

# APPLICATION FOR AN OPTION PLUS GROUP RETIREMENT SAVINGS PLAN

Throughout this application, "Empire Life" means The Empire Life Insurance Company.

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<b>1. Applicant Information</b>			
Name of company/association (full legal name)			
Address (number, street name)	City	Province	Postal code
Type/nature of business or association	BN (Federal Business Number)	NEQ (Quebec only)	
Email address	Phone number	Fax number	
<b>2. Who should correspondence regarding the administration of the Plan be sent to?</b>			
Name		Title	
<b>3. In which language should we issue the Plan and communicate in the future?</b> <input type="radio"/> English <input type="radio"/> French If not specified, we will communicate in the language of this application.			
<b>4. What is the effective date of the contract?</b> (dd/mmm/yy):			
<b>5. Application and Signatures</b> We, the Applicant acting as the agent for and on behalf of employees or members of the company/association to be included in the Plan, hereby make application to Empire Life to issue a Group Retirement Savings Plan and hereby agree: <ul style="list-style-type: none"> <li>to provide Empire Life with the documents, information or evidence required to administer the Option Plus Group Retirement Savings Plan;</li> <li>to remit the contributions of the Plan to Empire Life;</li> <li>to comply with our obligations as provided within the Plan Provisions and any other regulatory requirements.</li> </ul> We confirm that we will obtain individual employee/member consent to the collection, use and disclosure of the employee/member's personal information (including personal information about the Contributor, when applicable) required for Plan admission and ongoing administration of the Plan. <b>Persons signing on behalf of the Applicant must provide a copy of signing authority to bind the company or association.</b> If a corporation, two officers must sign and provide their names and titles, or one officer of the corporation accompanied by the company seal.			
Signature (1st officer) X		Name and title (please print):	
Signature (2nd officer) X		Name and title (please print):	
<b>6. Advisor compensation and contact information</b>		<b>Advisor code</b>	<b>% Split</b>
Name of Servicing Advisor			<input type="radio"/> yes <input type="radio"/> no
Name of Sharing Advisor			<input type="radio"/> yes <input type="radio"/> no
Name of GA, AGA or MGA firm	Contact at firm	Phone and email	
<b>7. Advisor declaration and acknowledgement</b> <ul style="list-style-type: none"> <li>I have witnessed all signatures in section 5 above.</li> <li>I understand that Empire Life will not pay compensation to advisors who do not have a valid license and E&amp;O insurance on file with Empire Life for the province in which this application was signed.</li> </ul>			
Signature of Advisor as witness to all signatures X		Name of Advisor (please print)	
Signature of training supervisor (where required in Quebec only) X	Signed at (city and province)	Date (dd/mmm/yy)	

Original signatures must be submitted to Empire Life. The advisor should retain a copy of this application and provide a copy to the company/association.