



imaxx™ Guaranteed Investment Funds

APPLICATION

This application is only available for transfers from an existing GROWSafe 94 or IMS I, II, and III Contract registered as an RSP, LIRA or LRSP to an imaxxGIF Contract registered as a RIF, LIF, PRIF or RLIF.

Highlighted sections are mandatory and must be completed.

The fastest and easiest way to send us your completed and signed forms is through our online tool, Send documents. By using this tool, forms are sent instantly! Go to [Send documents](#) and follow the instructions to send your files securely to ivari.

To apply for a:

- Retirement Income Fund (RIF)
- Life Income Fund (LIF)
- Prescribed Retirement Income Fund (PRIF)
- Restricted Life Income Fund (RLIF)



In this application, “you”, and “your” mean the person who is the Owner or holder of rights under the Contract. “Spouse” means a spouse or common-law partner as recognized under the Income Tax Act (Canada). “We”, “our” and “us” mean ivari.

PLEASE PRINT FIRMLY. ANY CHANGES MUST BE INITIALED BY THE OWNER.

Policy no. _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------------|----------------------------------|------------------------|--|--|-------|--|--|-----------|--|--|------------|--|--|------------|--|----------------|--|--|--|--|--|------|--|------|--|--|----------|--|--|-------------|--|--|------|--------|----------------------------------|--|--|----------------------------|--|-------------------------------|--|--|----------------------------|--|--|--|--|-------------------------|--|--|---------------|--|--|--|--|
| <p>1. Plan type</p> <p>Please select one.</p> <p>†Available for Federal plans only.</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Retirement Income Fund (RIF)</td> <td style="width:33%;">Spousal RIF</td> <td style="width:33%;">Life Income Fund (LIF)</td> </tr> <tr> <td>Prescribed Retirement Income Fund (PRIF)</td> <td>Restricted Life Income Fund (RLIF)†</td> <td></td> </tr> </table> <p>For a LIF, PRIF or RLIF, the Contract is to be governed by the laws of: _____ or if Federal plan “Canada” as applicable. <small>(Insert name of province)</small></p> <p>RRIF minimum calculation:</p> <p>Qualifying (RRIFs opened prior to January 1, 1993) Non-qualifying (RRIFs opened after December 31, 1992)</p> | Retirement Income Fund (RIF) | Spousal RIF | Life Income Fund (LIF) | Prescribed Retirement Income Fund (PRIF) | Restricted Life Income Fund (RLIF)† | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retirement Income Fund (RIF) | Spousal RIF | Life Income Fund (LIF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed Retirement Income Fund (PRIF) | Restricted Life Income Fund (RLIF)† | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Nominee information</p> | <p>If the policy is classified as a nominee plan, the policy will be non-registered at ivari. Is this a nominee plan? Yes No</p> <p>Cross Reference # _____ Type of registration with nominee _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Owner/Annuitant information</p> <p>The Owner must be a Canadian resident at the time the application is completed.</p> <p>The Owner must also be the annuitant.</p> <p>Only one person can be the Annuitant</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">Mr.</td> <td style="width:10%;">Mrs.</td> <td style="width:10%;">Ms.</td> <td style="width:10%;">Miss</td> <td style="width:10%;">Other</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Last name</td> <td colspan="3">First name</td> <td colspan="2">Initial(s)</td> </tr> <tr> <td colspan="6">Street address</td> <td colspan="2">Apt.</td> </tr> <tr> <td colspan="3">City</td> <td colspan="3">Province</td> <td colspan="2">Postal code</td> </tr> <tr> <td style="width:10%;"></td> <td style="width:10%;">Male</td> <td style="width:10%;">Female</td> <td colspan="3">Principal business or occupation</td> <td colspan="2">Industry*</td> </tr> <tr> <td colspan="3">Social Insurance Number (SIN)</td> <td colspan="3">Date of birth (DD/MM/YYYY)</td> <td colspan="2">Language preference English French</td> </tr> <tr> <td colspan="3">Optional – Phone number</td> <td colspan="5">Email address</td> </tr> </table> <p>*For a list, click Valid industries and occupations form (IP-LP1971) to access.</p> | | Mr. | Mrs. | Ms. | Miss | Other | | | Last name | | | First name | | | Initial(s) | | Street address | | | | | | Apt. | | City | | | Province | | | Postal code | | | Male | Female | Principal business or occupation | | | Industry* | | Social Insurance Number (SIN) | | | Date of birth (DD/MM/YYYY) | | | Language preference English French | | Optional – Phone number | | | Email address | | | | |
| | Mr. | Mrs. | Ms. | Miss | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | | | First name | | | Initial(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address | | | | | | Apt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | Province | | | Postal code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Male | Female | Principal business or occupation | | | Industry* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Optional – Phone number | | | Email address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Spousal information</p> <p>Complete if: Applying for a Spousal RIF. When legislation permits, the annual minimum payment is to be determined based on your spouse’s age in a RIF/LIF/LRIF/PRIF/RLIF contract. This election cannot be changed, even on marriage breakdown (e.g., separation, divorce) or the death of your spouse.</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">Mr.</td> <td style="width:10%;">Mrs.</td> <td style="width:10%;">Ms.</td> <td style="width:10%;">Miss</td> <td style="width:10%;">Other</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Last name</td> <td colspan="3">First name</td> <td colspan="2">Initial(s)</td> </tr> <tr> <td colspan="6">Street address</td> <td colspan="2">Apt.</td> </tr> <tr> <td colspan="3">City</td> <td colspan="3">Province</td> <td colspan="2">Postal code</td> </tr> <tr> <td style="width:10%;"></td> <td style="width:10%;">Male</td> <td style="width:10%;">Female</td> <td colspan="3">Principal business or occupation</td> <td colspan="2">Industry*</td> </tr> <tr> <td colspan="3">Social Insurance Number (SIN)</td> <td colspan="3">Date of birth (DD/MM/YYYY)</td> <td colspan="2"></td> </tr> </table> | | Mr. | Mrs. | Ms. | Miss | Other | | | Last name | | | First name | | | Initial(s) | | Street address | | | | | | Apt. | | City | | | Province | | | Postal code | | | Male | Female | Principal business or occupation | | | Industry* | | Social Insurance Number (SIN) | | | Date of birth (DD/MM/YYYY) | | | | | | | | | | | | |
| | Mr. | Mrs. | Ms. | Miss | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Street address | | | | | | Apt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | Province | | | Postal code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>5. Successor Annuitant Information (Optional)</p> <p>Only the spouse can be designated as successor annuitant.</p> <p>The successor annuitant takes the annuitant’s place upon the death of the annuitant named in Section 3. As a result, the policy continues. The death benefit is payable on the death of the annuitant or successor annuitant, whichever happens later.</p> <p>The successor acquires all the annuitant’s rights upon the annuitant’s death including the unconditional right to revoke any beneficiary designation made by the annuitant.</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;">Mr.</td> <td style="width:10%;">Mrs.</td> <td style="width:10%;">Ms.</td> <td style="width:10%;">Miss</td> <td style="width:10%;">Other</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Last name</td> <td colspan="3">First name</td> <td colspan="2">Initial(s)</td> </tr> <tr> <td colspan="6">Street address</td> <td colspan="2">Apt.</td> </tr> <tr> <td colspan="3">City</td> <td colspan="3">Province</td> <td colspan="2">Postal code</td> </tr> <tr> <td style="width:10%;"></td> <td style="width:10%;">Male</td> <td style="width:10%;">Female</td> <td colspan="3">Social Insurance Number (SIN)</td> <td colspan="2">Date of birth (DD/MM/YYYY)</td> </tr> </table> | | Mr. | Mrs. | Ms. | Miss | Other | | | Last name | | | First name | | | Initial(s) | | Street address | | | | | | Apt. | | City | | | Province | | | Postal code | | | Male | Female | Social Insurance Number (SIN) | | | Date of birth (DD/MM/YYYY) | | | | | | | | | | | | | | | | | |
| | Mr. | Mrs. | Ms. | Miss | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | | | First name | | | Initial(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street address | | | | | | Apt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | Province | | | Postal code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Male | Female | Social Insurance Number (SIN) | | | Date of birth (DD/MM/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

6. Beneficiary information

The death benefit will be paid to your estate, if no beneficiary is designated.

If a Beneficiary is designated irrevocably, the Owner cannot exercise certain contractual rights without the Irrevocable Beneficiary's consent. Minors named as Irrevocable Beneficiaries cannot give such consent.

For Quebec residents:

If you name your married or civil union spouse as beneficiary, this designation is irrevocable unless you specifically indicate that the designation is revocable.

A Contingent Beneficiary has no rights as long as a primary beneficiary is living.

For contracts held as a nominee contract: If the plan is a self-directed RRIF at the nominee dealer, the beneficiary must be "Trustee in trust for the named beneficiary of the plan, pursuant to the terms of the plan."

| | | | | | |
|---|--|----------------------------|-------------|---------------------|--------------------|
| Last name | | First name | | Initial(s) | |
| Relationship to Annuitant (relationship to Owner in Quebec) | | Revocable | Irrevocable | Share of benefits % | Primary Contingent |
| Last name | | First name | | Initial(s) | |
| Relationship to Annuitant (relationship to Owner in Quebec) | | Revocable | Irrevocable | Share of benefits % | Primary Contingent |
| Last name | | First name | | Initial(s) | |
| Relationship to Annuitant (relationship to Owner in Quebec) | | Revocable | Irrevocable | Share of benefits % | Primary Contingent |
| Trustee for minor beneficiaries (except for Quebec) | | | | | |
| Last name | | First name | | Initial(s) | |
| Street address | | | | Apt. | |
| City | | Province | | Postal code | |
| Relationship to minor | | Date of birth (DD/MM/YYYY) | | | |

7. Lump sum deposit/transfer from other institution(s) or internal transfer

Attach copies of transfer documentation. The advisor must forward all originals to the transferring financial institution.

The amount transferred is an estimation. The actual amount(s) will be specified on the confirmation notice(s). In the case of an internal transfer from an existing contract, please specify the ivari policy number.

Cheque made payable to ivari \$ _____

Deposit(s) being transferred from other institutions:

| TYPE OF PLAN | TRANSFERRING INSTITUTION/INTERNAL POLICY # | AMOUNT BEING TRANSFERRED |
|--------------|--|--------------------------|
| | | \$ |
| | | \$ |
| | | \$ |

8. Investment instructions

Indicate the fund name, fund code, sales charge option and the initial investment amount either by \$ or % (NOT both) for each Fund.

Complete section 11 for scheduled fund switches (dollar cost averaging).

Deposits by transfer must state allocation by percentage only.

| FUND NAME | FUND CODE | WIRE ORDER NUMBER | INITIAL INVESTMENT (\$ OR %) | SALES CHARGE OPTION | |
|-----------|-----------|-------------------|------------------------------|---------------------|----------|
| | | | | DSC | ISC (%)* |
| | | | | | |
| | | | | | |
| | | | | | |

*If no ISC % is specified the deposit will be processed at 0% ISC.

Please refer to our fund code chart for a complete listing of funds and applicable fund codes.

9. Systematic withdrawal plan (SWP) and RIF/PRIF/LIF/RLIF payment details

All payments specified will be treated as gross. If the SWP date falls on a weekend or holiday, the SWP will be drawn on the business day following the SWP date.

If no frequency is selected, the SWP will be payable monthly on the first business day of each month.

For RIF, PRIF, LIF and RLIF plans, you are required to be paid the RIF minimum payment as prescribed by the *Income Tax Act* (Canada) commencing (at any time) in the second calendar year of your contract.

FREQUENCY and PAYMENT DATE (For SWP, RIF, LIF, PRIF & RLIF):

First withdrawal date (1st to 28th of month) (DD/MM/YYYY) _____

Frequency: Monthly Quarterly Semi-annually Annually

RIF/PRIF/LIF PAYMENT:

Scheduled payment option: (Please select only one)

RIF/PRIF/LIF/RLIF minimum _____ Qualifying or Non-Qualifying Level/Custom – client specified amount of: \$ _____

Tax withholding (for RIF/PRIF/LIF/RLIF):

Minimum _____

Client specified percentage. Federal _____%, Provincial (Quebec Residents Only) _____%

Payment method:

Cheque _____

Direct Deposit _____

PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE.

We will deposit scheduled payments directly to your bank account.

(Continued on next page)

9. Systematic withdrawal plan (SWP) and RIF/PRIF/LIF/RLIF payment details
(continued from previous page)

If Level/Custom Payments are selected, the amount selected must be greater than the RIF Minimum Payment, and for LIF/RLIF contracts, less than the LIF/RLIF Maximum (Payments in the first year are fully taxable.)

Note: Withdrawal date is the date the units are redeemed from your policy. Payment will be sent the next business day. Direct Deposit may take 2-3 days depending on when your financial institution processes the transfer of funds.

RIF/PRIF/LIF/RLIF payments:

I hereby elect: or

I do not elect to use my spouse's date of birth to determine the minimum amount of the periodic payments under the RIF/LIF/RLIF.

My spouse's date of birth is indicated in section 4. **This election cannot be changed, even in the case of a marriage breakdown or death of my spouse.**

Withdrawal instructions:

| FUND NAME | FUND CODE | \$ AMOUNT | OR | (%) |
|-----------|-----------|-----------|----|-----|
| | | | | |
| | | | | |
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| | | | | |

10. LIF/RLIF/PRIF information

FOR A LIF OR PRIF, DO YOU HAVE A SPOUSE WITHIN THE MEANING OF APPLICABLE PENSION LEGISLATION?

Yes If "yes," please complete the information below.

No

For British Columbia, Alberta, Saskatchewan, and Manitoba, please attach a completed spousal consent or waiver form.

For Ontario, Newfoundland & Labrador, Nova Scotia, and Federal (includes Yukon, NWT, and Nunavut) your spouse must sign below to indicate his/her consent to purchase the LIF.

Signature of spouse

Date signed (DD/MM/YYYY)

COMMUTED VALUE OF A PENSION BENEFIT (Applicable if the source of the deposit is Ontario, Nova Scotia,

New Brunswick, Saskatchewan or Newfoundland & Labrador pension funds). Was the commuted value of the pension benefit, which is being transferred to this policy, determined in a manner that differentiates on the basis of sex? (Applicable to Saskatchewan LIRAs only if the assets were transferred into the LIRA from a policy in existence before January 1, 1993)..... Yes No

If "yes," then state the portion of the pension benefit being transferred which was determined in a manner which so differentiates _____%.*

PENSION BENEFIT CREDIT (Applicable if the source of the deposit is Federal pension funds): Was the pension benefit credit, which is being transferred to this policy, varied according to the sex of the plan member? Yes No

If "yes," then state the portion of the pension benefit being transferred which is so varied _____%.*

*If you do not know the answer to this question, a statement indicating the answer must be provided from the relevant pension plan administrator.

11. Scheduled fund transfers
(Dollar Cost Averaging Optional)

Transfers between sales charge options is not permitted as part of this service.

By checking here, you request that we make a transfer from the fund listed below to the other fund(s) of the same sales charge option within the same policy on a scheduled basis.

Start date – Commence this plan on (1st to 28th of month)
(DD/MM/YYYY)

Scheduled Total Transfer of
\$

Frequency: Monthly Quarterly Semi-annually Annually

FROM FUND:

TO FUND:

| FUND NAME | FUND CODE | AMOUNT (\$) | FUND NAME | FUND CODE | AMOUNT (\$) |
|-----------|-----------|-------------|-----------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

12. Owner acknowledgment and authorization

Owner and Successor Annuitant must sign here.

By signing below, you acknowledge receipt and review of the imaxx Guaranteed Investment Funds Information Folder (including the Fund Facts) together with the Annuity Policy prior to signing the Application, confirm that you have read and agree to the terms and conditions at the back of this application, and consent to the use and verification of personal information for the purpose of issuing and administering the contract as described in this application. Fund Fact pages are available on ivari.ca or on request by calling 1-800-846-5970.

We may communicate with you about other insurance products and services. If we rely on a marketing service provider to communicate with you, we will disclose only your name, contact information, and your current insurance coverage, but not your financial information. ivari requires its service providers to safeguard the confidentiality of personal information consistent with ivari's privacy and security practices and in accordance with applicable laws.

If you do not wish your personal information to be used for this optional purpose, check here or write to us at:
ivari, 500-5000 Yonge Street, Toronto, Ontario M2N 7J8, Attention: Privacy Office.

| | | |
|----------------------------------|--------------------------|----------|
| Signature of Owner | Date signed (DD/MM/YYYY) | Province |
| Signature of Successor Annuitant | Date signed (DD/MM/YYYY) | Province |

12a. Owner's Consent to Receive Emails

Canada's anti-spam legislation regulates the distribution of email messages to consumers. To comply with this law, ivari is required to obtain your consent for the purposes of sending you email messages regarding policy information, product information and marketing material.

By providing your email address below, you consent to receiving email messages as outlined above from ivari.

Owner email address: _____

Joint Owner/Successor Owner email address: _____

You may withdraw your consent at any time by contacting us at ivari:
500-5000 Yonge Street, Toronto, ON M2N 7J8. Telephone: 1-800-846-5970

13. Verification of identity

This section, including the subsection requesting if the Owners are applying for the policy on behalf of a third party must be fully completed by a Licensed Agent.

We are required to verify the identity of the applicant pursuant to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

Social Insurance Number cards cannot be used to verify identity.

Is the Owner applying for the policy on behalf of a third party? Yes No

If "yes," complete the **Identity and Third Party Determination form (IP-LP782)**.

Owner:

| | | | |
|--------------------------------------|---------------------|----------------------|-----------------|
| Driver's licence | Passport | Canadian citizenship | Age of majority |
| Canadian Armed Forces identification | Other specify _____ | | |

| | | | |
|------------------|--------------------------|-----------------------------------|----------------------------------|
| Document number* | Identification document* | Document expiry date (DD/MM/YYYY) | Issuing jurisdiction and country |
|------------------|--------------------------|-----------------------------------|----------------------------------|

*You may refer to a copy of the original non-expired government issued photo I.D., such as passport, provincial health card (except in PEI, ON and MB) driver's licence or Age of majority to verify their identity as required by law. ivari does not require a copy of a customer's ID.

13a. Licensed agent information and signature

This application will not be accepted unless all mandatory sections are completed.

By signing below, I confirm that I have:

- a) explained and delivered a copy of the Information Folder (including Fund Facts) together with the Annuity Policy and the signed copy of this application to the Owner(s);
- b) reviewed an original non-expired document to confirm the identity and witnessed the signature(s) of the applicant(s);
- c) verified an original valid identification of the Owner/Annuitant and Successor Annuitant (if applicable) to confirm the Owner/Annuitant or Successor Annuitant's date of birth; and
- d) made reasonable efforts to determine if the Owner is acting on behalf of a third party.

I also acknowledge that I have disclosed, where applicable, the following items to the Owner of the policy resulting from this application:

- a) The company or companies I represent.
- b) That I will receive compensation (such as commissions or a salary).
- c) That I may receive additional compensation in the form of bonuses, conference programs or other incentives.
- d) That I have disclosed any conflict of interest that I may have with respect to this transaction.

| | |
|----------------------|--------------------------|
| Signature of Advisor | Date signed (DD/MM/YYYY) |
|----------------------|--------------------------|

| | | | |
|------------------------|-------|----------|-------------|
| Name of Licensed Agent | Rep # | Dealer # | Dealer name |
|------------------------|-------|----------|-------------|

| | |
|--------------------------------|-----------------------|
| Optional: Advisor phone number | Advisor email address |
|--------------------------------|-----------------------|

14. Special instructions

TERMS AND CONDITIONS

What you understand and agree to when you sign this Application.
Your signature on the application confirms that for all contracts:

GENERAL

- You are applying for an imaxxGIF individual variable insurance contract ("Contract"). The information you have provided in this application is true and complete and is the basis for the issuance of this Contract, and you agree to advise us in writing of any changes in the information as soon as possible.
- The Effective Date of your Contract is the Valuation Date coinciding with or next following the later of (i) the date on which we receive your first Deposit ; and (ii) the date as shown on the first confirmation notice we send you.
- You agree that ivari is authorized to accept instructions from your Advisor to execute financial and certain non-financial transactions.
- If your Contract is held in nominee name, you authorize us to send documents and notices required under the terms of the Contract to your dealer and not to you.
- You understand that only certain persons at ivari are authorized to make changes to your Contract.

FOR REGISTERED AND LOCKED-IN PLANS

- You are requesting that ivari apply for registration of the Contract applied for as a Registered Retirement Income Fund under the *Income Tax Act* (Canada), and, if applicable, under any provincial pension legislation, in accordance with the Locked-In endorsement attached to the Contract.

PERSONAL INFORMATION

- We collect personal information about you from this application and any supplementary forms, and from our advisors, agents and representatives and other organizations and persons you identify in support of your application.
- We use your personal information for the purposes of evaluating the information provided in this application, servicing and administering this application and/or Contract, for investigation and claims analysis, and for such other purposes as may be specified in this application.
- We collect your SIN for tax reporting purposes to the Canada Revenue Agency in accordance with federal legislation.
- Your information may be shared with your advisor of record and the managing general agencies, distributors and market intermediaries and their employees with which your advisor is associated, for the purposes identified above.
- Your banking information will be disclosed to the financial institution(s) processing your pre-authorized deposit plan.
- Upon receiving your application, ivari will establish and maintain a file containing your personal information, which will be accessible at ivari's Head Office. Your file will only be accessible to employees or authorized representatives of ivari for the purposes identified above, and other persons authorized by you or by law. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to ivari, Attention: Privacy Officer, 500-5000 Yonge Street, Toronto, ON M2N 7J8.
- Your information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

- We have safeguards to protect your personal information; however, in the event of an unauthorized access, disclosure or use of your personal information, there is a possibility that you may experience: identity theft, negative effects on a credit record, financial loss, embarrassment or damage to reputation. If ivari believes that you face a real risk of significant harm, ivari's Privacy Office will notify you of the data breach and suggest steps to reduce your risk of harm.

SYSTEMATIC WITHDRAWAL PLAN

If you have applied for a Systematic Withdrawal Plan (SWP) on this application, you agree as follows:

- You authorize ivari to make withdrawals from the Contract and to credit your bank account in accordance with your latest written instructions to us.
- If you elect direct deposit, you authorize us to credit your bank account.
- If you elect direct deposit, you shall notify us if any changes are made to your account number, financial institution and/ or branch information, in which case we will require a new void cheque.
- We may, at any time, terminate SWP payable by electronic funds transfer and issue cheques that require personal endorsements.

FOR QUEBEC RESIDENTS WHO HAVE REQUESTED ENGLISH LANGUAGE ONLY

It is my express wish that this application and any related documents be in English. J'ai exigé que la présente formule et tous les documents s'y rattachant soient rédigés en anglais.

DISCLOSURE STATEMENT FOR THE PROVINCE OF BRITISH COLUMBIA

The life insurance product you are being offered is supplied by ivari, a company licensed to conduct business in all provinces and territories of Canada. The advisor/distributor soliciting this insurance application is a licensed life insurance advisor representing ivari and will receive compensation from ivari on the completion of this transaction. You are not obligated to transact any other business with ivari, the advisor/distributor or any other person or entity as a condition of this application.

| imaxxGIF™ SEGREGATED FUND NAME | Maturity/Death Guarantee Option | | | | | |
|---|---------------------------------|--------|------------|--------|-------------|--------|
| | 75% / 75% | | 75% / 100% | | 100% / 100% | |
| | ISC | DSC | ISC | DSC | ISC | DSC |
| MONEY MARKET & FIXED INCOME | | | | | | |
| ivari Canadian Money Market GIF – imaxxGIF | TLC451 | TLC450 | TLC851 | TLC850 | TLC251 | TLC250 |
| ivari Canadian Bond GIF – imaxxGIF | TLC453 | TLC452 | TLC853 | TLC852 | TLC254 | TLC255 |
| ivari TD Income Advantage GIF– imaxxGIF | TLC437 | TLC436 | TLC845 | TLC844 | N/A | N/A |
| ivari Canadian Short-Term Bond GIF – imaxxGIF | TLC431 | TLC430 | TLC839 | TLC838 | TLC253 | TLC252 |
| CANADIAN BALANCED | | | | | | |
| ivari Canadian Balanced GIF – imaxxGIF | TLC461 | TLC460 | TLC861 | TLC860 | TLC261 | TLC260 |
| ivari Canadian Fixed Pay GIF – imaxxGIF | TLC455 | TLC454 | TLC855 | TLC854 | N/A | N/A |
| ivari Fidelity Canadian Balanced GIF – imaxxGIF | TLC433 | TLC432 | TLC841 | TLC840 | N/A | N/A |
| ivari Fidelity Canadian Asset Allocation GIF – imaxxGIF | TLC459 | TLC458 | TLC859 | TLC858 | N/A | N/A |
| ivari TD Dividend Balanced GIF – imaxxGIF | TLC435 | TLC434 | TLC843 | TLC842 | N/A | N/A |
| ivari TD Dividend Income GIF – imaxxGIF | TLC477 | TLC476 | TLC877 | TLC876 | N/A | N/A |
| CANADIAN EQUITY | | | | | | |
| ivari Canadian Equity GIF – imaxxGIF | TLC479 | TLC478 | TLC879 | TLC878 | N/A | N/A |
| ASSET ALLOCATION PORTFOLIOS | | | | | | |
| ivari CI Conservative GIF – imaxxGIF | TLC463 | TLC462 | TLC863 | TLC862 | TLC263 | TLC262 |
| ivari CI Balanced GIF – imaxxGIF | TLC467 | TLC466 | TLC867 | TLC866 | TLC267 | TLC266 |
| ivari CI Growth GIF – imaxxGIF | TLC471 | TLC470 | TLC871 | TLC870 | TLC271 | TLC270 |
| ivari CI Maximum Growth GIF – imaxxGIF | TLC475 | TLC474 | TLC875 | TLC874 | N/A | N/A |
| ivari CI Canadian Balanced GIF – imaxxGIF | TLC495 | TLC494 | TLC895 | TLC894 | TLC295 | TLC294 |
| ivari Quotential Balanced Income GIF – imaxxGIF | TLC441 | TLC440 | TLC849 | TLC848 | TLC259 | TLC258 |
| ivari Quotential Balanced Growth GIF – imaxxGIF | TLC439 | TLC438 | TLC847 | TLC846 | TLC257 | TLC256 |
| ivari Quotential Growth GIF – imaxxGIF | TLC443 | TLC442 | TLC897 | TLC896 | N/A | N/A |

For more details please see the *imaxx Guaranteed Investment Funds Information Folder (IP882)*

Any amount that is allocated to a segregated fund is invested at the risk of the contract holder(s) and may increase or decrease in value.



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