Investment Solutions

Application for your

Annuity

Registered as an RSP or a Non-Registered Annuity



Note: Detachable instructions provided on reverse.

How to Complete the Application Form*

Annuity quotations are available from our Wealthcare software. A Wealthcare quotation must be submitted with this application to establish an Annuity Policy. Use this form to apply for an Annuity Policy through:

- >> The Standard Life Assurance Company of Canada Registered as an RSP
- >> The Standard Life Assurance Company of Canada Non-Registered
- >> Standard Life Assurance Limited Registered as an RSP
- >> Standard Life Assurance Limited Non-Registered

EVIDENCE OF AGE – Attach a copy of an appropriate document (birth or baptismal certificate, etc.) for each Annuitant.

Top of Form

- Indicate whether the Annuity Policy is to be issued by The Standard Life
 Assurance Company of Canada or Standard Life Assurance Limited.
 Both The Standard Life Assurance Company of Canada and Standard Life
 Assurance Limited are members of Assuris. For more information on
 Assuris protection, visit their website at www.assuris.ca.
- Indicate if the Annuity Policy is to be issued on a registered or non-registered basis.
 Separate forms must be completed for registered and non-registered funds, and for locked-in funds governed by the pension legislation of different jurisdictions. Locked-in and non-locked-in funds can be combined under one Annuity Policy, but all funds become locked-in.
- Enter the Sales Office name and Sales Office code (5 letters).
- **1 Tell Us About Yourself** This section is used to provide information about the Policyholder. For *Nature of principal business or occupation*, enter the Policyholder's type of business or occupation, e.g., 'public relations firm', 'lawyer', etc. If retired, enter the Policyholder's former occupation, e.g., 'retired teacher', 'retired from XYZ Company', etc.

The Policyholder must be the Annuitant under a Registered or a Non-Registered Prescribed Annuity Policy. The Annuitant does not have to be the Policyholder under a Non-Registered Non-Prescribed Annuity Policy.

The Policyholder can be a non-resident for a transfer of registered funds within Canada. Complete CRA form 'NRTA1- Authorization for Non-Resident Tax Exemption' and submit it with the application.

- **2 Joint Policyholder** Complete this section to name a Joint Policyholder under a Non-Registered Annuity Policy.
- **3 Annuitant** Complete this section to name an Annuitant who is not the Policyholder under a Non-Registered Annuity Policy.
- **4 Joint Annuitant or Spouse/Common-Law Partner** Complete this section to name a Joint Annuitant under a Non-Registered Annuity Policy. For a Registered Annuity Policy, it is used to name the Annuitant's spouse as Joint Annuitant, to indicate that the source of funds is a spousal contribution of earned income, or to request that the guaranteed period be based on the spouse's age all three options can be selected.
- **5 Beneficiary/Contingent Policyholder** Complete this section to name a Beneficiary/Contingent Policyholder. If this section is not completed, the Beneficiary will default to the Policyholder's estate. **Quebec only** to name the spouse as a revocable beneficiary, the Policyholder must initial in the space provided.
- **6 Information for Registered Annuity Policies Only** Indicate the source of funds. Attach the required Canada Revenue Agency (CRA) transfer form (not required for an internal transfer except T2220 transfers).

Source of funds	CRA form
Earned income (funds not previously registered)	N/A
Transfer from an existing RRSP	T2033 or equivalent
Transfer from an existing RRSP or RRIF due to marital breakdown	T2220
Commuted RRSP Annuity payments or excess RRIF payments	T2030
Transfer of DPSP or RPP funds (including marital breakdown)	T2151

- 7 Information for Non-Registered Annuity Policies Only This section is used to indicate that a Non-Registered conventional Annuity Policy is to be issued on a Non-Prescribed basis. The Annuitant and the Policyholder can be the same or different for an Annuity Policy issued on a Non-Prescribed basis.
- **8 Performance Annuity** Complete this section to purchase a Performance Annuity. Select one of the four pre-determined profiles or select the Custom option. Custom option enter the premium amount to be allocated to the Fixed Portion (must be less than 100% of the total premium), and enter the premium amount to be allocated to the Variable Portion (can be 100% of the total premium). The amount(s) entered must equal the total premium. Variable Portion specify which investment(s) the Variable Portion of the premium is to be allocated to by entering a dollar amount or a percentage of the premium. A minimum of one investment must be selected. The premium amount(s) entered must equal the total of the Variable premium.
- **9 Acknowledgement** The Policyholder must sign in this area to purchase a Performance Annuity.
- **11 Would You Like a Rate Basis Guarantee?** Complete this section to request a 45-day Rate Basis Guarantee or to indicate that the date of deposit will determine the Annuity table. A security deposit is required to secure a 45-day Rate Basis Guarantee for a Non-Registered Annuity.
- **12 Direct Deposit Service** Provide complete banking details to authorize Standard Life to make annuity payments directly to the Payee's bank account. A combined annuity payment will be made under a Policy comprised of a Performance Annuity and conventional Annuity. The payee must date and sign in this section.
- **16 Declaration** The Policyholder, Joint Policyholder (if applicable) and Annuitant (if other than the Policyholder) must date and sign the application form as indicated. For a corporation as Policyholder, an authorized signing officer must sign even if this person has already signed as Annuitant. See section 18 for additional requirements for a corporation.
- **17 Statement of Evidence of Understanding** Date and sign for an Annuity with no guaranteed period. Do not complete for an Annuity with a guaranteed period or for a Life Cash Refund Annuity.
- **18 Insurance Representative Certification** The insurance representative must complete the *Client Identification Supplementary Information form PC 6330* and submit it with the application in the following situations: the Policyholder or Joint Policyholder is a corporation, an entity, charitable organization or a premium payment of \$100,000 or more is being made to a non-registered policy.

Where the Policyholder or Joint Policyholder is a corporation/company, submit a certificate of resolution (certified true extract) **or** a certified copy of the By-Laws of the Company **and** a copy of one of the following documents: certificate of corporate status, articles/letter of incorporation, partnership agreement, articles of association, GST returns, annual provincial securities record, or any record that confirms the existence of the corporation/company.

If the insurance representative determines or suspects that the client is acting on behalf of a third party, or if the Premium Payer is different from the Policyholder or the Joint Policyholder, complete the *Third Party Determination* form PC 5097 and submit it with the application.

Valid proof of the identities of the Policyholder, Joint Policyholder or individual signing on behalf of a corporation/company is a birth certificate, driver's licence, *provincial health insurance card, passport, Record of Landing or Permanent Resident Card. The document used to verify the individual's identity must be an original and not expired.

*Ontario, Manitoba and P.E.I. – in these provinces it is prohibited to ask to see a client's health card. Quebec – you cannot ask to see a client's health card, but you may accept it if it is offered by the client.

The name and 6-digit Standard Life code of the insurance representative are entered in this section. The insurance representative must date and sign in this area.

* These instructions are valid as of the date of printing and are subject to change.



Application for an Annuity Registered as an RSP or a Non-Registered Annuity

Please submit this Annuity Policy for regis come Tax Act (Canada) and, where appli	stration as an RSP under the In-	to section 19.	ted dard Life Assurance Limited box please refer
☐ Yes (RRSP) ☐ No (Non-Register			
		Sales Office code	
1 Tell Us About Yourself (Policyhold	er)		se/Common-Law Partner
Policyholder is also the Annuitant.		For Non-Registered Annuity Policies Joint Annuitant OR	only
Last name Address Gity	First name(s) Province Postal Code	My spouse/common-law p 6 a) and is to be sent the tax	artner is to be the Joint Annuitant.
Telephone (Res.)		Last name	First name(s)
Telephone (Bus.)		Address Same as Policyholder's	or
S.I.N. Date of Birth DDMMMYYYYY	Sex ☐ Male ☐ Female Language ☐ English ☐ French	• • • •	Province Postal Cod
Nature of principal business or occupation		S.I.N. Date of Birth DD MMYY	Sex Male Female
2 Joint Policyholder (Non-Registered A	Annuity Policies Only)	Nature of principal business or occu	3 3 — 3 —
Last name	First name(s)	5 Beneficiary/Contingent	Policyholder
Address			tant, any Death Benefit will be paid to the
Telephone (Res.)		person named below. Where the Po the Policyholder is entitled to any Dr the Annuitant, the person named by Policy. Should no Policyholder(s) or Annuitant or Joint Annuitant (if the will become the Policyholder. If ther	olicyholder is not the Annuitant, while living, eath Benefit. If the Policyholder predeceases elow will acquire the Ownership of this Annuity Contingent Policyholder(s) survive, the Annuitant has predeceased the Joint Annuitant) is more than one Policyholder, the survivor(s)
S.I.N.	Sex Male Female	Policyholder's Estate or	older(s) upon the death of one of them.
Date of Birth	Language English French	Last name	First name(s)
Nature of principal business or occupation		Relationship	instrume(s)
3 Annuitant (Non-Registered Annuity Poif the Policyholder is also the Annuitant)	olicies Only – omit this section	initial in the space provided, if your revocable [].	oouse as beneficiary is irrevocable. Please u wish the designation of your spouse to be
Last name	First name(s)	If this application is signed by an inc by the Policyholder, a beneficiary de Consult your legal advisor.	dividual who has been granted power of attorney esignation is only valid in certain circumstances.
Address Same as Policyholder's or		6 Information for Register	red Annuity Policies Only
Gity S.I.N.	Province Postal Code Sex Male Female	a) ☐ Earned Income b) Transfer under the Income Tax / ☐ T2033 or equivalent ☐ T22	Act (Canada)
Date of Birth DD MMYYYYY	Language 🔲 English 🔲 French	Refund of premiums from a c) Other Standard Life Product d) Other (please specify)	deceased spouse's RRSP

Information for Non-Registered Annuity Policies Only

Tax Reporting (To be completed only if Policyholder is an individual)

Taxable Portion – The interest element under an annuity policy is taxable as it accrues. When the annuity payments commence under certain annuity policies, known as Prescribed Annuities, the interest component is averaged over the duration of the annuity policy to provide a level taxable portion. If this annuity policy is a Performance Annuity, it does not qualify as a Prescribed Annuity and Standard Life will automatically treat it as a Non-Prescribed Annuity. If this annuity policy is a conventional annuity and qualifies as a Prescribed Annuity when the annuity payments commence, it will automatically be treated as a Prescribed Annuity by Standard Life unless you elect, as provided below, that it be treated as Non-Prescribed.

I elect to have this conventional annuity policy treated as a Non-Prescribed Annuity. I understand that this election is revocable. (Accrued interest is reported annually, for taxation purposes.)

Performance Annuity

The minimum premium for a Performance Annuity is \$25,000. The variable portion of each Performance Annuity payment will be based on the performance of the various indexes that make up the variable portion of the Annuity. The four profiles below offer pre-determined fixed and variable portions. For a customized Performance Annuity, allocate the premium accordingly in the "Custom" Section.

Conservative Profile Moderate Profile ☐ Growth Profile Aggressive Profile

The premium allocation for the variable portion is 50% Canadian Equity Index and 50% Global Equity Index for each of the four above profiles

Custom

Premium Allocation

Fixed Portion \$ Variable Portion \$. Premium allocation for the variable portion (minimum of \$5,000 per investment option is required) Money Market Index Canadian Bond Index or % Canadian Equity Index or % **US Equity Index** % Global Equity Index

Acknowledgement (Performance Annuity Only)

The income provided in respect of the variable portion of a Performance Annuity is NOT GUARANTEED and may increase or decrease based on the performance of the investment options chosen. In order to purchase a Performance Annuity, you must acknowledge the above statement by signing below.

X

Policyholder

10 Annuity Details

Make all cheques payable to Standard Life. The Single Premium amount, Premium Payment Date, Annuity Commencement Date, Rate Basis, Annuity Type, Fixed and Variable Portions, AIR (Anticipated Investment Return) and Amount will be shown on the Annuity Schedule provided by Standard Life.

Would You Like a Rate Basis Guarantee?

_	No, apply the rate basis in effect when funds are received by Standard Life.
	Yes, guarantee today's rate basis for 45 days.
	Estimated amount of deposit: \$
	Security deposit: \$
	Security deposit: \$

Internal Standard Life rollovers only: In lieu of the cash deposit, I authorize Standard Life to withhold the security deposit from the proceeds of my Policies should I fail to complete this transfer arrangement.

Rate Basis Guarantee Terms

For an annuity for which you request a Rate Basis Guarantee (RBG), it is understood that you agree that:

- your request is irrevocable and that your instructions for the transfer to be made will not change.
- Standard Life will honour any request which is received by us within one business day after the date of the request. In the event that the request is not received within one business day, the rate that will apply is that in effect on the date the request is received by Standard Life;

- 3. if the actual amount of the transfer exceeds the estimated amount provided, the terms of the RBG will be limited to the estimated amount plus the lesser of 10% of the estimated amount and \$10,000. The rate basis in effect on the date of the transfer will be applied to any amount in excess of the applicable limit.
- a non-refundable security deposit is required to bind the RBG, and will form part of the total funds under the RBG. Should the funds not be transferred to Standard Life, the deposit will be forfeited.
- if the actual deposit is less than 90% of the estimated amount, a charge will be levied and deducted from the security deposit. The amount of the charge will be that percentage of the deposit by which the actual amount received differs from the estimated amount.
- Standard Life will waive items 4 and 5 above on transfers of registered funds.
- if funds are received within 45 days after the date of the request, the rate basis in effect on the date of the request will apply regardless of any rate basis changes in the interim.
- if funds are received more than 45 days after the date of the request, you will receive the less favorable of the rate basis in effect on the date of the request and that in effect on the date the funds are received.

12	Direct	Depos	sit Sei	rvice
		-cpu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

(Authorized Signing Officer)

12 Dir	ect Deposit Service
	nat Standard Life deposit the Annuity Payments directly into the bank account (Please attach a personalized void specimen cheque).
Name of Pay	ee (for Registered Annuity Policies the Policyholder is also the Payee)
Name of fina	incial institution
Address of fin	nancial institution
City	Province Postal Code
Telephone Nu	 umber of financial institution
Account	Transit Number Institution Number Account Number
X Payee	
Date	
13 Pol	icy Replacement
Is the Annu	uity Policy intended to replace any life insurance now held with this or any rance Company?
Yes (If with the	yes, then provincial replacement forms must be submitted immediately his application in the province of Manitoba; within 5 working days in the acc of Québec; and within 3 working days in all other provinces.)
14 Spe	ecial Provisions
15 Ad	ditions and Amendments (for Standard Life Use Only)

Declaration

I declare that the statements and information in this Application are true and agree that this Application and Declaration shall be the basis of an Annuity Policy between me and Standard Life. Furthermore, I agree that my acceptance of the Annuity Policy to be issued pursuant to this Application will ratify and confirm any additions and amendments made hereto by Standard Life and set out in Section 15 above. In making this Declaration I understand that Standard Life will:

- respect the terms of the Rate Basis Guarantee request, if one is submitted, to the extent that it is applicable, or
- if a Rate Basis Guarantee request was not submitted, revise the rate basis used in the Annuity quotation referred to in Section 10 above only for the portion of the premium not received and deposited by the close of banking hours on the working day Standard Life introduces a revised basis for new quotations.

I (We) authorize The Standard Life Assurance Company of Canada. Standard Life Assurance Limited or any of its affiliated companies to disclose personal information they have about me (us) to other financial institutions, my (our) insurance representative(s), my (our) authorized dealer and any other third parties, when necessary, for administrative or processing purposes.

I (We) hereby authorize any personal information agency, financial institution, guarantor, creditor, insurance representative, taxation authority, employer, or any other person or public organization in possession of personal information concerning me, including financial information, to provide Standard Life with such information for the conclusion and execution of a Non-Registered Annuity Policy or an Annuity registered as an RSP.

This consent shall be valid for the purpose of this Annuity Policy and for any modification or extension thereof. A copy of this authorization is as valid as the original. Dated at . in the province of ____ Х Χ Joint Policyholder (if applicable) Policyholder Annuitant (if other than the Policyholder) Statement of Evidence of Understanding (Not required for Annuities with a guaranteed period or for Annuities with a Life Cash Refund guarantee option) I understand that, if the Annuitant dies before the Annuity Commencement We understand that, if the Annuitant and the Joint Annuitant both die before the Date, the Death Benefit will be payable. If the Annuitant is living on the Annuity Annuity Commencement Date, the Death Benefit will be payable. If the Annuitant Commencement Date, the Annuity payments will be payable for as long as the and the Joint Annuitant are living on the Annuity Commencement Date, the Annuitant is alive (or to the end of the term, if earlier, for Temporary Annuities). Annuity payments will be payable for as long as the Annuitant or the Joint

We also understand that an Annuity Policy at a higher premium rate or lower annuity payment is available under which the annuity payments might continue death of the Annuitant but I have decided not to apply for such a Policy. after the death of the Annuitant and the Joint Annuitant, but we have decided not to apply for such a Policy. Signed at _ this_ _ day of ___

Annuitant is alive (or to the end of the term, if earlier, for Temporary Annuities).

Witness Policyholder Witness Ioint Policyholder (if applicable) Witness Annuitant (if other than the Policyholder) Witness Joint Annuitant (if applicable)

18 Insurance Representative Certification

Proceeds of Crime (Money Laundering) and Terrorist Financing (Non-Registered Annuity Policies Only):

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations require that we obtain additional identification information in the case

- Policyholder* is a corporation or an entity
- Policyholder* is a charitable organization
- Policyholder* makes a premium payment of \$100,000 or more, (Politically Exposed Foreign Person (PEFP) determination).

Does one or more of the above situations apply?

Yes (Complete Client Identification Supplementary Information form PC 6330)

Third Party Determination (Non-Registered Annuity Policies Only):

Will the Policyholder* be acting on behalf of a third party?

Yes (Complete Third Party Determination form PC 5097) ■ No

I also understand that an Annuity Policy at a higher premium rate or lower annuity

payment is available under which the annuity payments might continue after the

I was unable to determine whether the Policyholder* is acting on behalf of a third party, but I have reasonable grounds to suspect that this is the case (Complete Third Party Determination form PC 5097).

By signing below, I am confirming that:

I have ascertained the identity of the person whose signature appears as Policyholder* in accordance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations by examining the following valid and original identification documents (see valid documents on instruction sheet):

- I have made reasonable effort to determine if the Policyholder* is acting on behalf of a third party
- The answer in Section 13 is accurate and I acknowledge receipt of this Application on behalf of Standard Life.

 I have completed this application form with the Policyholder* and hold a valid life insurance license in the jurisdiction where the application was signed.
- I have provided the client with the Product Disclosure document for the product sold.
- To the best of my knowledge, the information supplied within this application is accurate.
- I have disclosed the following information to the Policyholder*:
 - the company or companies I represent;
 - that I will receive compensation (such as commissions or a salary) for the sale of life and health insurance company products;
 - that I may receive additional compensation in the form of bonuses, conference programs or other incentives; and
 - any conflict of interest I may have with respect to this transaction.

* (& Joint Policyholder, if applicable) Identification needs to be provided on a separate sheet of paper.

Insurance Representative(In block letters)	Insurance Representative Code
Signature of Insurance Representative	Date

19 Notice to Policyholder(s)/Annuitant(s)

The transaction represented by this application is between the Applicant and Standard Life. The Agent/Agency soliciting this application is an independent contractor who will receive compensation from Standard Life upon completion of this transaction. As a result of this application, the Agent/Agency may be eligible for non-monetary benefits depending on the volume of business that s/he places with the company during a given time period. The applicant is not obliged to transact any other business with Standard Life as a condition of this transaction.

Standard Life Assurance Limited is a UK insurer which is authorized to carry on insurance business in Canada. The policy being applied for, if accepted, will be issued or made in the course of its insurance business in Canada.

To ensure the confidentiality of the personal information held concerning you, Standard Life will establish a financial services file for insurance, annuity, credit and related services in which information concerning your application for insurance will be placed, as well as information concerning any insurance claim.

Only insurance representatives, employees or mandataries who will be responsible for underwriting, investigations, administration and claims, or any other person whom you authorizes, will have access to this file.

Your file will be kept in the Company's offices.

You are entitled to consult the personal information contained in this file and, if applicable, to have it rectified by sending a written request to the following address:

The Standard Life Assurance Company of Canada Att. Manager, Customer Relations and Ombudsman 1245 Sherbrooke Street West Montreal, Quebec H3G 1G3