

**PART 1 – CLIENT IDENTIFICATION**

Account/policy The owner 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 <b>LONDON LIFE INSURANCE COMPANY</b>	Address Attn: The Great-West Life Assurance Company Group Retirement Services 255 Dufferin Ave, T540, London ON N6A 4K1
--------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

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 <b>NextStep</b>	Client plan number	Plan type <input type="checkbox"/> Transfer to non-registered * <input type="checkbox"/> Deposit to <input type="checkbox"/> RRSP <input type="checkbox"/> RPP

\* Members joining a non-registered plan on or after June 23, 2008 must complete a Personal identification process before a lump-sum contribution can be accepted. If this identification process has not been completed the transfer assets will not be accepted.

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

Investment/fund name	% or \$ amount

**PART 3 – CLIENT DIRECTION TO RELINQUISHING INSTITUTION**

Relinquishing institution name	
Address	Postal code
Client account/policy number	Transfer <u>cash</u> 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

**\* 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)
Investment description		
Investment amount (\$)	Symbol and/or certificate/policy number	Delay transfer until (mmm dd yyyy)
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 \_\_\_\_\_

X  
 Signature of preferred or irrevocable beneficiary (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**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.

Assistant Vice-President  
GRS Administration

Date \_\_\_\_\_ Authorized signature *Diana Drembley* Position or office \_\_\_\_\_

**PART 6 – FOR USE BY RELINQUISHING INSTITUTION ONLY**

Contact name	Telephone ( )	FAX number ( )
Authorized signature	Position	Date