

ESTATE PROTECTION

Segregated funds

Application for a segregated funds policy

Estate Protection segregated funds Enrolment for a policy

- Non-registered
- Retirement income fund (RIF)
- Spousal retirement income fund
- Life income fund (LIF)*
- Prescribed retirement income fund (PRIF)
- Locked-in retirement income fund (LRIF)
- Restricted life income fund (RLIF)

This policy is only available where the youngest annuitant is at least age 80 but less than age 91. If you wish to apply for an estate protection tax-free savings account segregated funds policy use enrolment form 46-10595.

*Based on current legislation, LIFs administered under New Brunswick and Newfoundland and Labrador pension legislation are not eligible.

Checklist for financial security advisor:

All policies

- Complete a separate application for each policy type (e.g. a non-registered and RIF policy must be applied for separately)
- If you wish to apply for an estate protection tax-free savings account segregated funds policy, use enrolment form (*Form #46-10595*)
- This policy is only available where the youngest annuitant is at least age 80 but less than age 91
- The policyowner must be a resident of Canada (for income tax purposes)
- Transfers from another institution – attach the T2030, T2033, T2151 or other applicable forms
- Additional beneficiary designations – complete section E, *Special Instructions*
- Rebalancing service – complete and attach *Rebalancing Form (Form #46-7910)*
- Third party – If anyone other than the policyowner or joint policyowner will have control or authority over the policy, including a power of attorney or mandatary, we are required to obtain information about the individual(s) including verifying their identity. Where applicable, provide details in section F.
- If you invest in estate protection partner series you must complete a *Partner Series fee agreement (Form #46-11046)*.

Non-Registered policies - complete sections A, B, C, E, F, G (where applicable)

- Electronic fund transfer (EFT) – complete and submit *Electronic fund transfer – One-time payment withdrawal authorization (Form #17-8213)*
- Payments \$100,000 or greater – complete and submit *Politically Exposed Person Determination (PEP) (Form #99-0270)*
- The Proceeds of Crime (Money Laundering) and Terrorist Financing Act requires we obtain specific information about the policyowner(s) and verify their identity. Complete sections A(2) and B(1) fully.
- Joint annuitant policies - the death benefit is paid to the beneficiary after the death of the last annuitant

Registered policies - complete section, A, C, D, E, G (where applicable)

- Locked-in pension transfers – a spousal waiver form is required for British Columbia, Alberta, Manitoba, Ontario, Nova Scotia and Labrador
- LIFs administered under New Brunswick and Newfoundland and Labrador pension legislation are not eligible

Send the completed documents to:

The Great-West Life Assurance Company
Attention: IRIS Admin, T.424
255 Dufferin Ave
London ON N6A 4K1

FAX: 1 855 463-0044

For Quebec, please submit completed documents to:
The Great-West Life Assurance Company
Attention: IRIS Admin , R5301
2001 Robert-Bourassa Blvd., Suite 540
Montreal QC H3A 1T9

FAX: 514 350-4740

Application for an Estate protection segregated fund contract

- Print Clearly
- In this application “**you**” and “**your**” refer to the person who will own the contract. “**We**”, “**us**” and “**our**” refer to The Great-West Life Assurance Company (“Great-West Life”). *Annuitant* refers to the person upon whose life the contract is based.
- You are applying for a 75/100 guarantee segregated fund policy (75% maturity and 100% death benefit guarantee) in this application.

Client # _____

Reference/Order # _____

Financial Centre _____

Policy # _____
(for head office use)

Does the applicant(s) have an existing transaction authorization form?

Yes No

Is a third party involved in this policy?

Consider if another individual or entity will give direction to the applicant(s)/policyowner(s) regarding the purchase of this policy, paying premiums or making redemption requests OR will someone other than the policyowner(s) sign the application?

Yes - If “yes”, complete section F, *Third-party determination* in this application.

No

Section A - This section must be completed

A1) What type of policy would you like? (Choose one only)

If you require more than one policy, complete a separate application for each type.

Available where the youngest annuitant is at least age 80 but less than age 91.

- Non-registered
- Retirement income fund (RIF)
- Spousal retirement income fund (Spousal RIF) (complete section D(1))
- Life income fund (LIF)*
- Restricted life income fund (RLIF)
- Prescribed retirement income fund (PRIF)
- Locked-in retirement income fund (LRIF)

* Not available where the funds are administered under New Brunswick or Newfoundland and Labrador pension legislation.

A2) Information about the policyowner/ applicant

Will the policyowner be the annuitant?

Yes

No - If “no”, provide annuitant’s information in section B(3), *Information about the annuitant*.

If the contract will be registered the annuitant must be the policyowner.

Mr. Mrs. Miss Ms. Other _____ Male Female

Policyowner’s last name _____

First name _____

Initial _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Social Insurance Number

Mailing address.

Address number and street _____

Apt. number _____

Date of birth (dd/mmm/yyyy) _____

City or town _____

Province _____

Postal code _____

Telephone number _____

Physical location of your residence, if your mailing address is a P.O. box, RR# or general delivery.

Address number and street _____

Apt. number _____

City or town _____

Province _____

Postal code _____

Section B - Complete if the policy type is non-registered

B1) Additional information about the policyowner

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act requires we obtain additional information and verify the identity of the policyowner.

If the application you submit does not have all the required information we may restrict transactions on your policy until you supply the required information.

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

Short term savings Estate planning/protection Retirement fund

Long term savings Other (specify): _____

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) _____

B1) Additional information about the policyowner (continued)

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 or retired the policyowner's previous occupation, 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 ID in all provinces.)

Canadian driver's licence Passport Other ID (specify): _____

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

Issue date (dd/mmm/yyyy) _____ Expiry date (dd/mmm/yyyy) _____

Are you a United States (U.S.) citizen or a U.S. resident for U.S. tax purposes?

Yes - If "yes", provide taxpayer identification number (TIN): _____

No

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 received it.

My jurisdiction of tax residence does not issue TINs to its residents

Other reason: _____

Is the total initial premium for this application \$100,000 or more?

Yes - If "yes", Form #99-0270, *Politically Exposed Person Determination (PEP) Form* must be completed and submitted with the application.

No

B2) Information about the joint policyowner (joint applicant) – non-registered policy only

If the application is signed in Quebec and joint policyowner with right of survivorship was selected substitute (subrogated) policyowners must be appointed.

Will there be a joint policyowner?

Yes - If "yes", provide the details below.

No

Will the joint policyowner be the joint annuitant? (Joint annuitant must be the spouse, civil union spouse or common-law partner of the policyowner)

Yes No Indicate the type of ownership below:

Joint policyowner with right of survivorship (For Quebec – joint policyowner with substitute (subrogated) policyowner - See "**Where Quebec law applies only**" below)

OR

Joint (tenants in common)

Mr. Mrs. Miss Ms. Other _____ Male Female

Joint policyowner's last name _____ First name _____ Initial _____ Relationship to policyowner _____

Address - Same as the policyowner's or As below: _____ Date of birth (dd/mmm/yyyy) _____

Mailing address

Address number and street _____ Apt. number _____

City or town _____ Province _____ Postal code _____

Physical location of your residence, if your mailing address is a P.O. box, RR# or general delivery

Address number and street _____ Apt. number _____

City or town _____ Province _____ Postal code _____

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 or retired the policyowner's previous occupation, employer and the nature of the previous employer's business (if applicable) must be provided.

B2) Information about the joint policyowner (joint applicant) – non-registered policy only (continued)

Which document are you using to verify your identity?

(Must be valid, original government issued photo ID. Health card may not be acceptable ID in all provinces.)

Canadian driver's licence Passport Other ID (specify): _____

Document number _____

Where issued? (city, county, province, country) _____

Issue date (dd/mmm/yyyy) _____

Expiry date (dd/mmm/yyyy) _____

Are you a United States (U.S.) citizen or a U.S. resident for U.S. tax purposes?

Yes - If "yes", provide taxpayer identification number (TIN): _____

No

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 received it.

My jurisdiction of tax residence does not issue TINs to its residents

Other reason: _____

If policyowners selected "joint policyowner with subrogated policyowner" 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.

Where Quebec law applies only

B3) Information about the annuitant (If other than the policyowner) – non-registered policy only

Mr. Mrs. Miss Ms. Other _____ Male Female

Annuitant's last name _____

First name _____

Initial _____

Relationship to policyowner _____

Date of birth (dd/mmm/yyyy) _____

Social Insurance Number _____

Section C - This section must be completed (unless otherwise indicated)

C1) Information about the beneficiary

The person named here will receive a death benefit after the death of all annuitants.

In the absence of a designated beneficiary any death benefit will be paid to your estate or in accordance with any applicable legislation.

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 E, *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 it revocable.

Your primary beneficiaries

Unless the law requires otherwise, if a beneficiary dies before the last surviving annuitant their entitlement will go 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, middle, 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%

RIF ONLY - If I have named my spouse, civil union or common-law partner as my sole primary beneficiary, I elect the following payment method upon my death:

Lump sum payment

Successor annuitant (continue periodic payments)

If no election is made the death benefit will be paid as a lump sum payment.

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, middle, 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%

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.

C1) Information about the beneficiary (continued)

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, initial, last)

Relationship to policyowner

C2) How are you paying for this policy?

Amount of your cheque or electronic fund transfer (EFT) \$ _____

- Cheque payable to Great-West Life or Quadrus (non-registered only).
- EFT transaction - Complete form 17-8213 – *Electronic fund transfer – One-time payment withdrawal authorization* and submit with the application. The EFT transaction will show as being payable to Quadrus Investment Services Ltd. (for non-registered only)
- External transfer to Great-West Life (attach a copy of all appropriate transfer documents)

Transfers within Great-West:

Individual Retirement and Investment Services

- Transfer immediately (**Note:** a fee may apply), or At next renewal date
 - Close policy and take full amount (full surrender), or
 - Take out partial amount and policy is still active (partial redemption) of \$ _____ from policy number _____

We will make the transfer as soon as reasonably possible.

Individual Insurance

Approx. amount \$ _____ Policy number _____

- Accumulated dividends Registered dividends Cash surrender value (full) Maturity Other _____
- Loan interest rate _____ % until _____ (dd/mmm/yyyy)

After that date, interest will be charged at a rate and in a manner determined from time to time by Great-West Life, subject to the terms of the contract.

C3) Investment choice

The only sales charge option available is the front-end load option set at 0%. No fee will be deducted from your premium.

You cannot invest in multiple series within the same policy.

*Additional documentation may be required when investing in the estate protection partner series option.

Indicate how you would like to allocate your money (premium) by completing the table below. Fill in the fund number, name of the segregated fund and series you have chosen with the amount or percentage you are allocating to each segregated fund.

Fund number	Fund name	Series	Amount or percentage
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
		<input type="checkbox"/> Estate protection standard series <input type="checkbox"/> Estate protection partner series*	
Total percentage must equal 100%			

C4) Automatic partial redemption (non-registered policies only)

Transaction fees may apply for some redemptions. Any redemption will proportionally reduce the maturity and death benefit guarantees under the policy.

Frequency – select one only Monthly Bi-monthly Quarterly Semi-annually Annually

Begin redemptions on _____ (dd/mmm/yyyy)

(The EFT will be applied to your bank account within 2-5 days)

Amount of each redemption - select one of the following:

Indicate the amount

- Amount \$ _____ Gross or Net

D2) Income payments (scheduled income redemptions) (continued)

The percentage indicated will be the total amount withheld from your payment (must be greater than the required minimum tax). Provide the name of the financial institution and account information that the amount indicated above is to be deposited at and **attach a personalized bank cheque marked "void"**.

You direct us to deposit the requested amount to the financial institution and account indicated below. You agree to refund any amount paid by Great-West that you should not have received and direct the financial institution to return such amount to Great-West Life.

Frequency – select one only Bi-weekly Monthly Semi-monthly (15th and last day of each month) Bi-monthly Quarterly Semi-annually Annually

Withhold additional withholding taxes from your income payments?

Yes No

If "yes", please specify the percentage of total withholding taxes to be withheld (subject to applicable legislation):

Federal: _____%

Provincial: _____% (Provincial is applicable in Quebec only)

(If no selection default will be no additional taxes withheld)

Banking information for income payments: (clearly print)

Print name of account holder

Print name of joint account holder, if any

Name of financial institution

Transit number

Bank code

Account number

Section E - Special instructions

E1) Complete this section with any additional information

Section F - If a third party is involved with the contract, complete this section

F1) Third-party determination – non-registered policy only

Will another individual or entity give direction to the policyowner(s) regarding the purchase of the contract, paying premiums, making redemption requests or receiving payments? Or will someone other than the policyowner(s) sign the application on behalf of the policyowner? If space is insufficient, use additional forms.

Yes - If "yes", indicate the type of third party below.

No

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

Attorney (Power of Attorney) or Mandatary Payor Executor Collateral assignee/hypothecary creditor

Signing officer Other _____

Mr. Mrs. Miss Ms. Other _____ Male Female

Last name First name Initial Relationship to policyowner

Residential address number and street Apt. number Date of birth (dd/mmm/yyyy)

City or town Province Postal code

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

Nature of responsibilities _____

Employer _____

Nature of employer's business _____

Note: If the third party is unemployed or retired and does not draw employment income, additional information regarding the third party's previous occupation, employer and the nature of the previous employer's business (if applicable) must be provided in the space above. If the third party is paying for the policy, additional information regarding source of the funds being contributed is required.

Which document are you using to verify your identity?

(Must be valid, original government issued photo ID. Health card may not be acceptable ID in all provinces.)

Canadian driver's licence Passport Other ID (specify): _____

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

Issue date (dd/mmm/yyyy) Expiry date (dd/mmm/yyyy)

G1) Agreement and signatures

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

- You have read this application including the “How we collect and use your personal information” located below. You confirm the statements in the application are complete and accurate.
- All annuitants agree to the proposed annuity on their lives.
- This application and the policy provisions contain all the terms of your contract. You agree to the terms and to any amendments we may include in the contract.
- You understand the contract you have received will not take effect until this application has been accepted and the premium is received by Great-West Life at its administrative office.
- You confirm the annuitant and/or joint annuitant are residents of Canada for income tax purposes.
- For registered (RIF, Spousal RIF, LIF, RLIF, PRIF, LRIF) only, you request Great-West Life to apply for registration of the contract as a registered retirement income fund under the Income Tax Act (Canada) and any applicable provincial or territorial legislation.
- If the policy is to be a LIF, RLIF, PRIF or LRIF you agree that the policy will contain an endorsement containing the further provisions required by the applicable pension legislation.
- You understand that the financial security advisor is not authorized to place Great-West Life under any risk or obligation.
- 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 have received it.
- You have expressly asked that we provide you the documents 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 Life establishes and adds to a confidential file that contains personal information concerning you. You consent to Great-West Life 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 Life, 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 Life or in premises of a third party acting on behalf of Great-West Life. Access to this personal information is limited to employees or persons authorized by Great-West Life 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
255 Dufferin Ave.
London, ON N6A 4K1
- 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.

Information folder and contract receipt

You acknowledge;

- Receipt of the applicable Great-West Life estate protection segregated funds contract;
- Any amount allocated to a segregated fund is not guaranteed, other than the maturity and death benefit guarantees, and that fees and charges will be deducted from the segregated funds as described in the information folder and the policy;
- The financial security advisor has discussed and explained the contents of the current information folder including the *Fund Facts*;

By signing below, you acknowledge that you have chosen to access the information folder at the following link: www.greatwestlife.com/informationfolders or you received a copy of the Great-West Life segregated funds policy information folder

By ticking this box you confirm that you and/or eligible members of your family hold certain other Great-West Life investment policies or Quadrus Group of Funds accounts that may be aggregated currently or in the future with this product to allow for investment in a lower price high net worth series for certain products. Sign the *Household Eligible Assets* form (Form# 46-8457) and submit it with this application.

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.

Annuitant’s signature	Dated at _____	Date (dd/mmm/yyyy)
	(city/prov.)	
Signature of Witness	Dated at _____	Date (dd/mmm/yyyy)
	(city/prov.)	
Policyowner’s signature (if different from annuitant)	Dated at _____	Date (dd/mmm/yyyy)
	(city/prov.)	
Signature of Witness	Dated at _____	Date (dd/mmm/yyyy)
	(city/prov.)	
Joint policyowner’s signature (Joint annuitant), if selected	Dated at _____	Date (dd/mmm/yyyy)
	(city/prov.)	
Signature of Witness	Dated at _____	Date (dd/mmm/yyyy)
	(city/prov.)	

Certification of financial security advisor

The section must be completed and signed by the advisor.

By signing below, you certify the following:

Certification of identity

The identity of the policyowner and joint policyowner (if applicable) has been verified by reference to the policyowner's and joint policyowner's driver's licence, passport, or other Canadian government issued photo ID indicated in sections 1 and 2 as required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

Irrevocable beneficiaries

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

- You have fully explained to the policyowner or policyowners the nature and effect of making an irrevocable designation of beneficiary,
- the beneficiary was not present when you explained this to the policyowner or policyowners, and
- the policyowner indicated that they were aware of the irrevocable nature of their beneficiary designation,
- 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.

Complete 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 G(1) *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.

Discussion and delivery of the information folder

You confirm you

- discussed and explained the contents of the information folder including the *Fund Facts* with the policyowner(s); and
- a paper copy of the information folder was delivered prior to the application being signed unless the policyowner(s) chose to access the information folder electronically.

Household aggregation of assets

You have assessed whether the client currently qualifies or has the potential in the future to qualify for the high net worth series for certain products and, if so, have had the *Household Eligible Asset form* (Form #46-8457) completed.

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

Financial Security Advisor's Name (please print):	Financial Security Advisor's Phone Number
Financial Security Advisor's Code:	Financial Centre #:

Financial Security Advisor's signature

Date (dd/mmm/yyyy)

Great-West Life Estate Protection - fund code reference chart

as of July 2018



75/100
guarantee policy

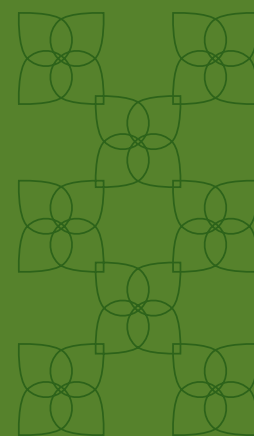
Asset-allocation funds	
Conservative Portfolio (PSG)	GWL701
Moderate Portfolio (PSG)	GWL702
Balanced Portfolio (PSG)	GWL703
Income asset allocation funds	
Conservative Income Portfolio (PSG)	GWL706
Moderate Income Portfolio (PSG)	GWL707
Balanced Income Portfolio (PSG)	GWL708
Cash and cash-equivalent funds	
Money Market (Portico)	GWL710
Money Market Rebalancing Series (Portico)	GWL779
Annuity Set-up	GWL998
Fixed income funds	
Diversified Fixed Income Portfolio (PSG)	GWL711
Core Bond (Portico)	GWL715
Core Plus Bond (Portico)	GWL716
Mortgage (portico)	GWL713
Balanced funds	
Monthly Income (London Capital)	GWL787
Income (Portico)	GWL717
Income (Mackenzie)	GWL720
Growth & Income (Mackenzie)	GWL721
Diversified (GWLIM)	GWL718
Equity/Bond (GWLIM)	GWL719
Managed (Laketon)	GWL775
Balanced (Beutel Goodman)	GWL725
Balanced (Invesco)	GWL724
Canadian Balanced (Mackenzie)	GWL722

Great-West Life Estate Protection Partner - fund code reference chart

as of July 2018

**75/100
guarantee policy**

Asset-allocation funds	
Conservative Portfolio (PSG)	GWL2701
Moderate Portfolio (PSG)	GWL2702
Balanced Portfolio (PSG)	GWL2703
Income asset allocation funds	
Conservative Income Portfolio (PSG)	GWL2706
Moderate Income Portfolio (PSG)	GWL2707
Balanced Income Portfolio (PSG)	GWL2708
Cash and cash-equivalent funds	
Money Market (Portico)	GWL2710
Money Market Rebalancing Series (Portico)	GWL2779
Annuity Set-up	GWL2996
Fixed income funds	
Diversified Fixed Income Portfolio (PSG)	GWL2711
Core Bond (Portico)	GWL2715
Core Plus Bond (Portico)	GWL2716
Mortgage (portico)	GWL2713
Balanced funds	
Monthly Income (London Capital)	GWL2787
Income (Portico)	GWL2717
Income (Mackenzie)	GWL2720
Growth & Income (Mackenzie)	GWL2721
Diversified (GWLIM)	GWL2718
Equity/Bond (GWLIM)	GWL2719
Managed (Laketon)	GWL2775
Balanced (Beutel Goodman)	GWL2725
Balanced (Invesco)	GWL2724
Canadian Balanced (Mackenzie)	GWL2722



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