



# Application for membership in a group deferred profit sharing plan

Return to Canada Life, Group Retirement Services

In this application, “you” and “your” refer to the person who is applying to become a member of the group deferred profit sharing plan (the plan), and “we,” “us,” and “our” refer to the Trustee and Agent.

## SECTION 1 – EMPLOYER/PLAN SPONSOR

Name of employer/plan sponsor <b>Airline Hotels</b>	Policy/plan number <b>64471</b>
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## SECTION 2 – IMPORTANT

Investors Group Trust Co. Ltd. is trustee of the plan (the Trustee) and has appointed The Canada Life Assurance Company as its agent (the Agent). Administrative services for the plan are provided by the Agent. The Agent can be contacted at 1-800-724-3402 or by visiting [grsaccess.com](http://grsaccess.com). The Trustee has applied for a group annuity contract from Canada Life for the benefit of members. Securities are subject to fluctuations in market value and are not insured by Canada Deposit Insurance Corporation (CDIC), the Régie d'assurance-dépôts du Québec, any other government deposit insurer or Assuris and are not guaranteed by Canada Life.

## SECTION 3 – INFORMATION ABOUT YOU (please print)

The following persons may **not** become members of the plan 1) a person related to the employer; 2) a person who is, or is related to, a specified shareholder of the employer or of a corporation related to the employer; 3) where the employer is a partnership, a person related to a member of the partnership; or 4) where the employer is a trust, a person who is, or is related to, a beneficiary under the trust. A specified shareholder is an individual who owns 10 per cent or more of the issued shares of any class of the capital stock of the employer or of any corporation related to the employer, within the meaning of the Income Tax Act (Canada).

Last name	Middle initial	First name	Division/subgroup	Identification/employee number
Social insurance number (SIN)		Date of birth	Language	Email address
- - - - - You authorize the use of your SIN for tax reporting, identification and record keeping		yyyy mm dd	<input type="checkbox"/> English <input type="checkbox"/> French	Required for online access and to email information about the plan or services connected with it

Address (apt. no., street no., street)

City	Province	Postal code
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If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street)	City	Province	Postal code
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Telephone no.	Alternate telephone no.	Date of employment	Date joined plan
- - Ext.	- -	yyyy mm dd	yyyy mm dd

## SECTION 4 – YOUR BENEFICIARY DESIGNATION (not applicable to assets invested in stock if you reside in Quebec)

Where permitted by law, you can appoint one or more beneficiaries. When a beneficiary is not or cannot be designated, the benefit will be paid to your estate. Instructions may be made through a will to leave the benefit payable under this plan to a specific person(s).

All designations are revocable except in Quebec (see “Important: Quebec residents”). If you wish to designate an irrevocable beneficiary, complete the *Designation of irrevocable beneficiary* form.

### Primary beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you				% of benefit
			Married	Quebec civil union spouse	Common-law partner	Other (child, friend, etc.)	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Total 100%

### Important: Quebec residents

- If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:  
**I designate my married or civil union spouse revocably**
- The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)

The above named person(s) is/are appointed as beneficiary(ies) to receive the applicable value of your account under the policy or the plan, depending on the applicable law. Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to your contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to your estate.

**Application for membership in a group deferred profit sharing plan (continued)**

**SECTION 4 – YOUR BENEFICIARY DESIGNATION (not applicable to assets invested in stock if you reside in Quebec) (continued)**

**Contingent beneficiary(ies) on your death**

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you	% of benefit
				<i>Total 100%</i>

**Trustee (to be completed if any of your beneficiaries are minors or otherwise lack legal capacity and do not reside in Quebec; do not complete if a formal trust exists)**

Last name	First name	Trustee for (indicate beneficiary name)	Relationship of trustee to you

You authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) in their sole discretion, to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to appointing a trustee. Payment to the trustee(s) discharges us to the extent of the payment.

**SECTION 5 – YOUR INVESTMENT SELECTION (if the investments available to you include directly held stock, the *Additional Member Information* form must also be completed)**

Contributions may be invested in the investment options available under the annuity policy held by the Trustee or any other option available under the plan. Select investment(s) if your employer/plan sponsor has given you the right to select investments for contributions to the plan. If no selection is made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
	%		%
	%		%
	%		%
	%		%
	%		%

*Total allocation must equal 100%*

**SECTION 6 – SIGNATURE**

You confirm the information on this form and will update it in the future as it changes. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. You acknowledge that the Trustee has applied for a group annuity contract, and you appoint the Trustee as your exclusive and irrevocable agent for purposes of transmitting information, including beneficiary designations to be applied to the group annuity contract, and otherwise dealing in any way with respect to your interest in the contract. You instruct us to deliver a copy of this appointment to Canada Life and to direct contributions to Canada Life for application to your account under the group annuity contract. We reserve the right to review any trades or transactions prior to their entry to the applicable market and have the right to reject any order entered by you or to cancel any trade resulting from an order entered by you. If you cease to be eligible to participate in the plan and do not make an election within the prescribed time period, you appoint the Trustee to act as your agent to exercise any transfer option available under the plan and as permitted by the Income Tax Act (Canada).

Signature of applicant

Date

Canada Life and design are trademarks of The Canada Life Assurance Company.

## **Protecting your personal information**

At Investors Group Trust Co. Ltd. and The Canada Life Assurance Company we recognize and respect the importance of privacy.

### **Your personal information:**

- We establish a confidential file that contains your personal information like your name and contact and financial information
- Your information is kept in our offices or the offices of an organization authorized by us.
- You may exercise your rights to view and correct information in the file by sending a written request to us.

### **Who has access to your information:**

- We limit access to personal information in your file to our staff or persons authorized by us who require it to perform their duties, and to other persons to whom you have granted access.
- In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside Canada.
- Your personal information may also be subject to disclosure to government authorities or others authorized under applicable law within or outside Canada.

### **What your information is used for:**

- Personal information that we collect will be used for the purposes of administering and servicing the products you have with us, and for our internal data management and analytics purposes.
- This may include investigating claims, paying benefits, and creating and maintaining records concerning our relationship.

Your consent will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to allow you to remain in the plan.

### **If you want to know more:**

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to our Chief Compliance Officer or refer to [canadalife.com](http://canadalife.com).