



Member investment instructions

Return to Group Retirement Services

This form is to be used **only** where the employer/plan sponsor has given the member the right to make the investment decision on all or part of the contributions. This direction will be applicable to **all** contributions controlled by the member, unless otherwise directed in special instructions.

EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor	Policy/plan number
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MEMBER INFORMATION (please print)

Last name	Initial	First name	Certificate / Social insurance number
Business telephone number () - Ext.		Home telephone number () -	

IMPORTANT

- To advise us how to invest **new** contributions – complete **Part A**
- To change the direction of guaranteed investment funds at **maturity** – complete **Part B**
- To **transfer** assets between funds – complete **Part C**

The investment changes will apply to: () RRSP () RPP () DPSP () NRSP () All plans available

PART A - NEW CONTRIBUTIONS

Complete this section to change the investment of new contributions. Please refer to your Investment menu for fund names and identifiers available to you. Indicate fund(s) and percentage(s).

Percentage	Name of fund / identifier	Percentage	Name of fund / identifier	Percentage	Name of fund / identifier
% to		% to		% to	
% to		% to		% to	
% to		% to		% to	

total allocation must equal 100%

PART B - MATURING GUARANTEED INVESTMENT FUNDS

Complete this section to change the direction of maturing guaranteed investment funds. Please refer to your Investment menu for fund names and identifiers available to you. Indicate fund(s) and percentage(s).

- Guaranteed investment funds may reinvest into any of the guaranteed or variable investment funds
- If you require additional space for the destination of reinvestments, please indicate in the special instructions area on page 2

Funds maturing in _____ are to be reinvested as follows:	Percentage	Fund name or identifier
	_____ % to	_____
	_____ % to	_____
	_____ % to	_____
	_____ % to	_____

total allocation must equal 100%

Funds maturing in _____ are to be reinvested as follows:	Percentage	Fund name or identifier
	_____ % to	_____
	_____ % to	_____
	_____ % to	_____
	_____ % to	_____

total allocation must equal 100%

Member investment instructions (continued)

PART C - TRANSFER ASSETS BETWEEN FUNDS

Complete this section to transfer assets between funds. Please refer to your Investment menu for fund names and identifiers available to you. Indicate fund(s) and percentage(s).

- Transfer will be processed upon receipt of the Member investment instructions form by Group Retirement Services
- Transferring of guaranteed investments funds prior to maturity may result in values less than contributions plus interest

If you require additional space for the destination of transfers, please indicate in the special instructions area below.

Fund name or identifier	Percentage	Fund name or identifier	Percentage
From: _____	_____ %	To: _____	_____ %
		To: _____	_____ %
		To: _____	_____ %
<i>total allocation must equal 100%</i>			

Fund name or identifier	Percentage	Fund name or identifier	Percentage
From: _____	_____ %	To: _____	_____ %
		To: _____	_____ %
		To: _____	_____ %
<i>total allocation must equal 100%</i>			

Fund name or identifier	Percentage	Fund name or identifier	Percentage
From: _____	_____ %	To: _____	_____ %
		To: _____	_____ %
		To: _____	_____ %
<i>total allocation must equal 100%</i>			

PART D - SPECIAL INSTRUCTIONS AND AUTHORIZATION

Special instructions:

I authorize London Life Insurance Company (the issuer) to make the investment changes I have specified herein. I understand that if restrictions on foreign investments are imposed by the Income Tax Act (Canada) or requested by the plan sponsor, the issuer will monitor compliance and automatically adjust my accounts where the foreign content limits are exceeded. In such instances, I authorize the issuer to periodically transfer the excess foreign content amount to the Daily Interest Account or such other non-foreign investment fund determined by the issuer. This authority will be irrevocable.

Date _____ Member's signature _____