

Language preference English French

New Issue
 Change of Carrier
 Change 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 sponsor) - please indicate **full legal name**

- Corporation
- Partnership
- Sole proprietorship
- Other:

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

Telephone number

Fax number

E-mail address

() -

Ext.

() -

SECTION 2 - PARTICIPATING EMPLOYERS

State the **full legal name** of each other employer participating in the plan:

Name of company

Name of company

Name of company

SECTION 3 - POLICY DETAILS

Effective date of the policy:

Policy anniversary date:

Spousal plans allowed: Yes* No

_____ yyyy mm dd

The first day of _____ (month)

**If yes, please refer to the Withdrawal Restrictions in Section 5.*

SECTION 4 - INVESTMENT INSTRUCTIONS

Investment instructions

The member will determine allocation for all member (employee) contributions (complete member application).

- Employer contributions: Not applicable - the employer is not contributing to this plan
 Member to determine allocation (complete member application)
 Employer 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 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 plan sponsor 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 5 - PLAN PROVISIONS

| | | |
|--|--|--|
| <p>Description of eligible employee class</p> | | |
| <p>Eligibility</p> | <p>Eligibility for membership is as follows:</p> <p><input type="checkbox"/> Immediate</p> <p><input type="checkbox"/> Following _____ Months of employment*</p> <p><input type="checkbox"/> Other:</p> | <p>Eligibility for membership is as follows:</p> <p><input type="checkbox"/> Immediate</p> <p><input type="checkbox"/> Following _____ Months of employment*</p> <p><input type="checkbox"/> Other:</p> |
| <p>* If plan includes required contributions, can the employee join and make voluntary contributions immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| <p>Contributions</p> | <p><input type="checkbox"/> This is a voluntary plan. The employer is not contributing to this plan, and member contributions are at a rate determined by the member. Do not complete the rest of Section 5. Proceed to Section 6.</p> <p><input type="checkbox"/> This plan includes employer contributions.</p> <p>Member contributions</p> <p><input type="checkbox"/> A required amount equal to _____ % of earnings as defined by the employer, plus any additional amounts selected by the member</p> <p><input type="checkbox"/> There are no required contributions – members may contribute as they choose</p> <p><input type="checkbox"/> Other:</p> | <p><input type="checkbox"/> This is a voluntary plan. The employer is not contributing to this plan, and member contributions are at a rate determined by the member. Do not complete the rest of Section 5. Proceed to Section 6.</p> <p><input type="checkbox"/> This plan includes employer contributions.</p> <p>Member contributions</p> <p><input type="checkbox"/> A required amount equal to _____ % of earnings as defined by the employer, plus any additional amounts selected by the member</p> <p><input type="checkbox"/> There are no required contributions – members may contribute as they choose</p> <p><input type="checkbox"/> Other:</p> |
| | <p>Employer contributions</p> <p><input type="checkbox"/> _____ % of earnings as defined by the employer</p> <p><input type="checkbox"/> directed to a DPSP (see Application for a Deferred Profit Sharing Plan and Policy)</p> <p><input type="checkbox"/> Other:</p> | <p>Employer contributions</p> <p><input type="checkbox"/> _____ % of earnings as defined by the employer</p> <p><input type="checkbox"/> directed to a DPSP (see Application for a Deferred Profit Sharing Plan and Policy)</p> <p><input type="checkbox"/> Other:</p> |

SECTION 5 – PLAN PROVISIONS ... continued

| Description of eligible employee class | | |
|---|--|--|
| <p>In service withdrawal restrictions And consequences</p> <p>NOTE: WILL ALSO APPLY TO THE RELATED SPOUSAL ACCOUNT</p> <p>*ONLY APPLICABLE TO EMPLOYER ACCOUNT TYPE IF EMPLOYER IS MAKING CONTRIBUTION TO THIS RSP - NOT TO A DPSP</p> | <p><u>IN SERVICE WITHDRAWAL RESTRICTIONS</u></p> <p>Select one only of A, B or C and complete as appropriate:</p> <p><input type="checkbox"/> A) No restrictions on withdrawals Employer requires post-withdrawal notification of in-service withdrawals <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contributions made by the employer and member (either on a required or voluntary basis) must be separately recorded and shown on statements** <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> B) Employer consent is required for withdrawals from the <input type="checkbox"/> contributions made by the employer* <input type="checkbox"/> contributions made on a required basis by the member <input type="checkbox"/> contributions made on a voluntary basis by the member</p> <p><input type="checkbox"/> Consent is not required in respect of withdrawals for CCRA's Home Buyers' and Lifelong Learning Plans</p> <p><u>CONSEQUENCES</u></p> <p><input type="checkbox"/> Employer contributions will be suspended for a period of _____ if a member withdraws from:</p> <p><input type="checkbox"/> contributions made by the employer* <input type="checkbox"/> contributions made on a required basis by the member <input type="checkbox"/> contributions made on a voluntary basis by the member <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> C) Withdrawals are not allowed from the <input type="checkbox"/> contributions made by the employer* <input type="checkbox"/> contributions made on a required basis by the member <input type="checkbox"/> contributions made on a voluntary basis by the member</p> <p><input type="checkbox"/> Withdrawals are permitted in respect of CCRA's Home Buyers' and Lifelong Learning Plans</p> | <p><u>IN SERVICE WITHDRAWAL RESTRICTIONS</u></p> <p>Select one only of A, B or C and complete as appropriate:</p> <p><input type="checkbox"/> A) No restrictions on withdrawals Employer requires post-withdrawal notification of in-service withdrawals <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Contributions made by the employer and member (either on a required or voluntary basis) must be separately recorded and shown on statements** <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> B) Employer consent is required for withdrawals from the <input type="checkbox"/> contributions made by the employer* <input type="checkbox"/> contributions made on a required basis by the member <input type="checkbox"/> contributions made on a voluntary basis by the member</p> <p><input type="checkbox"/> Consent is not required in respect of withdrawals for CCRA's Home Buyers' and Lifelong Learning Plans</p> <p><u>CONSEQUENCES</u></p> <p><input type="checkbox"/> Employer contributions will be suspended for a period of _____ if a member withdraws from:</p> <p><input type="checkbox"/> contributions made by the employer* <input type="checkbox"/> contributions made on a required basis by the member <input type="checkbox"/> contributions made on a voluntary basis by the member <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> C) Withdrawals are not allowed from the <input type="checkbox"/> contributions made by the employer* <input type="checkbox"/> contributions made on a required basis by the member <input type="checkbox"/> contributions made on a voluntary basis by the member</p> <p><input type="checkbox"/> Withdrawals are permitted in respect of CCRA's Home Buyers' and Lifelong Learning Plans</p> |
| | <p>** Note that where a spousal split is in place, all contribution types will be automatically split to a related spousal account. Any withdrawal restrictions will also be applicable to the related spousal account.</p> | |

IMPORTANT:

- Vesting of all contributions (member and employer) is immediate.
- Contributions made by the member on a voluntary basis do not attract an employer contribution.

SECTION 6 – SPECIAL INSTRUCTIONS (additional pages for special instructions may be attached if required)

SECTION 7 – APPLICANT AGREEMENT AND SIGNATURE

The applicant, on its own behalf, and as agent for any participating employers:

- Requests the issuer to provide a group retirement savings plan in accordance with this application and containing the issuer's standard terms for such plans.
- Requests the issuer to issue a group retirement savings plan policy in accordance with this application and containing the issuer's standard terms for such policies and under which the group retirement savings plan contributions will be received by the issuer and invested.
- Understands and agrees that all benefits and benefit payments will be governed by the terms of the group retirement savings plan and the group retirement savings plan 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 sponsor 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 plan sponsor 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 group retirement savings plan on a timely basis.
- Understands that this application forms part of the policy and hereby accepts the policy.
- Consents to the release of client and 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 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)