

Application for a retirement income fund (RIF) and life income fund (LIF)

NOTICE

- For a **New Brunswick** and **Québec** LIF, the minimum issue age is 18.
- For a **British Columbia, Ontario, Nova Scotia, Manitoba** and **Newfoundland and Labrador** LIF, the Owner/Annuitant must be 10 years or less from his or her retirement date prescribed by the Pension plan from which the funds originate. If the Owner/Annuitant is the spouse, common-law partner or former spouse or former common-law partner of an annuitant or former annuitant of the pension plan from which the funds originate, the LIF application can only be submitted if at the time of signing the LIF application the pension plan annuitant or former annuitant was 10 years or less from his or her retirement date.
- For an **Ontario** LIF, the Owner/Annuitant may transfer up to 50% of the total amount of his or her LIF to a RSP or a RIF. This 50% unlocking option is a one-time opportunity. The Owner/Annuitant must provide Assumption Life with written instructions at its head office within 60 days from the date the funds originating directly from his or her pension plan are transferred to his or her Assumption Life LIF.
- For a **New Brunswick** LIF, the Owner/Annuitant may transfer up to a maximum of 25% of his or her LIF to a RIF, subject to the required consents and the applicable legislations. This is a one-time option.
- For a **Manitoba** and **Saskatchewan** Prescribed Retirement Income Fund (PRIF) the owner/annuitant must be 10 years or less from his or her retirement age.
- For a **Newfoundland and Labrador** LIF, payments under the LIF cannot begin prior to age 55, or earlier if permitted by the originating pension Plan.
- For a **federal** RLIF, the Owner/annuitant who is 55 years of age or older may transfer up to 50% of his or her RLIF to a RSP or a RIF within sixty (60) days from the date of issue of his or her Assumption Life RLIF, subject to applicable limitations.

2. Owner/Annuitant (The Owner/Annuitant as defined in the Income Tax Act Canada)

Name _____ Last Name _____ Sex: M F

Address _____ Date of Birth _____
Day Month Year

_____ Marital Status: Single Married Common-law

Social Insurance Number _____

Telephone No.: _____
Residence/Mobile Business

Email _____ Occupation (if retired, indicate your occupation before retirement) _____

Verification of Identity and Date of Birth by means of an original document. Check (✓) one box:
 Birth Certificate Driver's License Passport Other (specify): _____

Reference number _____ Place of issue (Province/Country) _____

3. Owner/Annuitant's spouse or common-law partner

Complete if the minimum payment is based on the spouse's or common-law partner's age.

Name _____ Last Name _____ Sex: M F

Address _____

Date of Birth _____
Day Month Year Social Insurance Number _____

Telephone No.: _____
Residence/Mobile Business

Email _____ Occupation (if retired, indicate your occupation before retirement) _____

Verification of Identity and Date of Birth by means of an original document. Check (✓) one box:
 Birth Certificate Driver's License Passport Other (specify): _____

Reference number _____ Place of issue (Province/Country) _____

4. Beneficiary

Upon the death of the owner/annuitant, any death benefit is payable to the designated beneficiary, subject to the following:

- For RIFs, if there is no designated beneficiary, the death benefit is payable to the owner/annuitant's estate.
- For LIFs, the law requires the death benefit be paid to the owner/annuitant's spouse or common-law spouse. If the owner/annuitant has no spouse or common-law spouse upon his or her death, the death benefit will be paid to the designated beneficiary, or, failing that, to the owner/annuitant's estate.

Beneficiary spouses or common-law spouses may be eligible to roll the account over into a registered retirement income fund (RRIF), subject to the requirements of the *Income Tax Act* (Canada). Income generated between the date of the death and the date of the rollover is taxable.

If you have designated a replacement owner/annuitant and that person has survived you, your RRIF or LIF does not end, and your owner/participant, being your spouse or common-law spouse, will become the new owner/annuitant. No guarantee upon death for individual annuity contracts will apply.

Primary beneficiaries				Revocable or Irrevocable*		Relationship to owner/annuitant
First name	Last name	Age	%	Rev.	Irrev.	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
Total (must be equal to 100%)			100			

If the beneficiary is a minor, a trustee must be appointed (Except for Quebec): _____

The trust will terminate once the beneficiary is of age of majority and has legal capacity to give a valid discharge. I direct the trustee to remit to the beneficiary all amounts held in trust at that time for him or her. I or my personal representative may, from time to time and in writing, appoint a new trustee to replace the former trustee.

For a LIF and a PRIF, the applicable legislation requires that the death benefit be paid to the Owner/Annuitant's spouse or common-law partner, as the case may be. If at the time of the Owner/Annuitant's death he or she has no spouse or common-law partner, the death benefit will be paid to the designated beneficiary. If there is no named beneficiary, the death benefit is payable to the estate.

Contingent beneficiaries (Applies only if all above-named primary beneficiaries die before the owner/annuitant)				Revocable or Irrevocable*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner/annuitant
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
Total (must be equal to 100%)			100			

If the beneficiary is a minor, a trustee must be appointed (Except for Quebec): _____

**In Quebec, the designation of a married or civil union spouse as beneficiary is irrevocable unless stipulated otherwise. All other beneficiary designations are revocable unless stipulated otherwise.*

The designation of an irrevocable beneficiary limits your rights under the contract, and his/her consent will be required for all future transactions including withdrawals and beneficiary changes.

5. Successor Owner/Annuitant

I hereby designate my spouse or common-law partner listed below as successor Owner/Annuitant of my contract upon my death. *(Please note that upon your death the successor Owner/Annuitant, if living, will become the owner/annuitant of your contract. Your contract shall not terminate. The guarantee upon your death shall not be applicable.)*

_____ Sex: M F

Name _____ **Last Name** _____

Relationship _____

Address _____

Date of Birth: _____ **Social Insurance Number** _____

Day Month Year

Telephone No.: _____ **Business** _____

Residence/Mobile

Email _____

6. Guarantee Option

Please check (✓) one guarantee option. If you would like to choose more than one guarantee, you will need to complete a separate application for each. The guarantee option selected applies to all investment deposit instructions below.

75/75 (75% Maturity and 75% Death Benefit guarantee) 75/100 (75% Maturity and 100% Death Benefit guarantee)

Please refer to the information folder for the definitions of the guarantee options.

7. Source of premiums

All transferred amounts are estimates. The correct amount will be confirmed in the Contract Specifications. Please include a copy of any documents relating to external transfers with this application. The agent is responsible for sending original documents to the financial institution holding the funds.

It is not allowed, in the same contract, to combine back-end load segregated funds with no-load segregated funds. A separate application is required.

EXTERNAL SOURCES

Source of External Investment	Name of Financial Institution	Contract, Policy or Account Number	Estimated Amount of Transfer
<input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Registered Retirement Income Fund <input type="checkbox"/> Locked-in Retirement Account <input type="checkbox"/> Other source permitted by the Act			
<input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Registered Retirement Income Fund <input type="checkbox"/> Locked-in Retirement Account <input type="checkbox"/> Other source permitted by the Act			
Total of external investments			

INTERNAL SOURCE

Source of Internal Investment (Assumption Life)*	Contract/Policy or Certificate No. (Please specify)	Client or Reference No.	If transfer from a segregated fund or investment account, please check one of the following	Estimated Amount of Transfer
<input type="checkbox"/> Segregated Funds			<input type="checkbox"/> no load <input type="checkbox"/> back-end load (DSC) <input type="checkbox"/> no-load trail only	
<input type="checkbox"/> Investment Account (RIA)			<input type="checkbox"/> no load <input type="checkbox"/> back-end load (DSC) <input type="checkbox"/> no-load trail only	
<input type="checkbox"/> Guaranteed Interest Account				
Total of internal investments				

**Unless otherwise stated, any internal transfer of a contract made under this application will void the indicated contract.*

Guidelines for internal deposit transfers only

Segregated funds

For all internal deposit transfers from a segregated funds contract, please complete the **fund code annexe**.

Investment Accounts

All internal deposit from Investment Accounts shall remain invested in the same Investment Accounts.

Guaranteed Interest Account

For Guaranteed Interest Accounts that have reached maturity at the time of the transfer, please complete the **fund code annexe**.

Any other internal deposit from a Guaranteed Interest Account retains its investment term and its interest rate.

*Should you prefer an investment option other than the one indicated above, please complete the **fund code annexe**.*

8. Investment deposit instructions

Deposit enclosed with application \$ _____

Lump sum deposits or transfers

List the fund code(s) of the funds chosen. **The initial minimum deposit required is \$500.**

Fund ID Code*	FundServ Order ID	Amounts (\$) or (%)

**Please review codes to ensure correct compensation option.*

For transfers from another financial institution, please complete the appropriate forms. Unless otherwise indicated, any internal transfer of a contract concluded pursuant to this application results in the cancellation of the said contract. The total of **any lump-sum deposit** in GIAs, DIAs, or investment account is equal to the deposit amount enclosed with the application and the total transfer.

GIA: Lump-sum deposit

For transfers, Assumption Life guarantees the interest rates specified in this application, provided that:

- these rates are the ones in effect and approved by Assumption Life at the time of signing the application;
- the signed application is received at our head office within 5 business days following the date it was signed; and
- the deposit is received at our head office within **45 days** following the date the application was signed.

If these conditions are not met, the applicable interest rates will be the ones in effect on the date the application is received at Assumption Life's head office.

Segregated Funds

Before choosing the 'No load' option or 'Back-end load' option, please note that the 'Back-end load' option has exit fees for any surrender and transfer made within the first six years from the deposit investment date. The 'No load' option has no exit fees but higher management fees than those provided for under the 'Back-end load' option.

ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE OWNER'S RISK AND MAY INCREASE OR DECREASE IN VALUE.

9. Details of payment to be made to the owner/annuitant

For minimum payment calculation:

(Payments will be made on a pro rata basis between the accumulated value of your segregated funds and the accumulated value of your GIAs. See information folder for more information.)

I choose my age. (Mandatory for the New Brunswick LIF)

I choose the age of my spouse or common-law partner named at section 3 of this application, who is younger than I am. This choice is irrevocable even in case of marriage breakdown, separation or death of spouse or common-law partner.

Method of deposit: Net Gross

i. minimum maximum (for LIF only) fixed payment* \$ _____

ii. monthly quarterly semi-annually annually

iii. Date of first payment: immediately other _____ (1st to 28th day of the month)
Day Month Year

**If you have applied for a LIF, the fixed payment is also subject to the maximum amount prescribed by the applicable provincial pension benefit legislation.*

Tax deduction*:

Minimum Tax * (No tax withheld on the RIF, PRIF or LIF minimum amount; only on the excess amount.)

Minimum Tax* (Tax withheld on the total payment, including the RIF, PRIF or LIF minimum amount.)

Additional Tax Percentage _____ % federal (all provinces including Quebec) _____ % provincial (Quebec only)
(Tax withheld on the total payment, including the RIF, PRIF or LIF minimum amount)

**Subject to the minimum required under the Income Tax Act of Canada.*

10. Direct deposit of payments

Your payments **will be deposited directly to your bank account** indicated on your personalized "VOID" cheque. If a sample cheque is not available, the payer's name is not preprinted or if this is a savings account, please contact your financial institution and provide us with an account confirmation.

"void" cheque enclosed Bank confirmation enclosed

11. LIF and Saskatchewan PRIF (Mandatory)

Please provide the following information if you have applied for a LIF or a PRIF and you have a spouse or common-law partner.

Enclose the spousal consent form (for all applications falling under the **British Columbia, Manitoba, Alberta** and **Saskatchewan** legislations).

The spouse or common-law partner must sign below to authorize the owner/annuitant to apply for a LIF in the province of **Nova Scotia, Newfoundland and Labrador**, or **Ontario**.

X _____ Date _____
Spouse or common-law partner's signature Day Month Year

12. Special instructions

13. Declaration of Owner/Annuitant

- a. I have requested that this application be in English, and I request that all other related documents be in English also.
- b. For all owners: I confirm that I am a resident of Canada
- c. I understand that I have access to the Fund Facts and the Financial Statements pertaining to segregated funds online at Assumption Life's Web site: <http://www.assumption.ca>. I understand that Assumption Life will send me a paper copy of the Financial Statements upon request only.
- d. For any Manitoba LIF, the owner agrees that the terms and conditions of the LIF Rider together with the terms and conditions of the RIF contract to which it will be attached will form the LIF contract.
- e. I confirm that all information and answers given in this application and in any related document are complete and true, and I acknowledge that they form the basis of this contract.
- f. I understand that no insurance agent "advisor" or no person other than Assumption Life is authorized to modify, cancel or waive a question or provision of this application, or a provision of the contract, or of any rider or other document that is part of it.
- g. I understand that any notice to or knowledge of an insurance agent « advisor » is not notice to or knowledge of Assumption Life unless stated in writing and made part of this application.

h. **Privacy consent**

By signing below, I confirm that:

- I have received, read and agree with all terms contained in the "privacy statement" which form part of this form or application.
- I understand that the law requires Assumption Life to disclose certain information to the Canada Revenue Agency for tax reporting purposes. I am entitled to consult the personal information contained in my file and, if applicable, to have it corrected by submitting a written request to the following address: Assumption Life, P.O. Box 160/770 Main Street, Moncton NB E1C 8L1. I understand and accept that any withdrawal of my consent may make it impossible to administer my contract or group plan and can therefore be considered as an application for termination of my contract or group plan forcing Assumption Life to suspend any payment of benefits. I hereby consent and authorize Assumption Life to obtain, use and transmit to its agents, distribution partners and service providers, personal information about me for the purpose of the administration, processing and servicing of any contract or group plan I may have with Assumption Life.
- I acknowledge and accept that my personal information may be securely used, stored or accessed in other countries and that it may be subject to the laws of those countries. Thereby requiring Assumption Life to disclose my personal information to any government authority requesting it or that obtains a court order in these countries for this purpose.

I authorize Assumption Life to use the personal information contained in this application in order to send me additional information on products and services that might interest me.

14. Agent's Declaration

The agent confirms having asked the questions listed in the application to the above-mentioned owner/annuitant and ensures that they have been understood.

The agent also confirms having given and explained to the owner/annuitant, a Statement from the agent specifying his method of compensation and other financial benefits, the name of the insurance companies he represents and any conflict of interest.

Please check (✓) one box only:

SALE IN PERSON

The agent confirms having verified the identity and date of birth of the owner/annuitant, as well as the identity and date of birth of his or her spouse or common-law partner if the spouse or common-law partner age has been chosen for the minimum payment of the annuity from a Registered Fund (RRIF or LIF) with an original and unexpired identification document with photo.

DISTANCE SELLING

If the agent was not present at the time the application was signed, the agent confirms that the identity and date of birth of the owner/annuitant, and the identity and date of birth of his or her spouse or common-law partner, if his or her age has been chosen for the minimum payment of the annuity from a Registered Fund (RRIF or LIF), hereafter the signatories, have been verified, respectful of one of the following criteria:

- **For this transaction (Obtaining a copy of a photo ID):** During this transaction, the agent confirms having received and kept, with the consent of the owner/annuitant, a copy of a photo ID, valid and not expired, bearing a visible signature.
- **For this transaction (verification by video conference):** During this transaction, the agent made sure to see on the screen a photo ID that seemed legitimate and valid to him and that he noted the information contained on this identity document in his file.
- **Previous transaction in person or by video conference:** During a previous transaction in person or by video conference, the agent confirms having seen a photo ID of the owner/annuitant and that he has noted this information in his file; and

The agent also confirms, for this transaction, having received a copy of an official document recently dated (no more than 3 months) (statement from a financial institution or document issued by a federal, provincial or municipal government), which confirms that the owner/annuitant still reside at the same address and that they have not changed their names. The agent confirms having received the owner/annuitants' consent to keep a copy of this document in his files.

15. Online Access

a. Since your statements will be available online, do you still wish to receive a paper copy? Yes No

b. I request that my deferred annuity contract and other pertinent documents be posted on my online account.
(Instead of being mailed to me at my home address) Yes No

16. Signatures

X _____ X _____
Owner/Annuitant Signed In (city/province) Agent or witness Signed In (city/province)

X _____ X _____
Signature of the Spouse/Common-law partner Signed In (city/province)
(For any spousal RIF or if the age of the spouse has been chosen)

X _____ X _____
Agent's Signature Signed In (city/province) Name of Agent (in block letters)

Agent's Code Agent's Telephone No. Name of Agency/Firm

Signed on (date) _____
Day Month Year

***Please note:** All pages must accompany this application when submitting to Assumption Life's Head Office.

SEG FUNDS, GIA & DIA CODES

 (AS OF MARCH 1ST, 2021)

Guaranteed Interest Account (GIA's)	Fund Code
Guaranteed Interest Account 1-year non-redeemable	GICN1
Guaranteed Interest Account 2-year non-redeemable	GICN2
Guaranteed Interest Account 3-year non-redeemable	GICN3
Guaranteed Interest Account 4-year non-redeemable	GICN4
Guaranteed Interest Account 5-year non-redeemable	GICN5
Guaranteed Interest Account 1-year redeemable	GICR1
Daily Interest Account	DIA

Account Name	75/75 (Maturity & Death Benefit)			75/100 (Maturity & Death Benefit)		
	No Load (Series H)	No Load Trailer Only (Series H)	DSC* (Series H)	No Load (Series B)	No Load Trailer Only (Series B)	DSC* (Series C)
TARGET RISK (PORTFOLIOS)						
Assumption Life Conservative Portfolio	2800	2700	2900	421	3700	521
Assumption Life Balanced Portfolio	2801	2701	2901	420	3701	520
Assumption Life Balanced Growth Portfolio	2802	2702	2902	415	3702	515
Assumption Life Growth Portfolio	2803	2703	2903	414	3703	514
Assumption Life Select Defensive Portfolio	2840	2740	2940	442	3740	542
Assumption Life Select Moderate Portfolio	2841	2741	2941	443	3741	543
Assumption Life Select Balanced Portfolio	2842	2742	2942	444	3742	544
Assumption Life Select Growth Portfolio	2843	2743	2943	445	3743	545
Assumption Life Select Enhanced Growth Portfolio	2844	2744	2944	446	3744	546
TARGET DATE (SMARTSERIES)						
Assumption Life SmartSeries Income Fund	2804	2704	2904	441	3704	541
Assumption Life SmartSeries 2020 Fund	2805	2705	2905	433	3705	533
Assumption Life SmartSeries 2025 Fund	2806	2706	2906	434	3706	534
Assumption Life SmartSeries 2030 Fund	2807	2707	2907	435	3707	535
Assumption Life SmartSeries 2035 Fund	2808	2708	2908	436	3708	536
Assumption Life SmartSeries 2040 Fund	2809	2709	2909	437	3709	537
Assumption Life SmartSeries 2045 Fund	2810	2710	2910	438	3710	538
Assumption Life SmartSeries 2050 Fund	2811	2711	2911	439	3711	539
Assumption Life SmartSeries 2055 Fund	2812	2712	2912	440	3712	540
FIXED INCOME						
Louisbourg Money Market Fund	2813	2713	2913	109	3713	209
Louisbourg Fixed Income Fund	2814	2714	2914	152	3714	204
CI Canadian Bond Fund	2815	2715	2915	179	3715	277
CI Corporate Bond Fund	2816	2716	2916	426	3716	526
BALANCED						
Louisbourg Balanced Fund	2817	2717	2917	140	3717	202
Fidelity Canadian Asset Allocation Fund	2818	2718	2918	413	3718	513
Fidelity Monthly Income Fund	2819	2719	2919	408	3719	508
Fidelity NorthStar Balanced Fund	2820	2720	2920	430	3720	530
CI High Income Fund	2821	2721	2921	412	3721	512
CI Canadian Asset Allocation	2822	2722	2922	422	3722	522

*Please note DSC options will no longer be available as of June 2023.

Account Name	75/75 (Maturity & Death Benefit)			75/100 (Maturity & Death Benefit)		
	No Load (Series H)	No Load Trailer Only (Series H)	DSC* (Series H)	No Load (Series B)	No Load Trailer Only (Series B)	DSC* (Series C)
CANADIAN EQUITY						
Louisbourg Canadian Dividend Fund	2823	2723	2923	107	3723	207
Louisbourg Canadian Small Capitalization Equity Fund	2824	2724	2924	144	3724	206
Louisbourg Momentum Fund	2825	2725	2925	129	3725	229
Fidelity Canadian Opportunities Fund	2826	2726	2926	146	3726	230
Assumption/Fidelity True North® Fund	2827	2727	2927	174	3727	231
CI Canadian Dividend Fund	2828	2728	2928	425	3728	525
Louisbourg Preferred Share Fund	2829	2729	2929	431	3729	531
FOREIGN EQUITY						
Louisbourg U.S. Equity Fund	2830	2730	2930	166	3730	205
Fidelity American Disciplined Equity	2831	2731	2931	404	3731	504
Fidelity North Star® Fund	2832	2732	2932	409	3732	509
Fidelity Far East Fund	2833	2733	2933	419	3733	519
Fidelity International Growth Fund	2834	2734	2934	194	3734	292
Fidelity Europe Fund	2835	2735	2935	185	3735	283
Fidelity Emerging Markets	2836	2736	2936	429	3736	529
CI U.S. Stock Selection Fund	2837	2737	2937	403	3737	503
CI Global Dividend Fund	2838	2738	2938	428	3738	528
CI Global Resource	2839	2739	2939	427	3739	527

*Please note DSC options will no longer be available as of June 2023.

100% guarantee at death:

Assumption Life guarantees that the death benefit payment will be equal to 100% of the amount of any gross premiums deposited into a guaranteed interest account and 100% of any gross premiums deposited into a segregated fund prior to the annuitant's 77th birthday.

Annuitant's age on the contract at the time of premium deposit	Gross premium guarantee rate
77 – 78 years old	95%
78 – 79 years old	90%
79 – 80 years old	85%
80 years old and over	80%

75% guarantee at death:

Assumption Life guarantees that the death benefit deposit will be equal to 100% of the amount of any gross premiums deposited into a guaranteed interest account and 75% of any gross premiums deposited into a segregated fund.



PRIVACY STATEMENT

FOR INDIVIDUAL AND GROUP INVESTMENT PLANS, ANNUITIES AND PENSION PLANS

This privacy statement is applicable to investment products as well as to immediate or deferred annuities you may purchase with Assumption Life (individual and group plans, annuities, and pension plans), hereinafter referred to in this statement as “Product.”

In this statement, “you” and “your” refer to you. “We,” “us,” “our” and “the Company” refer to Assumption Mutual Life Insurance Company, its employees, representatives, and agents. “Third Parties” mean the advisors, brokers, distribution partners, reinsurers or service providers having a business relationship with us, including their respective employees, representatives, and agents.

Purpose

By signing this form, you consent that we collect your personal information for the purpose of administering your Product, now and in the future, as outlined below. We only collect the personal information that we need in order to provide you with the services you need associated with your Product. Such services include underwriting, administration, claims adjudication, annuity payments, protection against fraud, errors, or misrepresentations as well as evaluation and improvement of protection and security measures.

Personal information we collect

Your personal information may include your name, address, email address, date of birth, name of your spouse when required, your sensitive financial information such as your banking information, your income, your social insurance number (SIN), etc. With your consent, we may also collect your electronic or digital signature through a Third-Party service provider platform or system. In such an event, we will collect the data supporting the validity, the time, and the location of your signature, including the Internet protocol address “IP address” associated with the electronic device used for your signature. If you complete a Product application or a subscription form online, we will collect the electronic data associated with the electronic process. We may collect this data through a Third-Party service provider system.

Use

Your personal information will only be used for the purpose for which it was collected. Only us and Third Parties who need your personal information for the performance of their duties will have access to your personal information. We may also use your personal information to determine your eligibility for, and provide you with details of, other related products or services that we believe meet your changing needs. You may withdraw your consent for us to use your personal information to provide you with other products or services offered. If you wish to withdraw your consent, you may contact us at 506-853-6040/1-888-577-7337 or investments.retirement@assumption.ca.

You agree that we use your personal information to comply with legal and regulatory requirements, to confirm your identity and the accuracy of the information you provided, to conduct searches to locate you and to update your information at your request.

You understand that we will only use your social insurance number (SIN) as required by tax laws, but may also use it, in exceptional circumstances, if we need to locate you after having used other less sensitive personal information. In such instance, we may need to contact the income tax authorities or a credit agency to assist us in finding your most recent address in order to locate you.

If you purchased an annuity, we may use your personal information, on a continuous basis, to confirm with a Third-Party service provider that you are still living at the time of the annuity payment.

Disclosure

While administering your product, we may need to collect and share your personal information with Third Parties who may need to fulfill their duties to you or to us. If your product is a group investment or a pension plan, we may also need to collect and share your personal information with your employer or plan administrator.

Unless authorized by law or required by law or a court order, Assumption Life will not disclose your personal information to other parties without your consent.

Protection

In order to ensure the confidentiality of your personal information, we will establish and retain a file on you, in accordance with applicable laws. We may also use third-party services and servers situated in Canada or elsewhere to retain your personal information. If your personal information is retained outside Canada, it may be subject to the laws of those countries.

As part of our commitment to you pertaining to the protection of your personal information, we have put in place outsourcing contracts with Third Parties with whom we will share your personal information. Those Third Parties' contracts contain privacy protection and measures similar to those we have put in place as part of our commitment to you, respectful of privacy laws and regulations.

Consent

During our client relationship with you, you may have to fill out and sign various forms. By signing those forms, you give your consent for us to collect, use and disclose your personal information, as set out in this privacy statement. Any alterations to the consent must be agreed to in writing by us.

You understand and accept that any withdrawal of your consent may make it impossible for us to administer your Product and can therefore be considered as a request for termination of your contract or group plan, forcing us to suspend any service request, including but not limited to, the payment of an annuity or benefit amount, when applicable.

You may also withdraw your consent for us to use your personal information to provide you with other product or service offerings, except those that are mailed with your statements. If you wish to withdraw your consent for us to collect, use, retain or share your personal information, you may contact us at 506-853-6040/1-888-577-7337 or investments.retirement@assumption.ca.