

# 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



## 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.

† 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 issue (purchase) date.

**Note: The First Payment Date is the date your cheque is mailed to you or the date 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 electronic banking processes.**

\*\*Only frequency allowed is annual payments.

1. First Payment Date\* † DD/MM/YYYY

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Choose your payments options:

2.  Direct transfer to Payee's bank account (PRE-PRINTED PERSONALIZED VOID CHEQUE MUST BE PROVIDED)

Frequency  Monthly  Quarterly  Semi-annually  Annually (choose one)

cheque to Payee\*\*

address of Payee (if different from address in Section 4)

Address (number, street and apartment)

City

Province

Postal Code

## 7. OTHER PAYMENT INFORMATION

(to be completed if payments will vary)

1. Is this annuity to be indexed  Yes  No

If "Yes" payments will increase by \_\_\_\_\_ % per year on the anniversary of the Policy [applicable only for registered funds to a maximum of 4%].

2. 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)  Yes  No

If "Yes", reduced to \_\_\_\_\_ % on the primary annuitant's death.

## 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.

If a beneficiary is designated irrevocably, the Owner, Successor Owner or Joint Owners 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 spouse, married or civil union spouse, as primary beneficiary, this designation is irrevocable unless you indicate revocable.

The contingent beneficiary has no rights as long as a primary beneficiary is named and living.

Designated Person(s) (list below)

Last Name

First Name

Initial(s)

Relationship to annuitant (relationship to Owner in Quebec)

Revocable

Share of benefits

Primary

Irrevocable

\_\_\_\_\_ %

Contingent

Signature of irrevocable beneficiary

Last Name

First Name

Initial(s)

Relationship to annuitant (relationship to Owner in Quebec)

Revocable

Share of benefits

Primary

Irrevocable

\_\_\_\_\_ %

Contingent

Signature of irrevocable beneficiary

Last Name

First Name

Initial(s)

Relationship to annuitant (relationship to Owner in Quebec)

Revocable

Share of benefits

Primary

Irrevocable

\_\_\_\_\_ %

Contingent

Signature of irrevocable beneficiary

### Trustee for minor beneficiaries (except for Quebec)

Last Name

First Name

Initial(s)

Street Address

Apt.

City

Province

Postal Code

Relationship to minor

## 9. CONTRACT OWNER ACKNOWLEDGEMENT AND AUTHORIZATION

You/We hereby apply for a Single Premium Immediate Annuity Contract issued by *ivari*. By signing below, You/We:

- certify that the information, declarations and statements provided in this application are complete and true;
- understand that annuity payments may be treated as taxable income under applicable tax laws;
- will report information to the Canada Revenue Agency in accordance with federal legislation.
- request that *ivari* apply for registration of the Contract under the *Income Tax Act* (Canada) and any provincial income tax legislation, if this is a registered contract;
- understand that if this application is accepted by *ivari*, 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;
- understand that the contract cannot be surrendered and is non-commutable.

**9. CONTRACT OWNER  
ACKNOWLEDGEMENT AND  
AUTHORIZATION (CONTINUED)**

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:

- 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.

*ivari* 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, **check here:**  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:
X _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Signature of Successor Owner/Annuitant:	Date Signed: DD/MM/YYYY	Province:
X _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

**10. POLITICALLY EXPOSED FOREIGN  
PERSON (non-registered funds only)**

	<u>OWNER</u>		<u>SUCCESSOR OWNER</u>	
	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? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If the answer is "Yes", each proposed owner must complete question 10b).</i>				
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? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Each Owner who answers "Yes" must complete the Politically Exposed Foreign Person form (IP-LP1165) and submit along with this form.</i>				

**11. VERIFICATION OF IDENTITY**

We are required to verify the identity of the applicant pursuant to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. You must view one valid document produced by the owner(s) to verify their identification as required by law. Social Insurance Number cards cannot be used.

<b>Owner/Annuitant</b>	
<input type="radio"/> Driver's Licence	<input type="radio"/> Birth Certificate
<input type="radio"/> Canadian Armed Forces Identification	<input type="radio"/> Other specify _____
<input type="radio"/> Passport	<input type="radio"/> Canadian Citizenship
<input type="radio"/> Age of Majority	
Document Number:	Issuing Jurisdiction:
<b>Successor Owner/Annuitant</b>	
<input type="radio"/> Driver's Licence	<input type="radio"/> Birth Certificate
<input type="radio"/> Canadian Armed Forces Identification	<input type="radio"/> Other specify _____
<input type="radio"/> Passport	<input type="radio"/> Canadian Citizenship
<input type="radio"/> Age of Majority	
Document Number:	Issuing Jurisdiction:

**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 *ivari*.

This section must be FULLY completed by the licensed Agent.

I hereby declare that I have verified their identification by reviewing the documents noted above and witnessed the signature(s) of the applicant(s). I have also confirmed the date of birth of the owner(s)/annuitant(s) using the documents noted above.

<b>Name of Licensed Agent (first, middle, last)</b>	<b>Rep#</b>	<b>Dealer Number</b>	<b>Dealer name</b>
_____	_____	_____	_____
<b>Province of license</b>	<b>Insurance license #</b>	<b>Expiry date: DD/MM/YYYY</b>	
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Signature</b>		<b>Date Signed: DD/MM/YYYY</b>	
X _____		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Is the application being made on behalf of a third party?</b>			<input type="radio"/> Yes
<b>If Yes, complete the Identity and Third Party Determination form (IP-LP782).</b>			<input type="radio"/> No



500-5000 Yonge Street, Toronto, ON M2N 7J8 • Telephone: 1-800-846-5970 • Fax: 1-800-661-7296

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