



Application for
Income Annuity



THE
Great-West Life
ASSURANCE  COMPANY

Checklist for financial security advisor:

If the premium is coming from anyone other than the policyowner or joint policyowner, you must complete Section 10E.

If you want to name a contingent policyowner, complete Form K315 *Transfer of Ownership*.

The annuitant and/or any joint annuitant must be a resident of Canada for income tax purposes. If your client is transferring an existing Great-West policy and no longer meets this requirement please contact our administrative office.

If the premium is made up of partial amounts from more than one source, they may arrive on different dates. The date we receive the final amount becomes the policy date. However, we use the actual receipt date of each partial amount in the annuity calculations.

Confirm you have the signatures required:

- Policyowner
- Joint policyowner
- Annuitant
- Joint annuitant
- Financial security advisor

Include with this application:

- Photocopy of the document provided for proof of age
- Copy of the quote
- If the quote was obtained using the HelloLife planner, you must attach a copy of the administrator's report (produced by the planner) to this application
- For a non-registered policy with a Payment and Rate Guarantee include the required deposit
- If the policyowner is a legal entity, form 17-8292, *Questionnaire for Applicants/Owners which are entities*, and the *International Tax classification for an entity* (form 17-8946) are required
- If the policy is non-registered and the premium is \$100,000 or more, Form 99-0270, *Politically Exposed Person Determination*
- If the premium is being transferred from another institution, a copy of the T2030, T2033 or T2151 or other applicable forms
- If the policyowner is transferring locked-in pension funds, a spousal waiver form when required

Make a copy of the application for your files.

Send the completed documents to:

The Great-West Life Assurance Company

Attention: Payout Annuities, T.424

255 Dufferin Ave

London ON N6A 4K1

FAX # 1-800-690-6667

3) Information about the policyowner(s) (continued)

Provide the applicable Corporate tax numbers. If a trust provide T account number.

Federal _____ Quebec (NEQ) _____ T _____

For a trust, partnership, not-for-profit organization, we require a photocopy or electronic details confirming the entity's existence. Check one:

Paper document (specify type, e.g. partnership agreement): _____

Electronic document (specify) Type _____ Source _____

Please provide details in Section 10E.

Name of signing officer (first, middle initial, last) _____ Title _____

Please provide details in Section 10E.

Name of signing officer (first, middle initial, last) _____ Title _____

4. What type of income annuity do you want?

Choose one

Life annuity – complete A below

Term annuity – complete B below

Any guaranteed payments begin on the first payment date

A. Life Annuity

Choose one – **Single Life** or **Joint Life**

Choose one of the following 3 options which will apply once payments begin

(i) Guaranteed income payments for _____ years _____ months

Do you want the extended death benefit option?

Yes

If the source of the premium is either RRSP or RRIF in Section 7, do you want your spouse's age to be used when determining the guarantee payments?

Yes, provide your spouse's date of birth: Date of birth

M	M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---

(Please include a photocopy of the document provided as proof of age.)

OR

(ii) Return of premium after income payments begin – **choose one:**

One-time payment (cash refund) of the remaining unpaid premium (if you want the flexible income start date option, you must have this option)

Continuing payments (installment refund) until premium has been returned (**available only for non-registered contract**)

OR

(iii) No guaranteed payments (we will not pay any amounts after the annuitant(s) die once payments have begun)

The reduction in payments can be up to 75 per cent where the contract is **not** subject to pension legislation and 40 per cent where the contract is subject to pension legislation.

If you selected Joint Life do you want your payments reduced if an annuitant dies? Payments will not be reduced until after all guaranteed payments specified in (i) above have been made.

No reduction in payment amount

Yes, payments are to reduce by _____% following: (**choose one**):

First of either the annuitant or joint annuitant's death

or

Annuitant's death

Do you want the income transition period option? (Not available for non-registered contract where taxation is prescribed (level)) **Yes**

B. Term Annuity – choose one

Term Annuity – _____ years _____ months (non-registered only)

Term Annuity to annuitant's age 90

Term Annuity to annuitant's spouse's age 90 (if younger) Spouse's date of birth

M	M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---

(Please include a photocopy of the document provided as proof of age.)

5) What additional options do you want?

Do you want the annual payment increase option? (maximum 4.00% for registered contract; 6.00% for non-registered contract)

Increasing payments are not available for a non-registered contract where taxation is prescribed (level taxation).

Yes, increase by _____% each year

NOTE: If the source of premium is pension funds, plan provisions may change the actual increase amount.

Do you want the one-time decrease option? Only available with a non-registered contract with accrual taxation or where the source of the premium is pension funds with some restrictions.

Yes, reduce only once to \$ _____ on

M	M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---

NOTE: Actual payment amount may be lower depending on the options selected and survival of annuitants on the above date.

Do you want the flexible income start date option? Only available with deferred annuities and when return of premium before income payments begin and one-time payment options apply.

Yes (if selected, the return of premium without interest option in section 6 and one-time payment (cash refund) of the remaining unpaid premium option in section 4A will apply)

Do you want the short-term rate protection option? Not available where taxation is prescribed (level taxation) unless the short-term rate protection period ends before first payment.

Yes, calculated once

6 months from the policy date

12 months from the policy date

6) Income payments

If a selection is not made the payments will be made to the policyowner.

"Policyowner" or "both the Policyowner & Joint policyowner" (as applicable) must be selected where taxation will be prescribed (level taxation) unless the policyowner is a trust.

Who will receive the payments?

For a registered contract, payments will be made to the policyowner

For a non-registered contract – **Choose one**

- Annuitant while living and then the joint annuitant (if applicable)
 Policyowner
 Joint annuitant
 Joint policyowner
 Both the annuitant & joint annuitant
 Both the policyowner & joint policyowner
 The person named below – please also complete Section 10E
 Mr. Mrs. Ms. Other _____

Name (first, middle, last)

Address (number, street, apartment or suite)

City or town

Province

Postal code

How often would you like payments to be made? Choose one:

- Monthly Quarterly Semi-annually Annually

Restrictions may apply.

If a selection is not made or the flexible income start date option is chosen *Return of premium without interest* will apply.

When would you like the first payment to be made? You can choose a date between day 1 and 28 of the month.

M	M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---

Return of premium before income payments begin – If all annuitants die before the first payment date – **choose one**

- Return of premium without interest **OR**
 Return of premium with _____% interest (to a maximum of 10.00%) **OR**
 No return of premium (**Non-registered contract only**) - We will not pay any amounts if all annuitants die before payments begin if you have also selected 'No guaranteed payments' in Section 4A.

How would you like the payments to be made? Choose one:

- Paid to Great-West policy # _____
 Paid into a bank account by electronic funds transfer (provide details below or include a void cheque)

Name of financial institution

Address (number and street)

City or town

Province

Postal code

Name of account holder or holders

Branch (transit) no.

Bank number

Account number

7) How are you paying for this income annuity?

- Cheque** made payable to Great-West is **attached**. Amount \$ _____

Transfer from a Great-West product

Policy or account number	Registration type (check one only)	Proceeds	Amount (\$)	Date
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP/Spousal RRSP <input type="checkbox"/> LIRA/Locked-in RRSP/RLSP ¹ <input type="checkbox"/> RRIF/Spousal RRIF <input type="checkbox"/> LIF/LRIF/RLIF/PRIF ¹ <input type="checkbox"/> Registered Pension Plan (RPP/IPP) ^{1,2} <input type="checkbox"/> Deferred Profit Sharing Plan (DPSP)	<input type="checkbox"/> Full <input type="checkbox"/> Partial		<input type="checkbox"/> Immediately; or <input type="checkbox"/> On _____ (mmm/dd/yyyy)
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP/Spousal RRSP <input type="checkbox"/> LIRA/Locked-in RRSP/RLSP ¹ <input type="checkbox"/> RRIF/Spousal RRIF <input type="checkbox"/> LIF/LRIF/RLIF/PRIF ¹ <input type="checkbox"/> Registered Pension Plan (RPP/IPP) ^{1,2} <input type="checkbox"/> Deferred Profit Sharing Plan (DPSP)	<input type="checkbox"/> Full <input type="checkbox"/> Partial		<input type="checkbox"/> Immediately; or <input type="checkbox"/> On _____ (mmm/dd/yy)

Transfer from another financial institution

Company you're transferring from	Registration type (check one only)	Pension jurisdiction (for locked-in and RPP/IPP funds)	Amount (\$)
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP/Spousal RRSP <input type="checkbox"/> LIRA/Locked-in RRSP/RLSP ¹ <input type="checkbox"/> RRIF/Spousal RRIF <input type="checkbox"/> LIF/LRIF/RLIF/PRIF ¹ <input type="checkbox"/> Registered Pension Plan (RPP/IPP) ^{1,2} <input type="checkbox"/> Deferred Profit Sharing Plan (DPSP)		
	<input type="checkbox"/> Non-registered <input type="checkbox"/> RRSP/Spousal RRSP <input type="checkbox"/> LIRA/Locked-in RRSP/RLSP ¹ <input type="checkbox"/> RRIF/Spousal RRIF <input type="checkbox"/> LIF/LRIF/RLIF/PRIF ¹ <input type="checkbox"/> Registered Pension Plan (RPP/IPP) ^{1,2} <input type="checkbox"/> Deferred Profit Sharing Plan (DPSP)		

7) How are you paying for this income annuity? (continued)

¹ If the source of the premium is locked-in do you have a spouse or common-law partner within the meaning of applicable pension legislation? **Yes** **No**
If "yes", a spousal waiver and/or consent form may be required. (Financial security advisor – For current definition of spouse and applicable spousal waiver and consent forms please refer to the advisor website.)

² **If the premium is being transferred from a registered pension plan**

- If the premium is coming directly from a defined benefit registered pension plan (DB RPP) or individual pension plan (IPP) the *Income Tax Act* (Canada) requires the annuity purchased must not be materially different than the benefit would have provided under the pension plan. Please provide us with the amount and form of the annuity provided by the terms of the DB RPP or IPP. Confirmation of this information must be provided in writing by the pension plan administrator. Form 46-9735 is to be completed then sent to the pension plan administrator for completion and returned to the administrative office.
- If the premium is coming directly from a registered pension plan we must be advised if the annuity is being purchased by the member or by the plan administrator on behalf of the member. Please indicate by checking a box: **Member** or **Plan administrator**.

8) Information about the beneficiary

The person named here will receive all death benefits including remaining guaranteed payments, if applicable, after the death of all annuitants.

If you make a beneficiary *irrevocable* your ownership rights are restricted (you MAY NOT make beneficiary and other policy changes without the written consent of the irrevocable beneficiary).

If you want to name more beneficiaries, include in Section 11, *Special Instructions*.

You can appoint one or more beneficiaries, but applicable laws will govern who may receive any death benefit.

In all provinces and territories except for **Quebec**, a beneficiary is automatically *revocable* unless you choose otherwise. The policyowner may change a revocable beneficiary at any time. **If you are a Quebec resident** and name your married or civil union spouse as the beneficiary, this designation will be *irrevocable* unless you make them revocable.

A. Your primary beneficiaries

Unless the law requires otherwise, if a beneficiary dies before the last surviving annuitant their entitlement will revert to the surviving primary beneficiaries in equal shares. If there is no surviving primary beneficiary the death benefit will be paid to the secondary beneficiaries. If there is no appointed or surviving secondary beneficiary, the death benefit will be paid to your estate. Where Quebec law applies, the result may be different if co-beneficiaries are named with unequal percentages. Consult with your legal advisor.

Name (first, last)	Relationship to annuitant (in Quebec – relationship to the policyowner)	Revocable? (check one)	Percent allocated (%)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Total			100%

B. Your secondary beneficiaries

A secondary beneficiary will not receive any benefits if a primary beneficiary is alive at the death of the last annuitant. Where Quebec law applies the result may be different. Consult with your legal advisor.

Name (first, last)	Relationship to annuitant (in Quebec – relationship to the policyowner)	Revocable? (check one)	Percent allocated (%)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
		<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Total			100%

C. Trustee for beneficiary

Applicable in all provinces and territories except Quebec – If minor children are named as beneficiaries a trustee should be named to receive funds on their behalf. **Before completing this section, consider if you have already, in any document, made a trustee/administrator appointment which might apply. Consult with your legal advisor first.**

For Quebec only – Benefits payable under this contract to a beneficiary who, at the time payment is to be made, is a minor, will be paid to their tutor, unless we have received notice that a valid trust has been established for the benefit of the minor, by will or by separate contract. If so, you should name the trust as the beneficiary in the section above, and you should name the trustee in the section below. **Consult with your legal advisor first.**

For all provinces and territories – I authorize the trustee/tutor named below to receive payments on behalf of the beneficiaries while under the age of majority and to apply the proceeds solely for the support, maintenance, education, and benefit of such beneficiaries at the discretion of the trustee/tutor.

Name of trustee/tutor, (first, middle initial, last) _____

Relationship to policyowner _____

9) Would you like a payment and rate guarantee?

If you do **not** check a box below "No" will apply

- No**, determine the income amount when the premium is received.
- Yes**, guarantee the payment and rate from the prepared quote as set out below.

By requesting a payment and rate guarantee, you agree to transfer the total amount of the premium to us. You acknowledge that the commitment to transfer is irrevocable. To be eligible for the payment and rate guarantee we must receive all required documentation in good order by 8:00 P.M. Eastern Time the next business day after the date the quote was prepared. We must receive the full premium within 14 calendar days after the date the quote was prepared. If the information and/or premium amount indicated do not match the quote, or we do not receive the premium within 14 calendar days the payment guarantee will not apply. If we receive the premium within 45 calendar days after the date the quote was prepared, a rate guarantee will apply. If the premium is not within 10% of the amount quoted or we receive it after 45 calendar days the lesser of the rate in effect on the date of the original quotation or current rate will apply. The documentation can be faxed to our administrative office in London, Ontario.

Where the contract is **non-registered** and the premium is greater than \$3,000 our administrative office must receive a **non-refundable** deposit within 3 business days of receiving the required documentation as set out in the above paragraph. Should the full premium not reach us within 45 calendar days, the deposit is forfeited and it cannot be applied to another contract or policy.

If we receive the required documentation in good order along with the applicable **non-refundable** deposit, as set out above, we guarantee the payment and rate, as applicable, will apply as shown in the quote.

Amount of premium: \$ _____

Non-refundable deposit \$ _____

(Non-registered - 3% of estimated premium amount where the premium amount is between \$3,000 and less than \$1 million and 5% where the premium is \$1 million or more)

10) Additional information required for a non-registered contract

The following sections MUST be completed if the premium is from a non-registered source.

If the application you submit does not have all the required information we may not be able to issue the policy until you supply the required information.

Depending on the terms and features you have selected, your contract may qualify as a prescribed annuity once payments commence. If so a level portion of each annuity payment will be taxable.

Provide this information about the **Policyowner**.

A. Have you applied for or bought a life insurance policy within the last six months or do you intend to apply for one in the next three months?

Yes No

If your answer to this question is inaccurate, we may revise the income annuity contract we issue, which may result in lower payments.

B. Tax reporting – Please indicate the type of tax reporting you wish:

- Prescribed (level taxation) – payments must begin no later than the end of the next calendar year after the policy date (the cashable feature does not apply)
- Accrual taxation until payments begin and then prescribed (level taxation) thereafter (the cashable feature does not apply)
- Accrual taxation (the cashable feature applies)

C. Identity verification – Legislation requires we obtain additional information and verify the identity of the policyowner and joint policyowner.

1. Is the premium \$100,000 or more? No Yes

If “yes”, complete the *Politically Exposed Person Determination form*, 99-0270 and return it with this application.

2. What is the purpose of the policy? (choose maximum of two)

- Short term savings Estate planning/protection Retirement fund Long term savings
- Other (specify): _____

3. What is the source of the funds?

The answer must indicate where the source of the funds originated from, or how they were acquired – it is not sufficient to say bank account or savings.

- Employment earnings Household income – specify source _____ (e.g. Spouse earnings) Inheritance
- Sale of property/house Gift Other (provide detailed description) _____

4. Provide the following information about the policyowner and any joint policyowner:

Detailed occupation/job title (indicate previous, if not presently working) _____

Nature of responsibilities _____

Employer _____

Nature of employer’s business _____

Note: If the policyowner is unemployed, retired, a student or a homemaker and does not draw employment income, additional information regarding the source of the premium being contributed, the policyowner’s previous employer and the nature of the previous employer’s business (if applicable) must be provided. _____

Which document are you using to verify your identity? (must be valid, original government issued photo ID) (Health card may not be acceptable documentation in all provinces.)

- Canadian driver’s licence Passport Other ID (please specify): _____

Document number: _____ Where issued? (city, county, province, country) _____

Issue date

Expiry date

Are you a United States citizen or a U.S. resident for U.S. tax purposes? Yes No

If “yes,” provide Taxpayer Identification Number (TIN): _____

Are you a resident for tax purposes in a country or region other than Canada or the United States? Yes No

If “yes,” your jurisdiction(s) of residence for tax purposes is: _____

Provide Taxpayer Identification Number (TIN): _____

If you do not have a TIN for a specific jurisdiction, indicate the reason using one of the following choices:

- I will apply or have applied for a TIN but have not yet received it. I will notify Great-West Life when I have receive it.
- My jurisdiction of tax residence does not issue TINs to its residents
- Other reason: _____

Detailed occupation/job title (indicate previous, if not presently working) _____

Nature of responsibilities _____

Employer _____

Nature of employer’s business _____

Note: If the joint policyowner is unemployed, retired, a student or a home-maker and does not draw employment income, additional information regarding the source of the premium being contributed, the joint policyowner’s previous employer and the nature of the previous employer’s business (if applicable) must be provided. _____

Which document are you using to verify your identity? (must be valid, original government issued photo ID) (Health card may not be acceptable documentation in all provinces.)

- Canadian driver’s licence Passport Other ID (please specify): _____

Document number: _____ Where issued? (city, county, province, country) _____

Issue date

Expiry date

Are you a United States citizen or a U.S. resident for U.S. tax purposes? Yes No

If “yes,” provide Taxpayer Identification Number (TIN): _____

Are you a resident for tax purposes in a country or region other than Canada or the United States? Yes No

If “yes,” your jurisdiction(s) of residence for tax purposes is: _____

Provide Taxpayer Identification Number (TIN): _____

If you do not have a TIN for a specific jurisdiction, indicate the reason using one of the following choices:

- I will apply or have applied for a TIN but have not yet received it. I will notify Great-West Life when I have receive it.
- My jurisdiction of tax residence does not issue TINs to its residents
- Other reason: _____

D. Where Quebec law applies only – If “joint policyowner with subrogated policyowner” is selected in section 2 or 3 above, complete the following:

I, _____ the policyowner, hereby appoint the joint policyowner _____ as my subrogated policyowner.

I, _____ the joint policyowner, hereby appoint the policyowner _____ as my subrogated policyowner.

E. Third party determination:

Is a third party involved with this contract? Consider if another individual or entity will give direction to the policyowner(s) regarding the purchase of this contract, paying premiums, making redemption requests or receiving payments OR will someone other than the policyowner(s) sign the application on behalf of the applicant?

- No Yes If “yes” indicate the type of third party below.

If a third party is signing the application for the policyowner, the third party signer must be identified by valid government-issued identification.

- Attorney (Power of Attorney) or Mandatory Payor Executor
- Collateral Assignee/Hypothecary Creditor Other _____
- Mr. Mrs. Ms. Other _____

Name (first, middle, last) _____

Residential address (number, street, apartment or suite) _____

Date of birth

10) Additional information required for a non-registered contract (continued)

City or town	Province	Postal code	Relationship to policyowner
Detailed occupation/job title (indicate previous, if not presently working)		Nature of responsibilities	
Employer		Nature of employer's business	
<p>Note: If the third party is unemployed, retired, a student or a homemaker and does not draw employment income, additional information regarding the source of the premium being contributed, the third party's previous employer and the nature of the previous employer's business (if applicable) must be provided in the space below.</p> <p>Which document are you using to verify your identity? (must be valid, original government issued photo ID) (Health card may not be acceptable documentation in all provinces.)</p> <p><input type="checkbox"/> Canadian driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Other ID (please specify): _____</p> <p>Document number: _____ Where issued? (city, county, province, country) _____</p> <p>Issue date <input style="width: 40px;" type="text" value="MM MM DD YY YY YY"/> Expiry date <input style="width: 40px;" type="text" value="MM MM DD YY YY YY"/></p>			

11) Special instructions

12) Agreement and signatures

By signing below, you understand and agree to the following:

- You've read this application and that the statements in it are complete and accurate.
- All annuitants consent to the proposed annuity on their lives.
- This application, the policy provisions and the policy details pages contain all the terms of your income annuity contract. You agree to the terms and to any amendments we may include in the contract.
- **You understand that no payments or other amounts are payable after the death of all annuitants, if you selected *No guarantee payments in Section 4* and *No return of premium in Section 6*.**
- You confirm the annuitant and/or joint annuitant are residents of Canada for income tax purposes.
- Where applicable you request Great-West to apply for registration of the contract as a registered Retirement Savings Plan under the Income Tax Act (Canada) and any applicable provincial legislation.
- If you have indicated in Section 7 that a source of premium includes a full or partial surrender of existing Great-West policies and did not indicate when the surrender was to occur you instruct Great-West to immediately irrevocably surrender the policies to the extent indicated in Section 7. You understand if you have indicated a full surrender you surrender the policies to Great-West for payment of their net value to be transferred as indicated in this application and that the surrendered policies terminate.
- You consent to us obtaining information from any organization as may be required to locate any policyowner, annuitant or beneficiary or establish that an annuitant is living. If we are unable to obtain satisfactory evidence we have the right to suspend payments until we receive it.
- You've expressly asked that the documents we provide you be in English. Les parties aux présentes acceptent que la police et tous les documents s'y rapportant soient rédigés en anglais.

How we collect and use your personal information

- You understand that when you apply for any product or service, Great-West establishes and adds to a confidential file that contains personal information concerning you. You consent to Great-West collecting, using, and disclosing your personal information.
- You understand we must obtain this information for the purpose of processing this application and, if approved, providing, administering and servicing your contract, advising you of products and services available from Great-West, its subsidiaries, affiliates and strategic alliance partners, to help you plan for your financial security, investigating and processing claims, paying benefits under the contract, creating and maintaining records and fulfilling any related purpose.
- Your file is kept in the offices of Great-West or in premises of a third party acting on behalf of Great-West. Access to this personal information is limited to employees or persons authorized by Great-West who require it to perform their duties, to persons to whom you have granted access and as personal information may be collected, used, or disclosed in or from Canada or elsewhere, access may be had by persons authorized by laws in Canada or elsewhere, as applicable.
- You have the right to view and correct the information in your file. You may do so by writing to "Ombudsman – The Great-West Life Assurance Company, 100 Osborne Street North, Winnipeg, Manitoba, R3C 3A5.
- Subject to legal or contractual restrictions, you may withdraw your consent at any time by writing to us at our head office or administrative offices. You understand that withholding your consent may result in your application being declined.
- You authorize us to use your social insurance, corporate income tax or other tax identification numbers for tax reporting, identification and record keeping purposes.
- You consent to Great-West collecting, using and disclosing your personal information among persons outside Great-West, including related companies and MIB, Inc., formally known as the Medical Information Bureau, for the purpose of underwriting your annuity application.
- MIB Information–MIB, Inc. is a not-for-profit membership organization of life insurance companies operating an information exchange on behalf of its members. You understand that if you apply to another MIB member company for life or health insurance coverage, or to which you have submitted a claim, MIB, upon request, will supply Great-West with the information in its file. You may request a copy of your file by contacting MIB at MIB, Inc. 330 University Ave, Suite 501, Toronto, Ontario, M5G 1R7, phone 416-597-0590.

By ticking this box you're ready to say *HelloLife*™ and are asking us to set up this policy as part of a *HelloLife* retirement income program.

Signature of policyowner	Signature of joint policyowner (if applicable)
Signature of annuitant (if different from policyowner)	Signature of joint annuitant (if different from joint policyowner)
Signature of financial security advisor (as witness)	

If the quote was obtained using the HelloLife planner, you must attach a copy of the administrator's report (produced by the planner) to this application.

Signed at _____ Date

(city and province)

Certification of financial security advisor

The section must be completed and signed by the financial security advisor.

By signing below, you certify the following:

• **Identity of the policyowner, joint policyowner, annuitant, joint annuitant and third party**

You have verified the identity of the policyowner, joint policyowner, annuitant, joint annuitant and third party (as applicable) with the document as indicated above and as required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

I cannot determine but have reasonable grounds to suspect there is a third party. (Describe grounds below)

• **Irrevocable beneficiaries**

If the policyowner has designated any irrevocable beneficiaries, you certify that:

- (a) you have fully explained to the policyowner or policyowners the nature and effect of making an irrevocable designation of beneficiary
- (b) the beneficiary was not present when you explained this to the policyowner or policyowners, and
- (c) the policyowner indicated that they were aware of the irrevocable nature of their beneficiary designation.
- (d) for Quebec, you have fully explained to the policyowner that where they have named their spouse or civil union partner as beneficiary, the designation is automatically irrevocable unless they have checked the revocable box.

• **Completeness of this application**

You declare that this application is complete and true to the best of your knowledge.

You confirm the application was signed in the jurisdiction indicated in section 12 *Agreement and signatures*.

• **Disclosure about compensation and conflict of interest**

You have provided the following information in writing to the policyowner:

- the names of the company or companies you represent
- that you receive compensation (such as commissions or a salary) for the sale of life and health insurance products
- that you may receive additional compensation in the form of bonuses, conferences, or other incentives, and
- details of any actual or potential conflicts of interest you may have with respect to this transaction.

Financial security advisor's name (primary) (please print):		Financial security advisor (primary) phone number
Financial security advisor code:	Split commission %	Sales and Marketing Centre name
Financial security advisor's name (secondary) (please print):		Financial security advisor (secondary) phone number
Financial security advisor code:	Split commission %	Sales and Marketing Centre name

| M | M | M | D | D | Y | Y | Y | Y |

Financial security advisor's (primary) signature

Date



The Great-West Life Assurance Company

Head office: 100 Osborne Street North
Winnipeg, Manitoba, Canada, R3C 3A5

Administrative office: 255 Dufferin Ave.,
London, Ontario, Canada, N6A 4K1

Quebec administrative office: 2001 Robert-Bourassa Blvd, Suite 540,
Montreal, QC, Canada H3A 1T9

