

Please print clearly in INK. Keep a copy for your records and follow the instructions (below) to send the original to The Canada Life Assurance Company.

1. General enrolment information	Plan number: 1	.77914 Certifica	te number:		
	Plan sponsor: CANADA LIFE INSURANCE COMPANY OF CANADA				
	Plan member name (prin	+)•			
	r tan member hame (prin	last name	first name		middle initial
2. Irrevocable beneficiary designation	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).				
You may wish to designate an irrevocable beneficiary by completing this section.	Beneficiary's name(s)			Percent allocated	Relationship to plan member
The original of this form will be required for a life claim.	last name	first name	middle initial		
Crossed out beneficiary designations must be initialed.	last name	first name	middle initial		
Please print clearly, in INK.	last name	first name	middle initial		
	To be divided as follows: As per the percentage indicated above, or				
	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 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. Before designating a trust, you should seek legal advice.				
	For All Other Applicants - 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. Before designating a trust, you should seek legal advice.				
3. Privacy This section explains Canada Life's commitment to privacy.	At The Canada Life Assurance Company we recognize and respect the importance of privacy. Your personal information: 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. Who has access to your information: 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. What your information is used for: 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 man benefits, and creating and receive written notice that consent, we may not be ab If you want to know more For a copy of our Privacy G	nagement and analytics purpos maintaining records concernin you have withdrawn it, subject le to continue to adjudicate or : uidelines, or if you have questi	ses. This may include invest g our relationship.The cons to legal and contractual res administer a claim for bene ons about our personal info	igating and assess ent given in this fo strictions. For exar efits. prmation policies a	sing claims, paying rm will be valid until we nple, if you withdraw your and practices (including
	with respect to service pro-	viders), write to Canada Life's C	hief Compliance Officer or	refer to <u>canad</u> alife	.com.

Page 1 of 2

4. 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 on this form entitled "Privacy". I authorize: 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. I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original. 			
	For Quebec applicants: Plan member signature:	on given is true, correct and complete to the best of my knowledge. I request that this form be in English. Je demande que ce formulaire me soit remis en anglais. Date:		

Please return the completed form and supporting documents to:The Canada Life Assurance CompanyEmail: port

Attn: Portable Benefits 330 University Avenue Toronto ON, M5G 1R8

Email: portablebenefits@canadalife.com OR Fax: 416.552.3373

Email Communication - Important Note: The internet is not a secure medium. If you have concerns about using email, you are encouraged to contact us by other means.