

NP

**APPLICANT**

Last name		First name		Social Insurance Number	
Address (if different from annuitant) No.		Street		Telephone Area code	
City		Province		Postal code	

**ANNUITANT**

Last name		First name		Marital status		Date of birth Y Y Y Y M M D D		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address No.		Street		Social Insurance Number		City		Province	
Postal code		Telephone Area code		City		Province		Postal code	

**CO-ANNUITANT**

**NOTE - Complete only in the case of a joint annuity.**

Last name		First name		Date of birth Y Y Y Y M M D D		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social Insurance Number	
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**Mandatory Section**  
Check appropriate box

Type of annuity <input type="checkbox"/> Life annuity <input type="checkbox"/> Joint life annuity <input type="checkbox"/> Annuity certain <input type="checkbox"/> Fixed RRIF (non redeemable)	Guarantee <input type="checkbox"/> Cash refund guarantee <input type="checkbox"/> Floor cash refund guarantee <input type="checkbox"/> _____ year guarantee (5 years minimum)	Indexed annuity (if applicable) _____ % (1 to 4%)	Joint annuity (if applicable) _____ % reversible <input type="checkbox"/> Upon first death <input type="checkbox"/> Upon annuitant's death
Non-registered funds (taxable portion) <input type="checkbox"/> Prescribed annuity <input type="checkbox"/> Non-prescribed annuity	Registered funds (additional income tax deductions in \$) Federal _____ Provincial _____ (Quebec only)		
Frequency of annuity payments <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually	Date of first annuity payment Y Y Y Y M M D D	Estimated amount of annuity \$ _____	Estimated premium \$ _____

Direct deposit

Name of bank: \_\_\_\_\_ Account number: \_\_\_\_\_

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

**NOTE: PLEASE PROVIDE A VOID CHEQUE WITH YOUR NAME PRE-PRINTED.**

The payee authorizes Industrial Alliance Insurance and Financial Services Inc. (the Company) to deposit payments to the account specified on the attached void cheque. It is agreed that the Company will have no further responsibility with respect to authorized deposits, and may at any time terminate them and make payments by cheque.

The payee, for himself/herself, and his/her heirs, executors and beneficiaries, agrees that any payment made to the bank/trust after the end of the guaranteed period of the annuity certain or after the payee's death shall be refunded to the Company.

**ANNUITANT**

Source of single premium

<input type="checkbox"/> LIRA, locked-in RRSP (notes 1 and 3) <input type="checkbox"/> LIF, locked-in RRIF (notes 1 and 3) <input type="checkbox"/> Registered pension plan (note 2) <input type="checkbox"/> DPSP (note 2) <input type="checkbox"/> RRSP, RRIF (note 1) <input type="checkbox"/> Non-registered funds (note 4) <input type="checkbox"/> Retirement allowance	<b>To be completed if existing contract:</b> Contract no. _____ <input type="checkbox"/> Total conversion (note 5) <input type="checkbox"/> Partial conversion (Complete F51-153A-6)	Note 1 - When the conversion is made, the guaranteed period for a life annuity cannot exceed a number of years equal to 90 less the annuitant's age, or less the spouse's age if the spouse is younger (complete CO-ANNUITANT section). Note 2 - The guaranteed period cannot exceed 15 years. Note 3 - Have the spousal waiver F30-79A form signed if the annuity chosen is not 60% or more reversible to the spouse. Note 4 - Attach form F51-208A - Confirmation of identity. Note 5 - I also acknowledge that upon purchase of the annuity, all other provisions contained in the original above-mentioned contract will terminate and no subsequent deposit can be made.
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Beneficiaries

Last name	First name	Gender	%	Date of birth Y Y Y Y M M D D	Relationship
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Rev. <input type="checkbox"/> Irr.
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Rev. <input type="checkbox"/> Irr.

**X** \_\_\_\_\_ Signature of irrevocable beneficiary

**X** \_\_\_\_\_ Signature of irrevocable beneficiary

Subject to the prior rights of a spouse over the rights of any beneficiary designated under applicable pension plan laws, this beneficiary designation applies for the deferred period, i.e. the period before annuity payments begin, and for the payout period, i.e. the period during which annuity payments are paid.

For residents of QUEBEC: if you designate your legal spouse or common law spouse as beneficiary, the designation is AUTOMATICALLY IRREVOCABLE unless you check the REVOCABLE box above. Divorce and marriage annulment and the dissolution or annulment of a civil union cancel any designation of a spouse as beneficiary.

**SPECIAL INSTRUCTIONS**

Check if spouse's age is to be used to establish the guarantee

I, the undersigned, am hereby applying to Industrial Alliance Insurance and Financial Services Inc. (the Company) for an annuity payable to the annuitants as identified above according to the terms and conditions specified in the contract to be issued upon acceptance of this application by the Company.

**Provision pursuant to the Act respecting the protection of personal information in the private sector:**

I hereby authorize any financial institution, taxation authority, or any other person or public body holding information concerning myself, particularly financial information, to supply and exchange this information with the Company and its representatives to conclude, issue and administer this annuity contract. This authorization is valid for the present contract and any modifications or extensions thereof. A photocopy of this authorization has the same value as the original. I request that the Company advise me of any offer or opportunity, including any credit opportunity, that may be of interest to me and to which I can subscribe.

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

**X** \_\_\_\_\_ Witness

**X** \_\_\_\_\_ Annuitant

**X** \_\_\_\_\_ Applicant (if other than the annuitant)

It is required under certain legislation that we advise you that your claim is governed by a limitation period that is set out in the Insurance Act or other applicable provincial legislation.

Agency Code	Agent Code	S.U.	Agent	Agent's telephone number

## CHECKLIST

### SINGLE PREMIUM ANNUITY (EXTERNAL FUNDS)

- Application form F30-78A
- If the contract is not registered: form F51-208A – *Confirmation of identity*
- Proof of age (also provide proof of spouse's age if a joint annuity). Submit one of the following:
  - Birth certificate
  - Driver's licence
  - Health insurance card (Quebec residents)
  - Passport
- Personalized void cheque (**Mandatory**)
- Transfer form: Registered or locked-in plans (complete F51-147A)
- Cheque
- Form F30-79A – *Spousal waiver* if applicable (LIRA, locked-in RRSP, restricted locked-in RRSP, LIF, restricted LIF, locked-in RRIF) (available on the extranet under *Individual Savings and Retirement/Products/Annuities/Documents for advisors*)
- Copy of the illustration
- Beneficiary designation (with percentage)
- Documents sent to the appropriate Individual Savings and Retirement team:
  - Quebec City: IRS 2525
  - Toronto: 522 University Ave., 3rd Floor, Toronto, Ontario M5G 1Y7
  - Vancouver: 2165 Broadway West, PO Box 5900, Vancouver, BC V6B 5H6

### SINGLE PREMIUM ANNUITY (INTERNAL FUNDS)

- Application form F30-78A
- If the contract is not registered: form F51-208A – *Confirmation of identity*
- Proof of age (also provide proof of spouse's age if a joint annuity). Submit one of the following:
  - Birth certificate
  - Driver's licence
  - Health insurance card (Quebec residents)
  - Passport
- Personalized void cheque (**Mandatory**)
- Spousal waiver if applicable (LIRA, locked-in RRSP, restricted locked-in RRSP, LIF, restricted LIF, locked-in RRIF) (available on the extranet under *Individual Savings and Retirement/Products/Annuities/Documents for advisors*)
- Copy of the illustration
- Beneficiary designation (with percentage)
- Surrender form F51-153A-6 (if partial surrender)
- Documents sent to the appropriate Individual Savings and Retirement team:
  - Quebec City: IRS 2525
  - Toronto: 522 University Ave., 3rd Floor, Toronto, Ontario M5G 1Y7
  - Vancouver: 2165 Broadway West, PO Box 5900, Vancouver, BC V6B 5H6