

## Single Premium Immediate Annuity (SPIA) Application

- Cheques must be made payable to *ivari*
- Highlighted sections must be completed to avoid delay
- Not available for corporate ownership

## ivari

"You", "your" and "yours" refer to the Owner(s) named in the Application. "We", "us" and "our" refers to ivari.							
1a. PLAN TYPE Please select one	You are submitting this Contract for registration as an RSP under the <i>Income Tax Act</i> (Canada) O Yes (RSP) O No (non-registered) you must complete 1b.						
1b. MAIN PURPOSE OF INVESTMENT	O Investment Planning     O Retirement Planning     O Tax Savings       O Key Person Protection     O Other						
2. SOURCE OF FUNDS	O cheque: made payable to <i>ivari</i> (applicable to non-registered only)       O transfer         Registration Type (one only)       O DPSP       O LIF       O PRIF       O LIRA       O RRSP       O RLSP       O RLIF       O RRIF       O LRIF       O LRSP         Amount       Plan Jurisdiction (Province of Origin)       Transferring Company       \$       \$						
3. SPOUSAL INFORMATION If funds are locked-in, complete this section.	Do you have a spouse within the meaning of the applicable pension legislation? O Yes O No If Yes, provide spousal waiver if required under the applicable pension legislation						
<ol> <li>OWNER, ANNUITANT AND PAYEE INFORMATION</li> <li>This is an application for a prescribed annuity, therefore the Owner/Annuitant/ Payee must be the same person.</li> <li>In a Joint and Survivor Life Annuity, the Owner/Annuitant is called the Primary Owner/Annuitant.</li> <li>Owner/Annuitant.</li> <li>Owner/Annuitant MUST be a Canadian resident at time of application.</li> </ol>	Mr.       Last Name       First Name       Initial(s)         Mrs.       Mrs.       Street Address       Apt.         Miss.       City       Province       Postal Code         Other       City       Province       Postal Code         Male       Principal Business or Occupation:       Province       Postal Code         Social       Date of Birth       D/MM/YYYY       Province       Postal Code         Social       Date of Birth       D/MM/YYYY       Province       Postal Code         Language Preference       English       French       Province       Province       Province         Language Preference       English       French       Province       Province       Province       Province       Province         Language Preference       English       French       Province						
4.1 SUCCESSOR OWNER, ANNUITANT AND PAYEE INFORMATION (complete if a Joint and Survivor Life Annuity is chosen) Successor Owner/Annuitant The Successor Owner/Annuitant assumes ownership of and enjoys the rights under the Policy upon the death of the Owner/ Annuitant named in Section 4. The Successor Owner/Annuitant must be the spouse/common-law partner of the Primary Owner/Annuitant if the funds are registered.	Mr.       Last Name       First Name       Initial(s)         Mrs.       Street Address       Apt.         Miss.       City       Province       Postal Code         Other       City       Principal Business or Occupation:       Social         Social       Date of Birth       DJ/MM/YYYY       Initial(s)         Insurance       Date of Birth       DJ/MM/YYYY         Number       Cattach proof of age)       Initial(s)         Language Preference       English       French         Complete for Non Registered plans only:       Are you a U.S. resident for tax purposes (which includes a U.S. citizen), and, if Yes, provide a U.S. Taxpayer         Identification Number (TIN)?       Yes       No						
<ul> <li><b>5. TYPES OF ANNUITY</b></li> <li>* The guarantee period cannot exceed the Annuitant's age of 90</li> </ul>	<ol> <li>Single Life Annuity         <ul> <li>Single Life Annuity</li> <li>Single Life Annuity - No Guarantee Period (SIGN ACKNOWLEDGMENT BELOW if this option is chosen) You acknowledge and agree that under this option, there is no death benefit and annuity payments terminate on the annuitant's death. (Available on registered plans only).</li> </ul> </li> <li> <ul> <li>Signature of Owner/Annuitant</li> <li>Signature of Owner/Annuitant</li> <li>Single Life Annuity Guaranteed formonthsyears*</li> <li>Single Life Guaranteed to Annuitant's age*</li> </ul> </li> <li> <ul> <li>Joint and Survivor Life Annuity</li> <li>O Joint and Survivor Life Annuity - No Guarantee Period (SIGN ACKNOWLEDGMENT BELOW if this option is chosen) You acknowledge and agree that under this option, there is no death benefit and annuity payments terminate on the surviving annuitant's death. (Available on registered plans only).</li> </ul> </li> <li> <ul> <li>Signature of Owner/Annuitant</li> <li>Signature of Successor Owner/Annuitant</li> <li>O Joint and Survivor Life Annuity Guaranteed for monthsyears*</li> <li>Joint and Survivor Life Annuity to Annuitant's age *</li> </ul> </li> <li>         Term Certain Annuity         <ul> <li>Term Certain Annuity</li> <li>Term certain to Annuitant's age *</li> </ul> </li> </ol>						

6.	PAYMENT INFORMATION * If the Policy is registered as an RSP, Annuity Payments must start no later than the end of the calendar year of the Annuitant's 71st birthday.	1. First Payment Date* † DD/MM/YYYY         Choose your payments options:		]		
	<sup>†</sup> the First Payment Date must be made no later than the end of the following calendar year, but must be no earlier than 3 business days from the	2. O Direct transfer to Payee's bank account (PRE-PRINTED PERSONALIZED VOID CHEQUE MUST BE PROVIDED) Frequency O Monthly O Quarterly O Semi-annually O Annually (choose one)				
	issue (purchase) date. Note: The First Payment Date is the date your cheque is mailed to you or the date	O cheque to Payee** O address of Payee (if different from address in Section 4)				
	a direct transfer to your bank account is processed from our administrative system, not necessarily the deposit date to your bank account which may be delayed by mail or	Address (number, street and apartment)				
	electronic banking processes. **Only frequency allowed is annual payments.	City Province Postal Code				
7.	<b>OTHER PAYMENT INFORMATION</b> (to be completed if payments will vary)	<ol> <li>Is this annuity to be indexed O Yes O No</li> <li>If "Yes" payments will increase by% per year on the anniversary of the Policy [applicable only for registered funds to a maximum of 4%].</li> <li>Is this annuity to be reduced after the later of the expiry of the Guarantee Period, if any, and the death of the primary annuitant? (applicable to Joint and Survivor Life Annuities only) O Yes O No</li> <li>If "Yes", reduced to% on the primary annuitant's death.</li> </ol>				
8.	BENEFICIARY INFORMATION If applicable, beneficiaries named here will receive a death benefit on the death of the last to die of the annuitant and any named successor annuitant.	O Designated Person(s) (list below) Last Name First Name			Initial(s)	
		Relationship to annuitant (relationship to Owner in Quebec)	O Revocable	Share of benefits	O Primary	
	If a beneficiary is designated irrevocably, the Owner, Successor Owner or Joint Owners	Signature of irrevocable beneficiary	O Irrevocable	%	O Contingent	
	cannot change the beneficiary, assign the contract or transfer ownership without the consent of the irrevocable beneficiary. Minors named as irrevocable beneficiaries cannot give such consent. For Quebec residents: If you name a	Last Name First Name Initial(s)				
		Relationship to annuitant (relationship to Owner in Quebec)	O Revocable	Share of benefits	O Primary	
	spouse, married or civil union spouse, as primary beneficiary, this designation is irrevocable unless you indicate revocable.		O Irrevocable	%	O Contingent	
	The contingent beneficiary has no rights as long as a primary beneficiary is named and living.	Signature of irrevocable beneficiary				
	innig.	Last Name First Name Initial(s)			Initial(s)	
		Relationship to annuitant (relationship to Owner in Quebec)	O Revocable	Share of benefits	O Primary	
		Signature of irrevocable beneficiary	O Irrevocable	%	O Contingent	
		Trustee for minor beneficiaries (except for Quebec)				
		Last Name First Name	Initial(s)			
		Street Address		Ар	t.	
		City Province		Postal Code		
		Relationship to minor				
9.	CONTRACT OWNER ACKNOWLEDGEMENT AND AUTHORIZATION	<ul> <li>You/We hereby apply for a Single Premium Immediate Annuity Contract issued by <i>ivari</i>. By signing below, You/We:</li> <li>certify that the information, declarations and statements provided in this application are complete and true;</li> <li>understand that annuity payments may be treated as taxable income under applicable tax laws;</li> <li>will report information to the Canada Revenue Agency in accordance with federal legislation.</li> <li>request that <i>ivari</i> apply for registration of the Contract under the <i>Income Tax Act</i> (Canada) and any provincial income tax legislation, if this is a registered contract;</li> <li>understand that if it is application is accepted by <i>ivari</i>, a contract will be forwarded to your advisor for delivery to you. However if this application is not accepted, You/We agree that any money received will be refunded;</li> <li>understand that the contract cannot be surrendered and is non-commutable.</li> </ul>				

9. CONTRACT OWNER ACKNOWLEDGEMENT AND	If you have received a quote on the rate on which Annuity Payments are based you acknowledge and agree with the following terms and conditions:				
AUTHORIZATION (CONTINUED)	• To guarantee the quote (rate applicable to the Contract) for a Non-Registered Contract, the application and cheque must be received within 5 business days after the quote illustration date.				
	• To guarantee the quote (rate applicable to the Contract) for a Registered Contract, the application must be received within 5 business days after the quote illustration date and the cheque must be received within 45 business days after the quote illustration date.				
	<i>ivari</i> and/or its affiliates may use the personal information provided in this application to determine which other insurance, investment and related products and services may meet your particular needs and to offer such products and services to you. If you do not wish to receive this information, <b>check here:</b> O or write to us at: 500–5000 Yonge Street, Toronto, Ontario, M2N 7J8, Attention: Privacy Officer.				
	Signature of Owner/Annuitant:         Date Signed: DD/MM/YYYY         Province:				
	×				
	Signature of Successor Owner/Annuita	ant: Date Signed: D	DD/MM/YYYY Province:		
	×				
10. POLITICALLY EXPOSED FOREIGN			SUCCESSOR		
PERSON (non-registered funds only)	SUCCESSOR OWNER OWNER				
	YES NO       YES NO         a) Is a premium and/or lump sum payment equal to or greater than \$100,000 being made or to be made?O       O       O       O <i>If the answer is "Yes", each proposed owner must complete question 10b).</i> O       O       O				
	b) Do you, or any person to whom you are related by blood or marriage (including your common law partner) hold, or have held in the past, any of the following positions in a country other than Canada: head of state, member of the executive council of government or member of the legislature, Deputy Minister (or equivalent), Ambassador or ambassador's attaché or counselor, military General (or higher rank), President of state-owned company or bank, Judge or leader or President of a political party in a legislature?				
	Owner/Annuitant				
11. VERIFICATION OF IDENTITY	O Driver's Licence O Birth Certificate O Passport O Canadian Citizenship O Age of Majority				
We are required to verify the identity of the applicant pursuant to the <i>Proceeds of</i>	O Canadian Armed Forces Identificati	1 ,			
Crime (Money Laundering) and Terrorist Financing Act. You must view one valid	Document Number: Issuing Jurisdiction:				
document produced by the owner(s) to verify their identification as required by law. Social Insurance Number cards cannot be	Successor Owner/Annuitant				
used.	O Driver's Licence O Birth Certifi	icate O Passport O O	Canadian Citizenship O Age of Majority		
	O Canadian Armed Forces Identificati	ion O Other specify			
	Document Number:	issuing Junsaiction.			
12. LICENSED AGENT INFORMATION AND SIGNATURE By signing here, the representative confirms that they are a duly licensed Life Insurance Agent and, that they will receive					
compensation if this application is accepted by <i>ivari</i> . This section must be FULLY completed by	Name of Licensed Agent (first, mid	Idle, last) Rep# De	ealer Number Dealer name		
the licensed Agent.	Province of license Insurance license #		Expiry date: DD/MM/YYYY		
	Signature     Date Signed: DD/MM/YYYY				
	× L_L_L_L_L				
	Is the application being made on behalf of a third party? If Yes, complete the Identity and Third Party Determination form (IP-LP782).				



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