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# IAG Savings and Retirement Plan Application

INDIVIDUAL VARIABLE ANNUITY CONTRACT  
ADMINISTERED ELECTRONICALLY THROUGH THE FUNDSERV NETWORK

## 1- APPLICATION INFORMATION

Client Name Account  Yes

Nominee Account  Yes    Nominee Name: \_\_\_\_\_    Nominee Account Number: \_\_\_\_\_

Intermediary Account  Yes    Intermediary Name: \_\_\_\_\_    Intermediary Account number: \_\_\_\_\_

### CONTRACT TYPE (Complete if the Contract is held in client name or if the Contract is held in a Registered Nominee or Intermediary Account) (Check one box)

Retirement Savings Plan (RSP)     Retirement Income Fund (RIF)\*     Life Income Fund (LIF)\*     Prescribed Retirement Income Fund (PRIF)\*\*

Spousal RSP     Locked-In Retirement Account (LIRA)\*     Restricted Locked-In RSP \*\*\*    \*Subject to the terms of the applicable endorsements.

Non-registered     Locked-In RSP\*     Restricted Life Income Fund (RLIF)\*\*\*    \*\*For Saskatchewan only.

\*\*\*For Locked-in funds under federal legislation only.

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) Please attach spousal consent form, if required when transferring a LIRA to a LIF.

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

### 2- 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 for the benefit of the holder of the Registered Nominee or Intermediary Account)

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

City \_\_\_\_\_ M A N D A T O R Y \_\_\_\_\_ Province \_\_\_\_\_ Y Y Y Y M M D D \_\_\_\_\_

Social Insurance Number (SIN) \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender:  M  F Language:  E  F

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Extension \_\_\_\_\_

Applicant's occupation \_\_\_\_\_ Email: \_\_\_\_\_

### 3- CO-APPLICANT (for non-registered contract only)

**Notes:**

- 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.
- 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 \_\_\_\_\_ M A N D A T O R Y \_\_\_\_\_ Province \_\_\_\_\_ Y Y Y Y M M D D \_\_\_\_\_

Social Insurance Number (SIN) \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender:  M  F Language:  E  F

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Extension \_\_\_\_\_

### 4- ANNUITANT (If the Contract is held in a Registered Nominee or Intermediary Account, the Annuitant must be the holder of the Registered Nominee or Intermediary Account)

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ M A N D A T O R Y \_\_\_\_\_ Province \_\_\_\_\_ Y Y Y Y M M D D \_\_\_\_\_

Social Insurance Number (SIN) \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender:  M  F Language:  E  F

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Extension \_\_\_\_\_

### 5- SUCCESSOR ANNUITANT (Subject to any Co-Applicant or Subrogated Applicant's rights, if the Applicant is also the Annuitant and a Successor Annuitant is designated, the Successor Annuitant shall become the Applicant on the Annuitant's death)

Last name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_ Y Y Y Y M M D D \_\_\_\_\_ Relationship to the annuitant \_\_\_\_\_





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

I, the Applicant, the Co-Applicant and/or the Annuitant 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 Industrial Alliance Pacific Insurance and Financial Services Inc. in the ways and for the purposes identified in the "File and Personal Information" Section of the Contract.

**Investor Profile/Know Your Client (KYC)**

I confirm having completed an investor profile with my life insurance agent. If neither an Investor Profile form nor an Investor Profile Dealer form were attached to the present application, I confirm having discussed with my life insurance agent the investment funds selected and the volatility of the funds selected with respect to my investor profile.

**Contractual Declarations**

I, the Applicant, the Co-Applicant and/or the Annuitant 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;
- understand that the present application and the conditions thereof form an integral part of the Contract between the Company and both the Applicant and the Co-Applicant;
- **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 my agent and I have discussed the Funds I am purchasing;
- advise the Company that the Nominee/Intermediary named in the application is my duly authorized agent for all matters related to this Contract;
- 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;
- furthermore 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 the Company shall not be liable for instructions provided by the Nominee/Intermediary;
- understand that other investment options are available under this Contract;
- 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 obligation 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 first Applicant's or Co-Applicant's death.

**Request for registration (must be completed for RSP, RIF and 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.

<b>X</b> _____ Applicant's signature	<b>X</b> _____ Co-Applicant's signature	<b>X</b> _____ Annuitant's signature (if different from the Applicant)	<b>X</b> _____ Irrevocable Beneficiary's signature (if an Irrevocable Beneficiary is designated)
<b>X</b> _____ Signature of Applicant's Spouse Newfoundland and Labrador for LIF	<b>X</b> _____ Signature of Agent/Witness	<b>X</b> _____ Signature of Nominee/Intermediary (for Contracts held in a Registered Nominee or Intermediary Account only)	

**Annuitant's spouse declaration** (if the spousal information section has been completed; see Section 6)

I, the Annuitant's spouse, hereby declare that the information provided in Section 6 is complete, accurate and true, and I acknowledge that the Company will rely on the accuracy of this information.

**X** \_\_\_\_\_  
Spouse's signature

All signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**15 - LIFE INSURANCE AGENT/DISTRIBUTOR INFORMATION STATEMENT/SIGNATURE (MANDATORY)**

Name of life insurance agent: \_\_\_\_\_

Dealer/Rep code: \_\_\_\_\_ Industrial Alliance Pacific life insurance agent code: \_\_\_\_\_

IA agency code: \_\_\_\_\_ Dealer account number: \_\_\_\_\_

**Agent's Disclosure**

By signing below, I confirm that I have provided a disclosure statement to the Applicant and to 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 saving 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.

**Money Laundering and Confirmations (for non-registered accounts only)**

I hereby confirm that:

- I have completed form F51-208A-P (information required under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and Regulations) and that it is attached to this application.
- I am the duly authorized agent of the Nominee or Intermediary.
- 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.

**X** \_\_\_\_\_  
Signature of Life Insurance Agent

\_\_\_\_\_ Date (YYYY-MM-DD)

**Please make your cheque payable to Industrial Alliance Pacific. If you do not receive confirmation within 15 days after you sign this document, please contact your nearest Industrial Alliance Pacific office.**