



For internal use only  
Policy/Contract No. \_\_\_\_\_ File No. \_\_\_\_\_

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life

### Application for Fixed and Life Annuity

#### 1. Annuitant (Person designated to receive annuity payments unless a grantee has been designated)

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Date of Birth (proof of age required) (Day/Month/Year) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Single  Married  Common-law

Telephone No. \_\_\_\_\_ Residence: \_\_\_\_\_ Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Verification of Identity and Date of Birth by means of an original document. Check  one box:

Birth Certificate  Driver's License  Passport  Other (specify): \_\_\_\_\_

Reference number: \_\_\_\_\_ Place of issue (province/country): \_\_\_\_\_

#### 2. Owner

Is the owner the annuitant?  Yes  No If **no**, please complete the following:

If the owner is a **Body Corporate** (corporation, partnership, association, etc.) please complete and submit the **Body Corporate Identity** verification form which is available on our Website, under Producer's Corner. If the owner is an individual please complete the following:

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Date of Birth (proof of age required) (Day/Month/Year) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Single  Married  Common-law

Telephone No. \_\_\_\_\_ Residence: \_\_\_\_\_ Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Verification of Identity and Date of Birth by means of an original document. Check  one box:

Birth Certificate  Driver's License  Passport  Other (specify): \_\_\_\_\_

Reference number: \_\_\_\_\_ Place of issue (province/country): \_\_\_\_\_

#### 3. Grantee of Annuity (person designated to receive annuity payments instead of the owner)

Is the grantee the owner?  Yes  No If **no**, please complete the following:

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Date of Birth (proof of age required) (Day/Month/Year) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Single  Married  Common-law

Telephone No. \_\_\_\_\_ Residence: \_\_\_\_\_ Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Verification of Identity and Date of Birth by means of an original document. Check  one box:

Birth Certificate  Driver's License  Passport  Other (specify): \_\_\_\_\_

Reference number: \_\_\_\_\_ Place of issue (province/country): \_\_\_\_\_



**7. Source of Single Premium**

Is the source of funds from a registered plan?  Yes  No

If funds are from an internal or external transfer, complete the following. All transferred amounts are estimates. The correct amount will be confirmed in the Policy Specifications. Please include a copy of any documents relating to external transfers with this application. The agent is responsible for sending original documents to the financial institution holding the funds.

Name of Financial Institution	Type of Product	Contract, Policy or Account Number	Estimated Amount of Transferred Deposit
Total			

If funds are from an Assumption Life product, the annuity contract to be issued constitutes an additional contract that is added to and forms an integral part of the above-mentioned policy. In case of conflict between the above-mentioned policy and the annuity contract to be issued, the annuity contract to be issued will have precedence.

**8. Direct Deposit of Payments**

Direct deposit to a financial institution:  Yes  No

\* I request that my payments be deposited directly to the bank account indicated on the personalized « VOID » cheque enclosed.

**(Complete if a sample cheque is not available, the payer’s name is not preprinted or if this is a savings account.)**

Name of Financial Institution: \_\_\_\_\_

Branch Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**9. Declaration of Annuitant and Owner**

I have requested that this application be in English, and I request that all other related documents be in English also.

I confirm that all information and answers given in this application and in any related document are complete and true and I acknowledge that they form the basis of this contract.

I understand that no insurance agent « advisor » or person other than Assumption Life is authorized to modify, cancel or waive a question or provision of this application, nor a provision of the contract or of any rider or other document that is part of it.

I understand that any notice to or knowledge of an insurance agent « advisor » is not notice to or knowledge of Assumption Life unless stated in writing and made part of this application.

I understand that in order to ensure the confidentiality of any personal information relating to me, Assumption Life will establish a file in which the personal information concerning my application will be placed, as well as the information concerning any claim or service request. I understand that my personal information will be used only for the following purposes: to establish the contract; for any service request pertaining to the contract; and in the event of a claim. I understand that only those employees or mandataries who need the personal information for the performance of their duties or the execution of their mandate or persons authorized by law will have access to this file. I understand that Assumption Life shall not communicate my personal information to a third party without my consent unless required to do so by law or ordered to do so by a court. I understand that Assumption Life may be required to communicate certain personal information relating to me to Canada Revenue Agency for tax purposes. I understand that I am entitled to consult the personal information contained in my file and, if applicable, to have it corrected by submitting a written request to the following address: **Assumption Life**, P.O. Box 160 / 770 Main Street, Moncton, NB E1C 8L1.

I authorize Assumption Life to use the personal information contained in this application in order to send me additional information on products and services that might interest me.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Annuitant Signature of Owner (if other than the annuitant)\*

\* If the Owner is a Body Corporate, the signature of the authorized individuals with their title is required.

**By signing below, the agent confirms that he/she has verified the identity of the owner, the annuitant and the grantee of annuity, if applicable, and the date of birth of the annuitant, by consulting the documents specified in this application for such purposes. The representative also confirms having provided and explained to the client an *Advisor disclosure statement* explaining his/her method of compensation and other financial benefits, the names of the insurance companies he/she represents as well as any conflict of interest.**

X \_\_\_\_\_ X \_\_\_\_\_  
 Agent’s Signature Name of Agent (in Block Letters)

Agent’s Code Agent’s Telephone Number Name of Agency/Firm