

NP

IMPORTANT

- You must:
- Print 3 copies of this application
 - Give a copy to the client
 - Send the original copy to head office
 - Keep a copy for your files

1- TYPE OF CONTRACT

Held: in Client Name:
 in a Nominee Account* Nominee Name: _____ Nominee Account Number _____
 in an Intermediary Account* Intermediary Name: _____ Intermediary Account number _____

If the Contract is held in a Nominee or Intermediary Account, is the Nominee or Intermediary Account registered as a retirement savings plan or a retirement income fund under the *Income Tax Act* (Canada), hereinafter called "Registered Nominee or Intermediary Account"? Yes or No

*Contract administered through the FundSERV network only

2- TYPE OF REGISTRATION (If the contract is held in a Nominee or Intermediary Account, the Contract is automatically non-registered.)

- Retirement Saving Plan (RSP) Retirement Income Fund (RIF)* Life Income Fund (LIF)* *Subject to the terms of the applicable endorsement
 Spousal RSP Locked-In Retirement Account (LIRA)* Restricted Locked-In RSP*** **For Saskatchewan only
 Non-registered Locked-In RSP* Restricted Life Income Fund (RLIF)*** ***For locked-in funds under federal legislation only
 Prescribed Retirement Income Fund (PRIF)**

When applying for a non-registered Contract, a duly completed Form F51-208A (Information required under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and Regulations) must be signed and attached to this application. If there is a Co-Applicant, a second form F51-208A must also be signed and attached.

When applying for a LIRA, Locked-In RSP, Restricted Locked-In RSP, LIF, RLIF or PRIF ("Locked-In Contract"), complete A), B) and, if applicable C):

- A) Indicate governing pension legislation: _____
 B) Is the amount being transferred a result of: Death of spouse Marriage Breakdown Other: _____
 C) Attach spousal consent form, if required when transferring a LIRA to a LIF.

3- ANNUITANT (• The Annuitant is the Applicant unless otherwise stated in Section 4 below.
 • If the contract is held in a Registered Intermediary Account, the Annuitant is automatically the Registered Nominee or Intermediary Account holder.)

Last name _____ First name _____
 Address _____
 No. _____ Street _____ Apt. _____
 City _____ Province _____ Postal code _____
 Telephone: Home _____ Office _____ Extension _____
 Annuitant's occupation _____ Email: _____
 Date of birth _____ Social insurance number (SIN) _____ MANDATORY Gender: M F Language: E F

4- APPLICANT (• To be completed for non-registered Contract only and if the Annuitant is not the Applicant.
 • If the contract is held in a Registered Nominee or Intermediary Account, the Applicant is automatically the trustee of the Registered Nominee or Intermediary Account.)

Individual Trust Corporation Non corporate entity Other: _____
 Last name _____ First name _____
 Address _____
 No. _____ Street _____ Apt. _____
 City _____ Province _____ Postal code _____
 Telephone: Home _____ Office _____ Extension _____
 Date of birth _____ Social insurance number (SIN) _____ MANDATORY Gender: M F Language: E F

5- CO-APPLICANT (Non-registered and Individual only.)

- Notes:**
1. For all provinces and territories except Quebec: by designating a Co-Applicant, the Applicant and the Co-Applicant acknowledge and consent that the type of ownership is qualified as "joint ownership WITH rights of survivorship". At the death of the Applicant or the Co-Applicant, his/her rights and obligations pursuant to the Contract pass automatically to the other.
 2. For province of Quebec only: by designating a Co-Applicant, the Applicant and the Co-Applicant acknowledge and agree that they respectively designate each other as Subrogated Applicant of the Contract. At the death of the Applicant or the Co-Applicant, they understand that the deceased's rights and obligations pursuant to the Contract pass automatically to the Subrogated Applicant.

Last name _____ First name _____
 Address _____
 No. _____ Street _____ Apt. _____
 City _____ Province _____ Postal code _____
 Telephone: Home _____ Office _____ Extension _____
 Date of birth _____ Social insurance number (SIN) _____ MANDATORY Gender: M F Language: E F

IAG Savings and Retirement Plan Application
INDIVIDUAL VARIABLE ANNUITY CONTRACT

IMPORTANT

Use the F13-774A table for Investment Funds number.

11- GUARANTEE MATURITY DATE FOR THE ECOFLEX SERIES 100/100

To be completed if Ecoflex Series 100/100 Fund Units are credited to the Contract and if the Annuitant is less than 57 years old.

The Guarantee Maturity Date must be at least fifteen (15) years from the date Ecoflex Series 100/100 Fund Units are credited for the first time to the Contract and must be between the Annuitant's 60th and 71st birthday.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
| | | | | | | | |

If the Guarantee Maturity Date is not specified or is not well established, this date is automatically established by the Company at the Annuitant's 71st birthday. Please refer to the Contract if the Annuitant is age 57 or over; the Guarantee Maturity Date shall be set at exactly fifteen (15) years from the Initial Investment Date of Ecoflex Series 100/100.

12- INVESTMENT INSTRUCTIONS

A - Premium paid with this application: \$ _____
(Cheque enclosed, **minimum \$100**)

Proceeds from RSP Loan or Investment loan: \$ _____
(requested amount)

Contribution: From the Annuitant From the Annuitant's spouse

B - Transfer from another institution:
Company (Attach transfer form.) _____ Approximate amount \$ _____
\$ _____
\$ _____

C - Internal transfer:
From Contract no. _____ (Attach proper form)

D - FundSERV trade: \$ _____

| DAILY INTEREST FUND AND GUARANTEED INVESTMENTS | Rate | Term | Amount ⁽¹⁾ (\$ or %) | AIT ⁽⁴⁾ |
|--|---|---|---------------------------------|--------------------|
| Daily interest fund | | | | |
| Guaranteed investments: Minimum: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 | <input type="checkbox"/> Current <input type="checkbox"/> Guaranteed | <input type="checkbox"/> One month <input type="checkbox"/> _____ years <input type="checkbox"/> Last day of _____ Y _____ M | | |

| INVESTMENT FUNDS (SEGREGATED FUNDS) | | | | | Initial amount \$ _____ | | | Transfer-in amount \$ _____ | | |
|-------------------------------------|--|--------------------------|--------------------------|-------------------------------|---|---|--|-----------------------------|--------------------|--|
| Fund no. | Indicate the applicable sales charge option for each Fund ⁽²⁾ | | | | Classic Series 75/75 (Min. of \$25/Fund) (\$ or %) ⁽¹⁾ | Ecoflex Series 100/100 (Min. of \$25/Fund) (\$ or %) ⁽¹⁾ | Ecoflex Series 75/100 ⁽³⁾ (Min. initial Premium of \$25,000) (\$ or %) ⁽¹⁾ | Wire Order no. | AIT ⁽⁴⁾ | |
| | DSC ✓ | NSC ✓ | Front-End ✓ | If Front-End % on Premiums | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |

| | | | |
|---|--|---|---------------------------------------|
| Life investment (available for RIF Contract only) Minimum \$25,000 | <input type="checkbox"/> Cash refund guarantee <input type="checkbox"/> Floor cash refund guarantee | Guarantee Check if requested: <input type="checkbox"/> Indexed to _____ % <input type="checkbox"/> Enhanced (The F30-196A Medical Questionnaire form must be attached) | Amount⁽¹⁾ (\$ or %) |
|---|--|---|---------------------------------------|

⁽¹⁾The total cash amount or percentage must equal 100% of the Premiums to be invested. Total⁽¹⁾
⁽²⁾For any Premium invested, if no sales charge option is selected, the Deferred Sales Charge (DSC) option applies.
⁽³⁾Refer to the Contract for the Maximum age to invest Premiums in the Ecoflex Series 75/100 Funds.
⁽⁴⁾AIT: Automatic Investment Term. If no AIT directives are received by the Company, all Premiums will be invested, according to the applicable terms of the Contract, in the daily interest fund ("DIF") or in the Money Market Fund and they will stay in the DIF or Money Market Fund until the Applicant's suitable instructions have been received by the Company.

13- DOLLAR COST AVERAGING ("DCA") (RSP, LIRA and Non-registered Contract only)

I request that the Company process the requested monthly transfer, starting on the day of the transfer until the depletion of all the Premiums initially invested in the Money Market Fund (DCA) distributed over the number of months indicated below:

Date of monthly transfer: [] (1 to 28) Duration of the transfer (minimum 6 months, maximum 12 months): Number of months: []

| Initial Money Market Fund – Min. \$300 | Wire Order no. | Fund no. | If Front-End option % of Premiums | Classic Series 75/75 \$ | Ecoflex Series 100/100 \$ | Ecoflex Series 75/100 \$ | FOR HEAD OFFICE ONLY |
|--|----------------|-----------------------------|-----------------------------------|-------------------------|---------------------------|--------------------------|----------------------------|
| Classic Series 75/75 | | | | | | | Contract no. _____ |
| Ecoflex Series 75/100 | | | | | | | First investment on: _____ |
| Ecoflex Series 100/100 | | | | | | | Last investment on: _____ |
| INVESTMENT INSTRUCTIONS minimum of \$25 per Fund | | Fund no. | | Distribution | Distribution | Distribution | Monthly investment: _____ |
| | | | | % | % | % | |
| | | | | % | % | % | |
| | | | | % | % | % | |
| | | | | % | % | % | |
| | | Total⁽¹⁾: | | 100% | 100% | 100% | Initials: _____ |

⁽¹⁾ Total must equal 100% of the Premium

The transfer will be made on the date of transfer indicated above or on the next business day. If no date of transfer is indicated, the said date is deemed to be the date this request is received. The transfer will be in effect until the first of the following events: the end of the "Duration of the transfer" period indicated above or the total depletion of all the Premiums initially invested in the Money Market Fund (DCA) indicated above. If no duration of transfer is indicated, the said duration is automatically established at 12 months.

IAG Savings and Retirement Plan Application
INDIVIDUAL VARIABLE ANNUITY CONTRACT

14- PRE-AUTHORIZED CHEQUE PAYMENT/ELECTRONIC FUNDS TRANSFER ("PAC/EFT") AGREEMENT (Do not enclose a PAC payment with this application)

In this PAC/EFT Agreement, each owner is referred to as "I" and makes the following statements in respect of himself or herself:

- I authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution designated (or any other institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or one-time payments from time to time for payment of all premiums, deposits, installments and charges mentioned in this Agreement. Regular payments will be debited based on the date and/or frequency I have chosen, whereas one-time payments from time to time can be debited from my account on any other date. Regular and/or one-time payments will be debited in accordance with the banking information previously provided for the issuance of the authorization number I have indicated below or, if no such number had been previously issued, in accordance with the banking information set out below;
- I agree that, for the purpose of this PAC/EFT Agreement, all PACs from my account will be treated either as Personal or Business* depending on the choice I have made below;
- I waive the right to receive pre-notification of an increase or decrease in the amount to be debited or a change in the date and/or frequency of these payments;**
- I agree that the Company is not required to provide me with written notice of a change in a PAC amount that is made as a result of my request;
- If a PAC is dishonoured for any reason such as, but not limited to, insufficient funds ("NSF"), stop payment or account closed, the Company is authorized to re-submit the payment. **Any charges incurred by the Company as a result of a dishonoured PAC will be added to the subsequent PAC;**
- I may cancel or modify this PAC/EFT Agreement at any time, subject to providing the Company thirty (30) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel the PAC/EFT Agreement, I may contact my financial institution or visit www.cdnpay.ca regarding Rule H1-Pre-authorized debits (PADs);
- Any cancellation of this PAC agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided by an alternate method;
- The Company will not assign this PAC/EFT Agreement without providing, any time prior to the next PAC/EFT, written notice to me of the assignment;**
- I have certain recourse rights if any PAC does not comply with this PAC Agreement. For example, I have the right to receive reimbursement for any PAC that is not authorized or is not consistent with this PAC Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit www.cdnpay.ca regarding Rule H1-Pre-authorized debits (PADs);
- Before the Company debits the first PAC/EFT payment, it must receive all required documents, duly completed, and be allowed a reasonable period of time to complete its administrative processes..

*Business PAC means a PAC for the payment of goods or services related to a business or commercial activity of the payor.

GENERAL INFORMATION

1. Do you already pay by PAC or receive payments by EFT?

- No ➔ Complete items 3 and 4, sign and attach personalized cheque specimen or banking confirmation.
 Yes ➔ Complete items 2 and 4 and sign

2. Authorization no⁽¹⁾

⁽¹⁾ The authorized signatories must always be the same as the one(s) that authorized by the original transaction for which the authorization number had been issued.

3. Banking information (Attach a personalized cheque specimen. If a personalized cheque specimen is attached, it is not mandatory to complete banking information.)

Financial institution name: _____

Name of the account owner(s): _____

Account number (max. 12 digits):

Transit Number (5 digits)

Financial Institution Number (3 digits)

4. **Withdrawal Agreement:** Variable

PAC/EFT Category: Personal Business (If both boxes are left unchecked, the PAC category will be deemed to be "Personal".)

Starting on:

(If no date is indicated or if the indicated date is greater than 30 days from the signature of the PAC/EFT Agreement, the PAC will start on the frequency selected below following the signature date of this Agreement.)

Frequency:

- Same as existing PAC/EFT **OR** Monthly. Date of cheque _____ (1 to 28) Weekly. Day: _____ (Monday to Friday)
 Every 2 weeks. Day: _____ (Monday to Friday) Bi-monthly. (1st and 15th of each month)
 One-time payment

PAC amount: \$ _____ (Minimum \$25 per frequency)

SIGNATURE (for a joint account, all required signatories must sign this PAC/EFT Agreement. For a Company, the PAC/EFT Agreement must be signed by an authorized signatory; attach a copy of the company's resolution stipulating the authorized signatories.)

Date

X

Account owner's signature (as shown on bank records)

Date

X

Account owner's signature (if required)

Contact information:

Quebec: Industrial Alliance Insurance and Financial Services Inc.
Customer Service (IRS2525)
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3
Telephone: 418 684-5000
Fax: 418 684-5161
Email: clientele@inalco.com

Toronto: Industrial Alliance Insurance and Financial Services Inc.
Customer Service (IRO2519)
522 University Avenue
Toronto, ON M5G 1Y7
Telephone: 416 585-8880
Fax: 416 585-8810
Email: iat-indannuities@inalco.com

IAG Savings and Retirement Plan Application
 INDIVIDUAL VARIABLE ANNUITY CONTRACT

19- STATEMENT/SIGNATURE (Annuitant, Applicant and Co-Applicant must read, consent to and sign this section)

I, the Annuitant, the Applicant and/or the Co-Applicant, hereby:

- declare that all statements and answers made by me in this application are fully complete and true;
- acknowledge that the provisions enclosed in this application are an integral part of the Contract;
- confirm that I have requested that this application be drafted in the English language only. *Par les présentes, je confirme avoir demandé que la présente proposition soit rédigée en anglais uniquement;*
- consent to the collection, use and disclosure of my personal information by the Company in the ways and for the purposes identified in the "File and Personal Information" Section of the Contract.

Electronic Investor Profile

If Fund Units are to be credited to this Contract and if neither an Investor Profile form nor an Investor Profile Dealer form were attached to the present application, I confirm having completed electronic profile no. _____ (Applicant's profile) and profile no. _____ (Co-Applicant's profile) with my life insurance agent.

Limited Trading Authorization (Must only be completed if the same parties have already signed a Limited Trading Authorization for an existing contract).

I hereby declare that I have already signed a Limited Trading Authorization for contract no. _____ authorizing the life insurance agent acting in this application to instruct the Company on my behalf. By specifying a contract number, I request that this Limited Trading Authorization also apply to the Contract issued with this application.

Contractual Declarations

I, the Annuitant, the Applicant and/or the Co-Applicant hereby:

- declare that the written and/or electronic information provided with respect to the application for this product is complete and accurate and is the basis for the issuance of this Contract;
- **understand that I should contact my life insurance agent if notice of confirmation has not been received within fifteen (15) days after paying a Premium;**
- give the Company the right to correct any errors or omissions on this application through an amendment letter;
- if the Contract is held in a Nominee or Intermediary Account, authorize the Company to deliver the Contract and any other documents or correspondence to the Nominee/Intermediary and to accept instructions from the Nominee/Intermediary, to execute the financial and non-financial transactions including, but not limited to, subscribing to an annuity contract, purchases, surrenders and transfers of investment vehicles in accordance with my instructions and Contract provisions;
- if the Contract is held in a Nominee or Intermediary Account, authorize the Company to accept Premiums for investment in this Contract and to pay partial and total surrender amounts requested by the Nominee/Intermediary directly to the Nominee/Intermediary;
- understand that this application and the conditions thereof form an integral part of the Contract between the Company and both the Applicant and the Co-Applicant;
- understand that the Company shall not be liable for instructions provided by the Nominee/Intermediary;
- **acknowledge receipt of the IAG Savings and Retirement Plan Contract, the IAG Savings and Retirement Plan Information Folder describing the key features of the Contract and the Fund Facts Booklet;**
- declare that I have been directed by my agent to the Funds I am investing in;
- request that the Company advise me of any offer or possibility, including any credit possibility that may be of interest for me and to which I am eligible.

Transfer of ownership

I, the Applicant and the Co-Applicant hereby:

- understand that joint ownership of this Contract, if applicable, in a province or territory other than Quebec is **with a right of survivorship**. It is the Applicant and Co-Applicant's express intention that all rights and obligations pursuant to the Contract are owned by both of them indivisibly. Upon the death of the Applicant or Co-Applicant, **these rights and obligations will pass automatically and absolutely to the other;**
- understand that joint ownership of this Contract, if applicable, in the province of Quebec is **without right of survivorship**. However, by designating a **Subrogated Applicant**, the Applicant and the Co-Applicant understand and it is their express intention that **all rights and obligations pursuant to the Contract will pass automatically to this Subrogated Applicant** upon the Applicant's or Co-Applicant's death, whichever is first.

Request for registration: must be completed for RSP, RIF and any Locked-In Contracts.

- I hereby request that this Contract be registered as a Retirement Savings Plan (RSP) under the *Income Tax Act* (Canada) and any applicable provincial legislation.
- I hereby request that this Contract be registered as a Retirement Income Fund (RIF) under the *Income Tax Act* (Canada) and any applicable provincial legislation.

| | | |
|--|---|----------------------------|
| X | X | X |
| Annuitant's signature | Applicant's signature (If different from the Annuitant) | Co-Applicant's signature |
| X | X | X |
| Irrevocable Beneficiary's signature (if an Irrevocable Beneficiary is designated) | Annuitant's spouse (Required in Ontario, Nova Scotia, Newfoundland and Labrador for LIF) | Signature of Agent/Witness |

All signed at _____ this _____ day of _____ 20____

20- LIFE INSURANCE AGENT/AGENCY INFORMATION, STATEMENT AND SIGNATURE (MANDATORY)
Primary agent (commissions and service): % of commissions: _____%

Name of agent: _____ Agent code: _____ SU: _____ FundSERV code (Dealer-Sales Rep.) _____

Name of district or agency: _____ Agency code: _____

Secondary agent (commissions only): % of commissions: _____%

Name of agent: _____ Agent code: _____ SU: _____ FundSERV code (Dealer-Sales Rep.) _____

Name of district or agency: _____ Agency code: _____

Agent's Disclosure

By signing below, I, the life insurance agent, confirm that I have provided a disclosure statement to the Applicant and the Co-Applicant which discloses:

- the company or companies I represent and my relationship with them;
- that I receive compensation (such as commissions) for the sale of life insurance and savings products and may receive other compensation such as bonuses,
- invitations to conferences or other incentives; and any conflicts of interest that I may have with respect to this transaction.

If the Contract is held in a Nominee or Intermediary Account, I hereby:

- confirm to be the duly authorized agent of the Nominee or Intermediary; and
- confirm that, if the Contract is issued to be held in a Registered Nominee or Intermediary Account, the Nominee or Intermediary is the duly authorized agent of the trustee of the Registered Nominee or Intermediary Account and that this Contract is an authorized investment for the Registered Nominee or Intermediary Account.
- any conflicts of interest that I may have with respect to this transaction.

Money laundering

 If the Applicant and the Co-Applicant, if any, have applied for a non-registered Contract, I, the life insurance agent, hereby confirm that I have completed form(s) F51-208A (Information Required Under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations*) for each of them.

| | |
|---|-------------------|
| X _____ | _____ |
| Signature of life insurance agent (MANDATORY) | Date (YYYY-MM-DD) |

(FOR AGENT USE ONLY - DOES NOT FORM PART OF THE CONTRACT)

By law, the Company is required to collect and record the following information for a non-registered annuity or universal life insurance policy.

1- COMPLETE THIS SECTION (MANDATORY)

a) Information about the Applicant

This information must be collected and recorded for every Applicant. If there is more than one Applicant or Co-Applicant, this information must be collected from each one.

Name of Applicant: _____ Date of birth:

| | | |
|---|---|---|
| Y | M | D |
|---|---|---|

Address (not only a P.O. Box Number): _____

Principal occupation or business (must be specific): _____

b) Third Party Determination

Is the Applicant acting on behalf of a third party or does a third party (individual, corporation, or other entity) have the use of or access to the contract?

No Yes (If "yes," collect the following information about the third party.)

The third party is: an individual a corporation another type of entity (please specify): _____

Name: _____ Date of birth:

| | | |
|---|---|---|
| Y | M | D |
|---|---|---|

 Relationship to Applicant: _____

Address (not only a P.O. Box Number): _____

Principal occupation or business (must be specific): _____

If a corporation is the third party, provide:

Incorporation number: _____ Place of issue: _____

I cannot determine if the Applicant is acting for a third party, but I have reasonable grounds to suspect there is another party involved in this transaction. My reasons are:

2- COMPLETE THIS SECTION FOR EACH INDIVIDUAL APPLICANT (See section 3 for corporate applicants, partnerships, trusts, etc.)

a) Verification of Identity

Refer to an original passport, driver's licence, or other government-issued identification:

Type of identification document: _____ Document number: _____

Place of issue: _____ Expiry date:

| | | |
|---|---|---|
| Y | M | D |
|---|---|---|

b) Politically Exposed Foreign Persons (complete if there is a lump-sum payment of \$100,000 or more.)

i. Name of Payer if different than Applicant: _____

ii. Does the Applicant or Payer, or does a relative* of the Applicant or Payer, hold, or have they ever held, any of the following senior positions in, or for, a country other than Canada:

- Head of state or head of government
- Member of the executive council of government or member of a legislature
- President of a state-owned company or state-owned bank
- Deputy Minister or equivalent
- Ambassador or attaché to ambassador
- Head of a government agency
- Military officer with rank of general or above
- Judge
- Leader of a political party represented in a legislature.

No Yes If "yes," provide name of country, position, when held, and where applicable, name of relative and relationship to Applicant or Payor: _____

* A relative of the Applicant or Payer means: •Their spouse or common-law partner •Their mother or father •Their brother, sister, step-brother or step-sister •Their child •The mother or father of their spouse or common-law partner

iii. Source of funds:

If the answer to the above is "yes," then describe the source of funds used for this transaction:

Employment Income Business Income Investments Pension Loan Savings Inheritance

Other (please explain): _____

3- COMPLETE THIS SECTION FOR CORPORATE APPLICANTS AND OTHER ENTITIES

a) Information about the Applicant

Type of entity: Corporation Partnership Trust Not-for-profit organization Other (please explain): _____

Name, address, and occupation of all persons who own or control, directly or indirectly, 25 per cent or more of the shares of the corporation or 25 per cent or more of the non-corporate entity. (If the agent is unable to obtain this information, state why the information could not be obtained.):

If the Applicant is a corporation, obtain the:

Name and occupation of all directors. (If the agent is unable to obtain this information, state why the information could not be obtained.)

If the Applicant is a not-for-profit organization, answer the following:

- Is the Applicant a charity registered with the Canada Revenue Agency? Yes No
- If "No," does the Applicant solicit charitable financial donations from the public? Yes No

b) Verification of Identity

You must confirm the existence of the corporation or other entity by reviewing a paper record or a public electronic document.

If you reviewed a paper record, please attach it (e.g. certificate of corporate status, partnership agreement).

If you reviewed an electronic record, provide:

Registration number: _____ Type of record: _____ Source of electronic record: _____

c) Confirm the identity of the individual conducting the transaction on behalf of the corporation or non-corporate entity.

Refer to an original passport, driver's licence, or other government-issued identification:

Name: _____ Date of birth:

| | | |
|---|---|---|
| Y | M | D |
|---|---|---|

Address (not only a P.O. Box Number): _____

Type of identification document: _____ Document number: _____

Place of issue: _____ Expiry date:

| | | |
|---|---|---|
| Y | M | D |
|---|---|---|

d) Attach a copy of the document authorizing this individual to conduct this transaction on behalf of this Applicant.

4- LIFE INSURANCE AGENT'S CONFIRMATION – THIS CONFIRMATION MUST BE SIGNED AND DATED BY THE AGENT.

- As required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations, I confirm that I have verified the identity of the Applicant by reviewing the identification documentation and I have taken reasonable measures to determine if the Applicant is acting on behalf of a third party.
- In cases where there is a lump-sum payment of \$100,000 or more for an unregistered annuity or universal life insurance policy, I confirm that I have taken reasonable measures to determine if the Applicant/Payor is a politically exposed foreign person.

Agency: _____ Agency code: _____

Name of agent: _____ Agent code: _____ S.U.: _____

X

Signature of agent

Date (YYYY-MM-DD)