



Please print clearly and complete this form, in INK. Please keep a copy of the completed form for your records and send the **original** to The Great-West Life Assurance Company at the address provided on bottom of page 2.

1. General Enrollment Information	Policy number: _____ ID number: _____
	Policyowner name: _____ <small style="display: inline-block; width: 30%; text-align: center;">last name</small> <small style="display: inline-block; width: 30%; text-align: center;">first name</small> <small style="display: inline-block; width: 30%; text-align: center;">middle initial</small>

2. Beneficiary Designation

This section is to be completed by the policyowner.

This section must be completed to designate a beneficiary for your life benefits, if applicable.

The original of this form will be required for a life claim.

Crossed out beneficiary designations must be initialed.

Please print clearly, in INK.

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies).

Beneficiary:	Percent allocated:	Relationship to plan member:
_____	_____	_____
<small style="display: inline-block; width: 30%; text-align: center;">last name</small> <small style="display: inline-block; width: 30%; text-align: center;">first name</small> <small style="display: inline-block; width: 30%; text-align: center;">middle initial</small>		
_____	_____	_____
<small style="display: inline-block; width: 30%; text-align: center;">last name</small> <small style="display: inline-block; width: 30%; text-align: center;">first name</small> <small style="display: inline-block; width: 30%; text-align: center;">middle initial</small>		
_____	_____	_____
<small style="display: inline-block; width: 30%; text-align: center;">last name</small> <small style="display: inline-block; width: 30%; text-align: center;">first name</small> <small style="display: inline-block; width: 30%; text-align: center;">middle initial</small>		

To be divided as follows: As per the percentage indicated above, or
 In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make a beneficiary designation change please contact Great-West Life at the phone number provided on the back of this form.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.

I hereby make the above beneficiary designation:

Revocable, I may change this beneficiary designation at any time

For Quebec Applicants Only - 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 his/her 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 Great-West 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. **Before designating a trust, you should seek legal advice.**

3. Trustee Appointment

You may wish to appoint a trustee/administrator by completing this section

The original of this form will be required for a life claim.

Please print clearly, in INK.

DO NOT COMPLETE THIS SECTION IF YOU ARE A QUEBEC RESIDENT

If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing this form. This appointment may not be suitable for all purposes.

If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

Do not complete this section if you have made another trustee/administrator appointment.

I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this policy where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release The Great-West Life Assurance Company from further liability. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

_____	_____	_____	_____
<small style="display: inline-block; width: 30%; text-align: center;">Trustee last name</small>	<small style="display: inline-block; width: 30%; text-align: center;">first name</small>	<small style="display: inline-block; width: 30%; text-align: center;">middle initial</small>	<small style="display: inline-block; width: 30%; text-align: center;">Relationship to plan member</small>

4. Privacy

This section explains Great-West Life's commitment to privacy.

Protecting Your Personal Information

At **The Great-West Life Assurance Company**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West 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 Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. 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 Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

5. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section entitled "Protecting Your Personal Information".

I authorize:

- Great-West Life, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English.
Je demande que ce formulaire me soit remis en anglais.

Plan member signature: _____ **Date:** _____

Please send this form to:

The Great-West Life Assurance Company
200-211 Consumers Road
Willowdale ON M2J 4G8
Phone 1.800.565.4066
Fax 416.490.6640