

Please print clearly and complete this form, in INK. The plan administrator should keep a copy of the completed form for their records and send the **original** to The Canada Life Assurance Company. For self-administered plans and GroupNet clients who maintain their own plan member's records the plan administrator should attach this form to the plan member's application.

<b>1. General enrolment information</b>	Plan number: _____ Division number: _____ Plan member ID: _____  Plan sponsor: _____  Plan member name (print): _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>last name</span> <span>first name</span> <span>middle initial</span> </div>															
<b>2. Irrevocable beneficiary designation</b>  You may wish to designate an irrevocable beneficiary by completing this section.  <b>The original of this form will be required for a life claim.</b>  <b>Crossed out beneficiary designations must be initialed.</b>  Please print clearly, in INK.	<p>I hereby make the following beneficiary designation irrevocable. I understand that I may not change this beneficiary designation or make certain changes to my coverage under the plan without the written consent of the irrevocable beneficiary(ies).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Beneficiary's name(s)</th> <th style="text-align: center;">Percent allocated</th> <th style="text-align: center;">Relationship to plan member</th> </tr> </thead> <tbody> <tr> <td> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">last name</td> <td style="border-bottom: 1px solid black; width: 33%;">first name</td> <td style="border-bottom: 1px solid black; width: 33%;">middle initial</td> </tr> <tr> <td style="border-bottom: 1px solid black;">last name</td> <td style="border-bottom: 1px solid black;">first name</td> <td style="border-bottom: 1px solid black;">middle initial</td> </tr> <tr> <td style="border-bottom: 1px solid black;">last name</td> <td style="border-bottom: 1px solid black;">first name</td> <td style="border-bottom: 1px solid black;">middle initial</td> </tr> </table> </td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 47%;"></td> </tr> </tbody> </table> <p>To be divided as follows: <input type="checkbox"/> As per the percentage indicated above, or  <input type="checkbox"/> In equal shares to the survivor(s)</p> <p><b>For Quebec Applicants Only</b> - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to their tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Canada Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. <b>Before designating a trust, you should seek legal advice.</b></p> <p><b>For All Other Applicants</b> - If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes. <b>Before designating a trust, you should seek legal advice.</b></p>	Beneficiary's name(s)	Percent allocated	Relationship to plan member	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">last name</td> <td style="border-bottom: 1px solid black; width: 33%;">first name</td> <td style="border-bottom: 1px solid black; width: 33%;">middle initial</td> </tr> <tr> <td style="border-bottom: 1px solid black;">last name</td> <td style="border-bottom: 1px solid black;">first name</td> <td style="border-bottom: 1px solid black;">middle initial</td> </tr> <tr> <td style="border-bottom: 1px solid black;">last name</td> <td style="border-bottom: 1px solid black;">first name</td> <td style="border-bottom: 1px solid black;">middle initial</td> </tr> </table>	last name	first name	middle initial	last name	first name	middle initial	last name	first name	middle initial		
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<b>3. Privacy</b>  This section explains Canada Life's commitment to privacy.	<p>At The Canada Life Assurance Company we recognize and respect the importance of privacy.</p> <p><b>Your personal information:</b>                  When you apply for coverage, we establish a confidential file that contains your personal information like your name, contact information, and products and coverage you have with us. Depending on the products or services you apply for and are provided with, this may also include financial or health information. Your information is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life.</p> <p><b>Who has access to your information:</b>                  We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties and to 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 public authorities or others authorized under applicable law within or outside Canada.</p> <p><b>What your information is used for:</b>                  Personal information that we collect will be used for the purposes of determining your eligibility for products, services or coverage for which you apply, providing, administering or servicing products or coverage you have with us, and for Canada Life's and its affiliates' internal data management and analytics purposes. This may include investigating and assessing claims, paying benefits, and creating and maintaining records concerning our relationship. The consent given in this form 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 continue to adjudicate or administer a claim for benefits.</p> <p><b>If you want to know more:</b>                  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 Canada Life's Chief Compliance Officer or refer to <a href="http://www.canadalife.com">www.canadalife.com</a>.</p>															
<b>4. Authorizations and declarations</b>  This section must be signed and dated in INK by the plan member.	<p>I have read and understand and agree with the contents of the section on this form entitled "Privacy".</p> <p>I authorize:</p> <ul style="list-style-type: none"> <li>Canada Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.</li> </ul> <p>I agree that a photocopy or electronic copy of the <u>Authorizations and Declarations</u> section is as valid as the original.</p> <p>I certify that the information given is true, correct and complete to the best of my knowledge.</p> <p><b>For Quebec applicants:</b> I request that this form be in English.                  Je demande que ce formulaire me soit remis en anglais.</p> <p><b>Plan member signature:</b> _____ <b>Date:</b> _____</p>															