THE
Great-West Life
ASSURANCE COMPANY

Transfer authorization for registered investments

PART 1 – CLIENT IDENTIFICATION

Account/policyholder last name	First name & initial(s)

Address	Postal code

Social Insurance Number	Home telephone number ( ) –	Alternate telephone number ( ) –

PART 2 – RECEIVING INSTITUTION INFORMATION

Receiving institution **LONDON LIFE INSURANCE COMPANY**	Address (to confirm, contact *Access Line* at 1-800-724-3402 Monday to Friday 8 a.m. to 8 p.m. ET) Attn: Great-West Life, Group Retirement Services

Name of employer/plan sponsor	Policy/plan number	Plan type ( ) RRSP ( ) Locked-in RRSP (LIRA) ( ) Registered Pension Plan

Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by London Life Insurance Company (the issuer), a subsidiary of Great-West.

PART 3 – CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing institution name

Address	Postal code

Client account/policy number	Transfer cash value of (check one box only) ☐ Full account/policy ☐ Partial account/policy as indicated below or on attached list

*** Please refer to bold statement in Client authorization section below** — For use by relinquishing institution

Investment amount ($)	Symbol and/or certificate/policy number	Delay transfer until (mm dd yyyy)
Investment description		
Investment amount ($)	Symbol and/or certificate/policy number	Delay transfer until (mm dd yyyy)
Investment description		

PART 4 – CLIENT AUTHORIZATION

I hereby request the transfer of my account and its investments as described above.
I have requested a transfer in cash. I authorize the liquidation of all or part of my investments and I agree to pay any applicable fees, charges or adjustments.

X
Signature of account/policyholder — Date

X
Signature of preferred or irrevocable beneficiary (if applicable) — Date

PART 5 – ACCEPTANCE BY RECEIVING INSTITUTION

The receiving institution named above accepts the above request for transfer and, when the funds and an application for membership in the plan are received, will credit the annuitant or member under the plan or account number indicated.

	Diana Trembley	VP, GRS Administration
Date	Authorized signature	Position or office

PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY

Registered type ☐ RPP ☐ DPSP ☐ RRSP (personal) ☐ Locked-in RRSP (LIRA)
☐ RRSP (spousal) – Spouse's name ____________ Social Insurance Number ____-____-____

Locked-in funds ☐ No ☐ Yes	Original owner ☐ Yes ☐ No (no means funds originate from a former or deceased spouse/common-law partner)

Locked-in amount $	Governing legislation	Sex-distinct amount $	Unisex amount $

Contact name	Telephone ( )

Authorized signature	Position	Date

How to complete a transfer authorization form

If you have questions or need help to complete the form, call *Access Line* at **1-800-724-3402** to speak with a representative Monday to Friday between 8 a.m. and 8 p.m. ET. Additional transfer forms are available on *GRS Access* at www.grsaccess.com. Sign in, then go to Change your portfolio> Printable forms.

Before you begin your transfer authorization form, you'll need:

- Your social insurance number (SIN)
- Your policy/plan number (Look online at *GRS Access,* www.grsaccess.com, or on your plan member statement for your client policy/plan number.)
- Your latest statement from the financial institution holding the savings you wish to transfer. Depending on the financial institution, you may also be able to find the information online.

NOTE: If you're transferring your savings from a registered account that has a preferred or irrevocable beneficiary, that beneficiary will need to sign the form as well. To determine whether or not you have an irrevocable or preferred beneficiary, please contact the financial institution that currently holds your savings.

Part 1 – Your personal information
Ensure the personal information you enter here exactly matches the personal information on your group plan statement. For example, if you have used a middle name or a middle initial on your statement, include it here. It helps us make sure your savings are transferred to the correct person.

Part 2 – Information about your group plan
Provide the name of your employer/plan sponsor and your group policy/plan number. Then select the type of plan you are moving your savings into. The options are shown on the form:

- Registered pension plan
- RRSP
- Locked-in RRSP (LIRA)

Part 3 – Information about the financial institution which currently holds your savings
Provide the name and mailing address of the financial institution which now holds the savings to be transferred. Include details on your account or policy. You will find all this information on your statement or, depending on your financial institution, you may be able to find it online.

We recommend you ask the financial institution currently holding your savings if you'll be charged any transfer fees or deferred sales charges to transfer out of your current plan.

Part 4 – Sign and date
Sign and date the transfer form in this section.

If you are transferring a registered account with a preferred or irrevocable beneficiary, that person will also need to sign the form.

Part 5 – Great-West Life completes this section

Part 6 – The financial institution that currently holds your savings will complete this section

When you've completed the form, deliver it to the financial institution which holds the savings you want to transfer.