

Plan Sponsor: _____ Plan Number: _____

Division Number: _____ Certificate Number: _____

To be completed by the Member

NOTE: MEMBER is the individual who is the owner of the policy.

CONTRIBUTOR is the person who contributes to the plan and will submit the income tax receipts.

Member's Last Name _____ First _____ Middle Initial _____

Full Address _____
Street City Province Postal Code

Sex: Male Female

Date of Birth _____
Day Month Year

Social Insurance Number _____ Occupation _____

BENEFICIARY DESIGNATION

1) Last Name _____ First _____ Middle Initial _____

Relationship to Member _____ Share (%) _____

2) Last Name _____ First _____ Middle Initial _____

Relationship to Member _____ Share (%) _____

If the beneficiary is under 18 years of age at the time of my death, the death benefit shall be payable to the following, in trust for the beneficiary.

Name of TRUSTEE: _____

TO BE COMPLETED ONLY IF SPOUSAL GRSP - My spouse or common-law partner will contribute to this plan on my behalf. Tax receipts will be issued to my spouse or common-law partner to submit with his/her income tax return.

Contributor's Information

Last Name _____ First _____ Middle Initial _____

Social Insurance Number _____ Date of Birth _____
Day Month Year

PAYROLL DEDUCTION: I wish to contribute \$ _____ or _____ % of my earnings per pay.
(This information will be used by the Plan Sponsor).

