant to determine allocation (complete chart below)

Employer contributions:  Member to determine allocation (complete member application)  
 Applicant to determine allocation (complete chart below)

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

*Total allocation must equal 100%*

**Default investment instructions for new contributions.** The default investment option(s) applies to any new member contributions to an account where the member defines investment allocation, and has failed to submit allocation instructions. The default investment option allocation will be as follows:

- 100% to issuer's Daily Interest Account
- 100% to \_\_\_\_\_
- Other (complete chart below)

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

*Total allocation must equal 100%*

#### 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 – PLAN PROVISIONS**

|   |  |  |
|---|--|--|
| <b>Description of eligible employee class</b> |  |  |
|---|--|--|

**ELIGIBILITY & ENROLMENT:**

|   |  |  |
|---|--|--|
| <b>Eligibility Period</b>   | <u>Full time employees:</u><br><input type="checkbox"/> Immediate<br><input type="checkbox"/> Following _____ months of continuous employment<br><input type="checkbox"/> Other: | <u>Full time employees:</u><br><input type="checkbox"/> Immediate<br><input type="checkbox"/> Following _____ months of continuous employment<br><input type="checkbox"/> Other: |
|   | <u>Part-time employees:</u><br><input type="checkbox"/> *Same as full-time<br><input type="checkbox"/> Per applicable pension legislation<br><input type="checkbox"/> Other:     | <u>Part-time employees:</u><br><input type="checkbox"/> *Same as full-time<br><input type="checkbox"/> Per applicable pension legislation<br><input type="checkbox"/> Other:     |
| *For Manitoba employees, eligibility must be the same for full and part-time employees. |  |  |

|                  |  |  |
|------------------|--|--|
| <b>Enrolment</b> | <u>Full time employees:</u><br><input type="checkbox"/> Optional*<br><input type="checkbox"/> Compulsory<br><br><u>Part-time employees:</u><br><input type="checkbox"/> Optional*<br><input type="checkbox"/> Compulsory                                   | <u>Full time employees:</u><br><input type="checkbox"/> Optional*<br><input type="checkbox"/> Compulsory<br><br><u>Part-time employees:</u><br><input type="checkbox"/> Optional*<br><input type="checkbox"/> Compulsory |
|                  | *For Manitoba employees, enrolment is compulsory after the period required under the applicable pension legislation. The plan can impose earlier compulsory enrolment, and the compulsory provisions may differ between full-time and part-time employees. |  |

**CONTRIBUTIONS:**

|                        |  |   |
|------------------------|--|---|
| <b>Member Required</b> | <u>Base contributions</u> equal to:<br><input type="checkbox"/> _____ % of earnings<br><input type="checkbox"/> Not required<br><input type="checkbox"/> Other:  | <u>Base contributions</u> equal to:<br><input type="checkbox"/> _____ % of earnings<br><input type="checkbox"/> Not required<br><input type="checkbox"/> Other: |
|                        | Complete the below <b>only</b> if member is permitted to make optional contributions which attract an additional employer contribution (although optional, applicable pension legislation deems these contributions to be required contributions). |   |
|                        | <u>Optional required contributions</u> equal to:<br><input type="checkbox"/> _____ % of earnings<br><input type="checkbox"/> Other:  | <u>Optional required contributions</u> equal to:<br><input type="checkbox"/> _____ % of earnings<br><input type="checkbox"/> Other:                             |

|                          |   |   |
|--------------------------|---|---|
| <b>Member voluntary*</b> | *Member voluntary contributions do not include optional required contributions which attract an employer contribution.  |   |
|                          | Member voluntary contributions to be allowed:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No (If no, complete below)<br><br>Transfers from other registered plans to be allowed:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Member voluntary contributions to be allowed:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No (If no, complete below)<br><br>Transfers from other registered plans to be allowed:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |

| <b>CONTRIBUTIONS (continued):</b>                          |   |  |
|--|---|--|
| <b>Description of eligible employee class</b>              |   |  |
| <b>Employer</b>  | <p><b><u>Base contributions:</u></b></p> <input type="checkbox"/> Same as member's base contributions<br><input type="checkbox"/> _____ % of earnings<br><input type="checkbox"/> Other:  | <p><b><u>Base contributions:</u></b></p> <input type="checkbox"/> Same as member's base contributions<br><input type="checkbox"/> _____ % of earnings<br><input type="checkbox"/> Other:         |
|  | Complete the below <b>only</b> if member is permitted to make optional required contributions.  |  |
|  | <p><b><u>Additional contributions:</u></b></p> <input type="checkbox"/> Same as member's optional required contributions<br><input type="checkbox"/> Other:   | <p><b><u>Additional contributions:</u></b></p> <input type="checkbox"/> Same as member's optional required contributions<br><input type="checkbox"/> Other:                                      |
| <b>Employee earnings for Contribution Purposes</b>         | <input type="checkbox"/> Basic salary excluding overtime and bonuses<br><input type="checkbox"/> Basic salary including overtime and bonuses<br><input type="checkbox"/> Other:   | <input type="checkbox"/> Basic salary excluding overtime and bonuses<br><input type="checkbox"/> Basic salary including overtime and bonuses<br><input type="checkbox"/> Other:                  |
| <b>Contributions during a maternity or parental leave*</b> | <p><b>*IMPORTANT:</b> Complete the below section regarding contributions during a maternity or parental leave for <b>Saskatchewan and Nova Scotia members only.</b></p>   |  |
|  | <input type="checkbox"/> Member pays for any member and employer contributions<br><input type="checkbox"/> Member pays for any member contributions and employer pays for employer contributions  | <input type="checkbox"/> Member pays for any member and employer contributions<br><input type="checkbox"/> Member pays for any member contributions and employer pays for employer contributions |
|  | <p><b>Additional information:</b></p> <p><b>British Columbia, Ontario, and Quebec members, and member of federal PBSA plans</b> - Minimum labour standards dictate the continuance of contributions during a maternity or parental leave.<br/> <b>Manitoba, Alberta, New Brunswick, Newfoundland or PEI members</b> – Minimum labour standards do not exist. If contributions are to continue during a maternity or parental leave for these members, please indicate under Special Instructions.</p> |  |
| <b>BENEFIT PROVISIONS:</b>                                 |   |  |
| <b>Normal retirement age</b>                               | <input type="checkbox"/> 65<br><input type="checkbox"/> 60<br><input type="checkbox"/> Other:   | <input type="checkbox"/> 65<br><input type="checkbox"/> 60<br><input type="checkbox"/> Other:  |

**SECTION 6 – PLAN PROVISIONS**

... continued

| Description of eligible employee class |  |  |
|--|--|--|
| <p><b>Vesting and Locking-in*</b></p>  | <p><b><u>Termination of Employment:</u></b></p> <p><input type="checkbox"/> Vesting and locking-in per applicable pension legislation</p> <p><input type="checkbox"/> 100% immediate vesting of employer contributions:</p> <p style="padding-left: 20px;"><input type="checkbox"/> payment may be made in cash</p> <p style="padding-left: 20px;"><input type="checkbox"/> employer contributions are locked-in (may not be taken in cash)</p> <p><input type="checkbox"/> Other (see special instructions)</p> <p><b><u>Death:</u></b></p> <p><input type="checkbox"/> 100% immediate vesting of employer contributions</p> <p><input type="checkbox"/> Other (see special instructions)</p> <p><b><u>Retirement:</u></b></p> <p>Vesting and locking-in on retirement is 100% immediate.</p> | <p><b><u>Termination of Employment:</u></b></p> <p><input type="checkbox"/> Vesting and locking-in per applicable pension legislation</p> <p><input type="checkbox"/> 100% immediate vesting of employer contributions:</p> <p style="padding-left: 20px;"><input type="checkbox"/> payment may be made in cash</p> <p style="padding-left: 20px;"><input type="checkbox"/> employer contributions are locked-in (may not be taken in cash)</p> <p><input type="checkbox"/> Other (see special instructions)</p> <p><b><u>Death:</u></b></p> <p><input type="checkbox"/> 100% immediate vesting of employer contributions</p> <p><input type="checkbox"/> Other (see special instructions)</p> <p><b><u>Retirement:</u></b></p> <p>Vesting and locking-in on retirement is 100% immediate.</p> |
|  | <p>*Vesting and locking-in of member and employer contributions are always subject to the applicable pension legislation. Applicable pension legislation refers to the legislation in the jurisdiction where the member is employed at the time vesting and locking-in are determined.</p> <p><b>IMPORTANT: If this is an existing pension plan the provisions noted above will apply to all existing and future contributions. However, where prior plan provisions provide earlier vesting and locking-in, those prior plan provisions will apply to existing contributions. If the provisions above are to apply to future contributions only, please indicate this in Special Instructions.</b></p>  |  |

**SECTION 7 – SPECIAL INSTRUCTIONS**

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**SECTION 8 – PROVINCIAL JURISDICTIONS**

**In which provinces are members located:** (indicate all that apply). **Members must report to an office of the employer physically located in the province. If members do not physically report to work, indicate province from which they are paid.**

- |   |                                      |  |  |                                   |
|---|--------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> British Columbia     | <input type="checkbox"/> Alberta     | <input type="checkbox"/> Saskatchewan  | <input type="checkbox"/> Manitoba                  | <input type="checkbox"/> Ontario  |
| <input type="checkbox"/> Quebec               | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Newfoundland and Labrador |                                   |
| <input type="checkbox"/> Prince Edward Island |                                      | <input type="checkbox"/> Nunavut       | <input type="checkbox"/> Yukon                     | <input type="checkbox"/> N. W. T. |

**In which province are the majority of members located:**

- |   |                                      |  |  |                                   |
|---|--------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> British Columbia     | <input type="checkbox"/> Alberta     | <input type="checkbox"/> Saskatchewan  | <input type="checkbox"/> Manitoba                  | <input type="checkbox"/> Ontario  |
| <input type="checkbox"/> Quebec               | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Newfoundland and Labrador |                                   |
| <input type="checkbox"/> Prince Edward Island |                                      | <input type="checkbox"/> Nunavut       | <input type="checkbox"/> Yukon                     | <input type="checkbox"/> N. W. T. |

## SECTION 9 – CONNECTED PERSON INFORMATION

Is any employee joining this plan a “**connected person**” as defined in the Income Tax Act?  Yes  No

The Income Tax Act defines a connected person as an individual who:

- Owns – directly or indirectly - 10 per cent or more of any class of capital stock issued by the employer or any other corporation related to the employer;
- does not deal at arm’s length, as defined in the Income Tax Act, with the employer; or
- is a specified shareholder of the employer according to the Income Tax Act.

If yes, or if a “connected person” joins the plan at a future date, **Canada Customs and Revenue Agency requires that the employer of such person file a Connected person information return (T1007) within 60 days of the member joining the pension plan.** Note that CCRA imposes fines for late or missed filing of form T1007.

For information on possible tax implications to the connected person, refer to the Canada Customs and Revenue Agency Pension Adjustment Guide, T4084.

The plan sponsor confirms that they understand this requirement and will complete and file such form directly with Canada Customs and Revenue Agency as required.

\_\_\_\_\_  
Signature of plan sponsor by authorized person

## SECTION 10 – APPLICANT AND PLAN SPONSOR AGREEMENT AND SIGNATURE

The undersigned(s) applicant and, if applicable, the plan sponsor, on its own behalf, and as agent for any subsidiary or affiliated employer participating in the plan:

- Request(s) the issuer to provide a pension plan in accordance with this application and containing the issuer’s standard terms for such plans unless the special instructions section indicates that no plan documentation is required.
- Request(s) the issuer to issue a pension plan policy in accordance with this application and containing the issuer’s standard terms for such policies and under which the pension plan contributions will be received by the issuer and invested.
- Understand(s) and agree(s) that all benefits and benefit payments will be governed by the terms of the pension plan and the pension plan policy from the effective date set out in the application.
- Request(s) that the issuer provide such services as outlined in the service agreement and such other services that may be requested by them from time to time and agreed to by the issuer, and agree(s) 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 registration or administration of the pension plan on a timely basis.
- Understand(s) that this application forms part of the pension plan policy.
- Consent(s) to the release of client and member information relating to this policy to employees, representatives and agents of Group Retirement Services; the use and disclosure of such information is governed by the issuer’s Privacy Guidelines.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
city, province day month year

Corporate Seal (if one exists):

\_\_\_\_\_  
Signature of applicant by authorized person

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
city, province Day Month year

Corporate Seal (if one exists):

\_\_\_\_\_  
Signature of plan sponsor by authorized person  
**(Only required if the plan sponsor is not the applicant)**

\_\_\_\_\_  
Name and title (please print)