

**INDIVIDUAL SAVINGS AND RETIREMENT
DEPOSIT REQUEST AND INVESTMENT TRANSACTIONS**

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Agency	Code	Agent	Code	S.U.	Date of the request Y M D	
Contract no.		Annuitant's last and first name			FundServ contract Dealer code Intermediary code	

A **DEPOSIT OF A SUBSEQUENT PREMIUM** ⇒ Complete Section D – INVESTMENT INSTRUCTIONS

Issue the receipt in the spouse's name: Last and first name _____ SIN _____

Amount: \$ _____ SOURCE ⇒ RESP cheque* Subsidized Non-subsidized
 Amount: \$ _____ SOURCE ⇒ Cheque from the client Transfer from another institution
 Amount: \$ _____ REIMBURSEMENT ⇒ RRSP line of credit Policy loan (non-registered)

*If the deposit is made into an RESP Family Plan, please indicate the percentage of contribution allowable to each beneficiary:
 Beneficiary: _____ %: _____ Beneficiary: _____ %: _____ Beneficiary: _____ %: _____

B **CHANGE IN INSTRUCTIONS FOR FUTURE INVESTMENTS (AIT)**

The amounts are to be kept in the Daily Interest Fund (without AIT) **OR**
 The amounts are to be automatically invested in the following guaranteed investment:
 Term or maturity date: _____ Guaranteed rate Current rate
 as soon as the following minimum is reached: \$500 \$1,000

OR The amounts are to be automatically invested in the investment funds specified in Section D – INVESTMENT INSTRUCTIONS/INVESTMENT FUNDS (minimum \$25 per fund) ⇒ Complete Section D

IMPORTANT- If this is the first purchase of investment funds under this contract, complete Section E-ACKNOWLEDGEMENT OF RECEIPT OF THE INFORMATION FOLDER and Section F - INVESTOR PROFILE.

C **CHANGE IN INVESTMENT INSTRUCTIONS FOR A SPECIFIC INVESTMENT**

Invest the DIF matured deposit interest credit as of _____ Y M D according to the INVESTMENT INSTRUCTIONS in Section D.

D **INVESTMENT INSTRUCTIONS**

DAILY INTEREST FUND: If there is an AIT on the contract, the amounts deposited in the DIF will be invested according to the AIT when the required minimum has been reached. Remove AIT (amount remains in the DIF)

GUARANTEED INTEREST FUND ⇒ Compound interest at current rate guaranteed rate
 _____ months \$ _____ _____ years \$ _____ _____ years \$ _____ _____ years \$ _____
 last day of _____ Y M \$ _____

LIFE INVESTMENT: \$ _____ (Minimum \$25,000. Only available with RRIF contracts.)

INVESTMENT FUNDS

Fund no.	Amount or %	Order no*	Fund no.	Amount or %	Order no*

Cash refund guarantee
 Floor cash refund guarantee
 Indexed to _____ % (1 to 8%)
 Enhanced (F30-196A attached)

* Required only for electronic transactions sent via Fundserv.
IMPORTANT- If this is the first purchase of investment funds under this contract, complete Section E-ACKNOWLEDGEMENT OF RECEIPT OF THE INFORMATION FOLDER and Section F - INVESTOR PROFILE.

E **ACKNOWLEDGEMENT OF RECEIPT OF THE INFORMATION FOLDER** ⇒ Complete only if this is the first purchase of investment funds.

I acknowledge receipt of the Information Folder describing the main characteristics of investment funds.

Client's signature **X** _____ Guarantee maturity date _____ Y M D
 (If different than that established in the contract)

F **INVESTOR PROFILE**

Profile type: Dealer form (must be attached)
 Standard profile of the Company (paper) F51-122A (Must be attached)
 Electronic profile no. _____ (Must be attached). I confirm having completed the aforementioned electronic profile with my representative. **I hereby certify having done so with my signature below.***

*Client signature (mandatory) **X** _____

G **RESERVED FOR ADMINISTRATIVE USE**

Depositor: Annuitant (C) Spouse (C1) Transfer (T) _____ **Cut:** _____ CB Reimb. credit (RM) _____

Veh. _____ \$ _____ Veh. _____ \$ _____ Veh. _____ \$ _____ Term _____ Type of account: E R V
 _____ \$ _____ _____ \$ _____ _____ \$ _____ Term _____ P C _____
 _____ \$ _____ _____ \$ _____ _____ \$ _____ Term _____ **Rate** _____

SOURCE OF FUNDS Contract no. _____ Initials _____

RESP: Subsidized Non-subsidized
 Savings: A B N ONT ATL QC



Contract no. _____

H **CHANGE IN REGISTRATION** (N.B. For a Nominee/Intermediary Account, you must use the "Internal Transfer" form.) ⇨ Complete Section L – SIGNATURES

Register the following contract _____

Deregister the following contract _____ Please indicate the vehicles from which taxes must be paid in Section K – SPECIAL INSTRUCTIONS.

I **REQUEST TO CHANGE THE GUARANTEE MATURITY DATE** ⇨ Complete Section L – SIGNATURES

New maturity date: _____ **WARNING – The maturity date of the guarantee cannot be changed on LIF or RRIF contracts.**

GUARANTEE 2 OR 6:

RRSP, LIRA or NON-REGISTERED CONTRACTS: The new maturity date must be between the annuitant's 55th and 69th birthday and must be ten (10) years from the date of the request. If the annuitant is 60 years of age or older, the maturity date of the guarantee must be exactly ten (10) years from the date of the request.

RESP: The new maturity date of the guarantee must be at least ten (10) years from the date of the request and must not exceed the termination date of the RESP plan.

GUARANTEE 5 (No changes can be made in the ten (10) year period preceding the current guarantee maturity date):

RRSP, LIRA or NON-REGISTERED CONTRACTS: The new maturity date must be between the annuitant's 60th and 69th birthday and must be ten (10) years from the date of the request.

RESP: The new maturity date of the guarantee must be at least ten (10) years from the date of the request and must not exceed the termination date of the RESP plan.

Reset the guaranteed minimum value

No resets can be made in the ten (10) year period preceding the current maturity date of the guarantee. However, for Guarantee 2 or 6, it is possible to request a reset by deferring the maturity date of the contract.

J **CHANGE IN PRE-AUTHORIZED CHEQUE PAYMENTS (PAC)** Effective date _____

1. Please indicate if the request is a:

PAC REGISTRATION: Complete the applicable information in sections 2 and 3 below and complete Section B – CHANGE IN INSTRUCTIONS FOR FUTURE INVESTMENTS and Section L-SIGNATURES **OR**

PAC MODIFICATION: Indicate the changes to be made in section 2 and complete section 3 below.

2. Please provide the required information:

Issue the receipt in the spouse's name:

Last name _____ First name _____ SIN _____

Amount \$ (Min. \$25) _____ Do you already pay by PAC? Yes ⇨ Authorization no. _____ No ⇨ Complete the BANKING INFORMATION section and attach a cheque specimen.

Frequency:

Monthly: Day _____ (1 to 28)

Applies only to the contract number indicated at the top of the page

Applies to the contract number indicated at the top of the page **and** the following contracts:

Weekly: Day _____ (Monday to Friday)* Every 2 weeks: Day _____ (Monday to Friday)*

Bi-monthly (Each 1st and 15th day of each month)*

***These 3 options are not available for a regular DIPLOMA PAC**

Terminate PAC on _____ **OR** Reactivate PAC on _____

If the contract is a My Education RESP and the beneficiary will reach the age of 16 before December 31 or he/she is 16 or 17 years old, does he/she meets the CESG eligibility criteria? Check the condition that applies:

A minimum contribution of \$2,000 has been made, and not withdrawn, from the RESP in respect of the beneficiary before the year in which he/she turned 16 years of age.

A minimum annual contribution of \$100 has been made, and not withdrawn, from the RESP in respect of the beneficiary for at least 4 years before the year in which the beneficiary turned 16 years of age.

3. Type: Deposit RRSP line of credit reimbursement Reimbursement of the policy loan (Non-registered or RESP)

BANKING INFORMATION

Branch no. (5 figures) _____

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Institution (3 figures) _____

Account no. (max. 12 figures) _____

Name as shown on bank records _____

The issuing company is authorized to draw a cheque each month in accordance with its Pre-Authorized Cheque plan and to exchange personal information with the financial institution in order to execute this agreement. Note: Transaction fees may be charged for any cheque that is not honoured by your financial institution. I confirm that the banking information accurately corresponds to my account.

X _____
Signature (as shown on bank records)

X _____
Other signature (if joint account)

K **SPECIAL INSTRUCTIONS** **RESERVED FOR ADMINISTRATIVE USE**

L **SIGNATURES**

I request that the transaction indicated above be carried out in accordance with the rights, conditions and stipulations of the contract.

X _____
Applicant*/Subscriber

X _____
Date

X _____
Irrevocable beneficiary

X _____
Witness

* For a Nominee/Intermediary Account, an authorized agent of the Nominee/Intermediary.