

## Application for membership in a Non-registered savings plan for a Minor

Return to Group Retirement Services

**SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION**

Name of employer/plan sponsor  <b>UBCP RETIREMENT BENEFITS SOCIETY</b>	Policy/plan number  <b>37957</b>
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**SECTION 2 – APPLICANT INFORMATION (please print)**

Last name	Middle initial	First name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Division/subgroup  <b>000 – Minor Members</b>
Address (apt. no., street no., street, city, province and postal code)			Telephone number  (   )   -	E-mail address
Social insurance number  -   -	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Other _____		Identification number	Language preference <input type="checkbox"/> English <input type="checkbox"/> French
Date of birth  yyyy   mm   dd		Date of employment  yyyy   mm   dd	Date joined plan  yyyy   mm   dd	

**SECTION 3 – BENEFICIARY INFORMATION**

**Beneficiary in the event of death of the applicant (if more than one beneficiary, total distribution must equal 100%).**

**To the extent permitted by law, I reserve the right to alter or revoke the below beneficiary and contingent beneficiary designations.** (To designate an irrevocable beneficiary, complete a *Designation of irrevocable beneficiary* form.) The designations apply to all benefits under the plan upon or following my death. If the beneficiary or contingent beneficiary is a minor, or otherwise lacks legal capacity, complete section 4. (Not required if there is a written trust agreement.)

<b>MY ESTATE</b>	<b>100%</b>	<input type="checkbox"/> Male	Minor	<input type="checkbox"/> No
Last name of beneficiary	First name	Relationship to applicant	<input type="checkbox"/> Female	<input type="checkbox"/> Yes
Last name of beneficiary	First name	Relationship to applicant	<input type="checkbox"/> Female	<input type="checkbox"/> Yes

Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to my surviving beneficiaries in equal shares, or if there is no surviving beneficiary, to my contingent beneficiary. If there is no appointed or surviving contingent beneficiary, the entitlement will revert to my estate/successors.

**Contingent beneficiary** – If all of the above beneficiaries die before me, the death benefit set out in the plan is to be paid to:

Last name of contingent beneficiary	First name	Relationship to applicant	<input type="checkbox"/> Male	Minor
Last name of contingent beneficiary	First name	Relationship to applicant	<input type="checkbox"/> Female	<input type="checkbox"/> Yes

**Where the Civil Code of Quebec applies**, any designation of the applicant's spouse as beneficiary is irrevocable unless the applicant stipulates the designation to be revocable, by checking the box below. ("Spouse" here means a married spouse or a civil union spouse.)

Where a beneficiary designation is irrevocable and while that beneficiary is living, the applicant may not, without the consent of the beneficiary (who must be of legal age to give consent), alter or revoke the designation, assign, surrender, exercise rights under or in respect of, or otherwise deal with the plan.

I stipulate that the designation of my spouse (see above definition) as beneficiary is **revocable**.

## GROUP RETIREMENT SERVICES – Application for membership in a non-registered savings plan (continued)

### SECTION 4 – TRUSTEE APPOINTMENT

Please complete this trustee appointment section if the named beneficiary or contingent beneficiary is a minor or otherwise lacks legal capacity to receive the proceeds (not required if the applicant has already completed a trust agreement).

The applicant appoints the trustee to receive, in trust, all benefits payable to any beneficiary designated under this plan who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges London Life to the extent of the payment. The applicant authorizes the trustee in his or her 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 trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, London Life or its affiliated financial institutions. 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 applicant directs the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. The applicant or the applicant's personal representative (in Québec: the applicant's tutor, curator, liquidator, or mandatary in the event of incapacity) may by writing appoint a new trustee to replace the former trustee.

Last name of trustee	First name	Relationship to applicant
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**FOR QUEBEC ONLY** – Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Civil Code of Quebec.

### SECTION 5 – INVESTMENT ALLOCATION INSTRUCTIONS

Your contributions will be invested in a **5-Year Compound Interest Account (CI5)**.

### SECTION 6 – CONFIDENTIAL INFORMATION FILE

The issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the issuer, the applicant may exercise rights of access to, and rectification of, the file. The issuer will collect, use and disclose the applicant's personal information to: process this application and provide, administer and service the plan applied for (including service quality assessments by or on behalf of the issuer); advise the applicant of products and services to help the applicant plan for financial security; investigate, if required, and pay benefits under the plan; create and maintain records concerning our relationship as appropriate; and, fulfil such other purposes as are directly related to the preceding. Personal information concerning the applicant will only be available to the applicant, plan sponsor, pension and related government authorities, the issuer, their affiliates, and any duly authorized employees, agents and representatives of the issuer or their affiliates, for or related to the purpose of the plan, except as otherwise may be required, authorized or allowed by law or legal process, or by the applicant. In all cases, availability is subject to lawful determination by the issuer. Personal information is collected, used, disclosed, or otherwise processed or handled in accordance with governing law, including applicable privacy legislation.

### SECTION 7 – SIGNATURE

The applicant confirms the instructions, designations and appointment on this form. The applicant is aware of the reasons the information covered by the applicant's authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. The applicant authorizes and consents to the issuer collecting, using, and disclosing personal information concerning the applicant for the purposes outlined in Section 6. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. The applicant's authorizations and consents will begin the date this application is signed and end when no longer required. The applicant's authorizations and consents may be revoked at any time by either written or electronic notification to the issuer, subject to legal and contractual considerations. A reproduction of the applicant's authorizations and consents will be as valid as the original.

Signature of applicant	Date
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Signature of parent/guardian	Date
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