

ESTATE PROTECTION

# Segregated funds

Tax-free savings account (TFSA) application

Enrolment for a policy  
Tax-Free Savings Account (TFSA)

This policy is only available where the annuitant is at least age 80 but less than age 91. If you wish to apply for an estate protection non-registered or RIF type segregated funds policy use enrolment form 46-10594.

## Checklist for financial security advisor:

- The annuitant must be a resident of Canada for income tax purposes.
- This policy is only available where the policyowner is at least age 80 but less than age 91
- Electronic fund transfer (EFT) – complete and submit *Electronic fund transfer – One-time payment withdrawal authorization (Form #17-8213)*
- Transfers from another institution – attach the T2030, T2033, T2151 or other applicable forms
- Rebalancing service – complete and attach *Rebalancing Form (Form #46-7910)*
- Additional beneficiary designations – complete section B, *Special Instructions*
- If you invest in estate protection partner series you must complete a *Partner Series fee agreement (form #46-11046)*

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 funds policy tax-free savings account

- 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

### Section A - This section must be completed

#### A1) Information about the policyowner/annuitant/holder of the tax-free savings account

Mr.  Mrs.  Miss  Ms.  Other \_\_\_\_\_  Male  Female

Policyowner's/Annuitant's last name	First name	Initial	Social Insurance Number
Address number and street		Apt. number	Date of birth (dd/mmm/yyyy)
City or town	Province	Postal code	Telephone number
Address number and street		Apt. number	
City or town	Province	Postal code	

Mailing address.

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

#### A2) Information about the successor holder and beneficiary

The designation of a beneficiary and/or successor holder is subject to provincial and territorial laws.

**If the same person is named as a successor holder and beneficiary and the person is your Spouse at the time of your death they will become the successor holder and a lump-sum payment will not be paid.**

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 want to name more beneficiaries, include in Section B, *Special Instructions*.

##### 1. Successor holder

I hereby designate my spouse\*, if living at my death, as the successor holder of this TFSA policy who will, after my death, become the annuitant of the TFSA policy and acquire all my rights under the TFSA policy.

Spouse's last name	First name	Initial	Social insurance number	Date of birth (dd/mmm/yyyy)
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\*Spouse refers to a person recognized as your spouse or common-law partner for the purposes of the Income Tax Act (Canada). The person you designate will become the successor holder only if this person is your Spouse at the time of your death.

##### 2. Beneficiary designation

In the event that the successor holder designated by me above predeceases me, is not my spouse at the time of my death or where I have not named a successor holder above, I hereby designate the following person(s) as my designated beneficiary(ies) entitled to the proceeds of the death benefit of this policy at my death.

**For applications signed in Quebec, check the revocable box to confirm that the designation of a spouse (married or civil union) as a beneficiary is revocable.**

Revocable

##### Your primary beneficiaries

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%

##### Your secondary beneficiaries

For provinces and territories other than Quebec - A secondary beneficiary will not receive any benefits if a primary beneficiary is alive at the death of the last annuitant. Quebec law may have a different result. 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%

**A2) Information about the successor holder and beneficiary (continued)**

**3. Trustee for beneficiary**

**Only applicable where Quebec law does not apply**

If a trustee is appointed below, benefits to be paid under this contract to any beneficiary who, at the time payment is to be made, is a minor or is otherwise legally incompetent to give a valid discharge (according to the laws of the beneficiary's domicile), will be paid instead to the trustee, in trust for the beneficiary. Such payment will discharge Great-West Life to the extent of the payment. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. The trustee is directed to deliver at that time, to the beneficiary, the assets then held in trust for that beneficiary. During the course of the trust, the trustee may apply trust assets for the support, maintenance, education, or other benefit of the beneficiary, and may exercise any right of the beneficiary under the contract, in the sole discretion of the trustee. **Before completing this trustee section, consider if you have already, in any document, made a trustee appointment which might apply. Legal advice should be sought.**

**For Quebec only**

Benefits payable under this contract to a beneficiary who, at the time payment is made is a minor, will be paid to his/her tutor(s), unless the applicant has established a valid trust for the beneficiary, by will or by separate contract, to receive the benefits. If so, the trust should be named as the beneficiary in the section above, and the trustee should be named in the section below.

**Legal advice should be sought.**

\_\_\_\_\_  
Name of trustee/tutor, (first, middle, last)

\_\_\_\_\_  
Relationship to policyowner

**A3) How are you paying for this policy?**

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

- Cheque payable to Great-West Life or Quadrus.
- EFT transaction - Complete *Electronic fund transfer – One-time payment withdrawal authorization* (form 17-8213) and submit with the application. The EFT transaction will show as being payable to Quadrus Investment Services Ltd.
- Transfer from another TFSA held by you (attach a copy of the appropriate transfer document); or
- Transfer from a TFSA held by your Spouse related to a division of property arising out of, or on the breakdown of, marriage or common-law partnership (attach a copy of the appropriate transfer documents)

**Transfers within Great-West Life**

**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.

**A4) Investment choice**

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.

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.

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*	
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		<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*	
<b>Total</b> *percentage must equal 100%			



**C1) Agreement and signature**

**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.
- 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 you are a resident of Canada for income tax purposes.
- You request Great-West Life to file an election to register your policy as tax-free savings account under the Income Tax Act (Canada) and any applicable provincial or territorial legislation.
- If you have indicated in Section A(3) that a source of premium includes a full or partial surrender of existing Great-West Life policies and did not indicate when the surrender was to occur you instruct Great-West Life to immediately irrevocably surrender the policy to the extent indicated in Section A(3). You understand if you have indicated a full surrender, you surrender the policy to Great-West Life for payment of its net value to be transferred as indicated in this application and that the surrendered policy terminates.
- 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 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 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](http://www.greatwestlife.com/informationfolders) Or you received a copy of the Great-West Life Estate Protection 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.

\_\_\_\_\_  
Policyowner's / Annuitant's / Holder's signature

Dated at \_\_\_\_\_  
(city/prov.)

Date (dd/mmm/yyyy)

\_\_\_\_\_  
Signature of Witness

Dated at \_\_\_\_\_  
(city/prov.)

Date (dd/mmm/yyyy)

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## Certification of financial security advisor

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

By signing below, you certify the following:

### 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 C(1) *Agreement and signature*.

### 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)

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Financial Security Advisor's Name (please print):	Financial Security Advisor's Phone Number:
Financial Security Advisor's Code:	Sales and Marketing centre name:

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Financial Security Advisor's signature

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Date (dd/mmm/yyyy)

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

as of July 2018



**75/100**  
guarantee policy

<b>Asset-allocation funds</b>	
Conservative Portfolio (PSG)	GWL701
Moderate Portfolio (PSG)	GWL702
Balanced Portfolio (PSG)	GWL703
<b>Income asset allocation funds</b>	
Conservative Income Portfolio (PSG)	GWL706
Moderate Income Portfolio (PSG)	GWL707
Balanced Income Portfolio (PSG)	GWL708
<b>Cash and cash-equivalent funds</b>	
Money Market (Portico)	GWL710
Money Market Rebalancing Series (Portico)	GWL779
Annuity Set-up	GWL998
<b>Fixed income funds</b>	
Diversified Fixed Income Portfolio (PSG)	GWL711
Core Bond (Portico)	GWL715
Core Plus Bond (Portico)	GWL716
Mortgage (portico)	GWL713
<b>Balanced funds</b>	
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**

<b>Asset-allocation funds</b>	
Conservative Portfolio (PSG)	GWL2701
Moderate Portfolio (PSG)	GWL2702
Balanced Portfolio (PSG)	GWL2703
<b>Income asset allocation funds</b>	
Conservative Income Portfolio (PSG)	GWL2706
Moderate Income Portfolio (PSG)	GWL2707
Balanced Income Portfolio (PSG)	GWL2708
<b>Cash and cash-equivalent funds</b>	
Money Market (Portico)	GWL2710
Money Market Rebalancing Series (Portico)	GWL2779
Annuity Set-up	GWL2996
<b>Fixed income funds</b>	
Diversified Fixed Income Portfolio (PSG)	GWL2711
Core Bond (Portico)	GWL2715
Core Plus Bond (Portico)	GWL2716
Mortgage (portico)	GWL2713
<b>Balanced funds</b>	
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

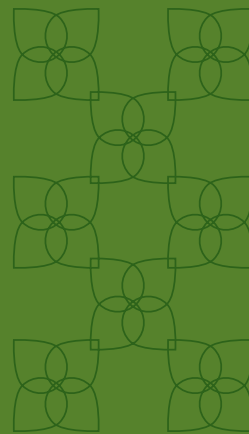
Great-West Life agrees to pay benefits according to the terms of the contract.



Paul A. Mahon  
PRESIDENT AND  
CHIEF EXECUTIVE OFFICER



Stefan Kristjanson  
PRESIDENT AND  
CHIEF OPERATING OFFICER, CANADA



## The Great-West Life Assurance Company

**Head office:**

100 Osborne St. North,  
Winnipeg, MB,  
R3C 3A5

**Administrative office:**

255 Dufferin Ave.,  
London, Ontario,  
N6A 4K1

**Quebec administrative office:**

2001 Robert-Bourassa Blvd, Suite 540  
Montreal, QC  
H3A 1T9

THE  
**Great-West Life**  
ASSURANCE  COMPANY