

PART 1 – CLIENT IDENTIFICATION

Account/policyowner last name		First name & initial(s)	
Address			Postal code
Social Insurance Number	Home telephone number () -	Business telephone number () -	

PART 2 – RECEIVING INSTITUTION INFORMATION

Receiving institution name LONDON LIFE INSURANCE COMPANY	Address Attn: The Great-West Life Assurance Company Group Retirement Services
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Services for this plan are provided by The Great-West Life Assurance Company (Great-West). The plan is issued by The London Life Insurance Company (the issuer), a subsidiary of Great-West.

Contact name	Telephone number & extension () -	FAX number () -
Name of employer/plan sponsor	Client plan number	Plan type <input type="checkbox"/> RRSP <input type="checkbox"/> RPP <input type="checkbox"/> DPSP

Investment instructions (if no instructions noted, deposit will be made according to your current allocation instructions)

<u>Investment/fund name</u>	<u>% or \$ amount</u>

PART 3 – CLIENT DIRECTION TO RELINQUISHING INSTITUTION

Relinquishing institution name

Address	Postal code
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Client account/policy number	Transfer cash value of (check one box only) <input type="checkbox"/> Full account/policy <input type="checkbox"/> Partial account/policy as indicated below or on attached list
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*** 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 (mmm dd yyyy)
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Investment description

Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mmm dd yyyy)
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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
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X Signature of preferred or irrevocable beneficiary (if applicable)	Date
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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.

Date	Authorized signature <i>Diana Tremblay</i>	AVP, GRS Admin Position or office
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PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY

Registered type RPP DPSP RRSP (personal) RRSP (spousal) - Spouse's name _____
Social Insurance Number _____

Locked-in funds <input type="checkbox"/> No <input type="checkbox"/> Yes – Locked-in confirmation attached			
Locked-in amount \$	Sex-distinct amount \$	Unisex amount \$	Governing legislation
Contact name	Telephone ()	FAX number ()	
Authorized signature	Position	Date	