

Single Premium Immediate Annuity (SPIA) Application

- Cheques must be made payable to Transamerica Life Canada
- Highlighted sections must be completed to avoid delay
- Not available for corporate ownership



SPIA Application

5000 Yonge Street Toronto, ON M2N 7J8

Icas	e print firmly. "You", "your " a	and "yours " refer to the Owner(s) named in the Application. "We", "us " and "our" refer to Transamerica Life Canada ("Transamerica")				
1.	PLAN TYPE Please select one	You are submitting this Contract for registration as an RSP under the Income Tax Act (Canada) O Yes (RSP) O No (non-registered)				
2.	SOURCE OF FUNDS	O cheque: made payable to Transamerica Life Canada (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? \bigcirc Yes \bigcirc No If yes, provide spousal waiver if required under the applicable pension legislation				
4.	OWNER, ANNUITANT AND PAYEE INFORMATION This is an application for a prescribed annuity, therefore the Owner/Annuitant /Payee must be the same person. In a Joint and Survivor Life Annuity, the Owner/Annuitant is called the Primary Owner/Annuitant is called the Primary Owner/Annuitant.	O Mr. Last Name First Name Initial(s) O Mrs. Street Address Apt O Ms. City Province Postal Code O Male Principal Business or Occupation: Female Social Insurance Date of Birth DD/MM/.YYYY Image: City of the				
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. Mrs. Apt Ms. Street Address Apt Miss. City Province Postal Code O ther Principal Business or Occupation: Scial Female Date of Birth D/MM//YYYY Number Date of Birth Number Difference Language Preference English				
5.	TYPES OF ANNUITY * The guarantee period cannot exceed the Annuitant's age of 90	 1. Single Life Annuity Single Life Annuity 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). X				



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. t 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	1. First Payment Date* † DD/MM/YYYY]		
		Choose your payments options:			-		
		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)					
		O cheque to Payee**					
		O address of Payee (if different from a Address (number, street and apartment)	address in Section 4)				
		Address (number, street and apartment)					
	account which may be delayed by mail or electronic banking processes.	City Province			Postal Code		
	**Only frequency allowed is annual payments.						
7.	OTHER PAYMENT INFORMATION	1. Is this annuity to be indexed O Yes O N					
	(to be completed if payments will vary)	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) O Yes O No 					
		If "yes", reduced to% on the primary annuitant's death.					
8.	BENEFICIARY INFORMATION	O Designated Person (s) (list below)					
	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.	Last Name	First Name			Initial(s)	
		Relationship to annuitant (relationship to C	Wner in Quebec)	O Revocable	Share of benefits	O Primary	
	If a beneficiary is designated irrevocably, the Owner, Successor Owner or Joint Owners			O Irrevocable	%	O Contingent	
	cannot change the beneficiary, assign the contract or transfer ownership without the consent of the irrevocable beneficiary.	Signature of irrevocable beneficiary		1	1		
	Minors named as irrevocable beneficiaries cannot give such consent.	Last Name	First Name			Initial(s)	
	For Quebec residents: If you name a spouse, married or civil union spouse, as primary beneficiary, this designation is	Relationship to annuitant (relationship to C	Wner in Quebec)	O Revocable	Share of benefits	O Primary	
	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					
	iving.	Last Name First Name			Initial(s)		
		Relationship to annuitant (relationship to C	Wher in Quebec)	O Revocable	Share of benefits	O Primary	
				O Irrevocable	%	O Contingent	
		Trustee for minor beneficiaries (excep	t for Quebec)				
		Last Name	First Name		Init	Initial(s)	
		Street Address	Apt			t	
		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 Transamerica Life Canada. 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; request that Transamerica 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; understand that if this application is accepted by Transamerica Life Canada, 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; (a) for a premium amount of less than \$1 million - within 5 business days after the quote illustration date. (b) for a premium amount of \$1 million or more - within 2 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. • 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. • To guarantee the quote (rate applicable to the Contract) for a Registered Contract, the application must be received within 45 business days after the quote illustration date. Transamerica 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: O or write to us at: 5000 Yonge Street, Toronto, Ontario, M2N 7J8, Attention: Privacy Officer. Signature of Owner/Annuitant: Date Signed: DD/MM/YYYY Province: Signature of Successor Owner/Annuitant: Date Signed: DD/MM/YYYY Province:						
10. POLITICALLY EXPOSED FOREIGN PERSON (non-registered funds only)	OWNER SUCCESSOR OWNER YES NO 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? YES NO <i>If the answer is "Yes", each proposed owner must complete question 10b).</i> 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? O O O Each Owner who answers "Yes" must complete the Politically Exposed Foreign O O O O						
	Person Form (IP-LP1165) and submit along with this form.						
11. VERIFICATION OF IDENTITY	Owner/Annuitant						
We are required to verify the identity of the applicant pursuant to the <i>Proceeds of the</i>	O Driver's Licence O Birth O Canadian Armed Forces Ide		Passport C Dther specify	Canadian Citize	enship OAg	ge of Majority	
<i>Crime (Money Laundering) Act.</i> You must view one valid document produced by the	Document Number:		Issuing Jurisdictio	on:			
owner(s) to verify their identification as required by law. Social Insurance cards	Successor Owner/Annuitant						
cannot be used.	O Driver's Licence O Birth	n Certificate O P	Passport C) Canadian Citize	enship 🔿 Ag	ge of Majority	
	O Canadian Armed Forces Ide		Other specify				
	Document Number:		Issuing Jurisdictio	n:			
12. LICENSED AGENT INFORMATION AND SIGNATURE By signing here, the representative confirms that they are a duly licensed Life Insurance	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.						
Agent and, that they will receive compensation if this application is accepted by Transamerica Life Canada. This section must be FULLY completed by	Name of Licensed Agent (first, middle, last) Rep# Deal		Dealer Number	Dealer	name		
the licensed Agent.	Province of license Insurance license #		Expiry o	date: DD/MM	/YYYY		
	Signature Date Signed: DD/MM/YYYY						
	×						
	Is the application being made on behalf of a third party? If yes, complete the Identity and Third Party Determination form (IP-LP782).						



An **AEGON** Company

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