



SAVINGS

### INSTRUCTION

Once you have finished and you are ready to continue with your electronic signature tool, please use the **Finalize!** button for the electronic signature.

## IAG Savings and Retirement Plan

# F17A

## APPLICATION

- Investments
- Savings
- Retirement Income



### NOTE FOR THE AGENT

**You must:**

- Produce 3 copies of this application
- Send the original copy to head office
- Keep a copy for your files
- Give a copy to the client

### REQUIRED DOCUMENTS

**If applicable, you must send the following documents with this application:**

- The investor profile for each Applicant if Fund Units are credited to the Contract
- Copy of the transfer form (**you must send the original directly to the other institution**)
- For non-registered contracts, you must include any other mandatory documents, if required. For example:
  - The F51-208A Confirmation of Identity form, if applicable;
  - Recent company resolution (F51-312A) and confirmation of authorized signatories;
  - Other documents required for a trust, mandate, guardianship, liquidation of estate, curatorship or administration

Contract No.

**NP**

**APPLICATION**

**1- Type of Contract**

If the Contract is held in a Nominee or Intermediary Account, it must be administered through the Fundserv network.

Held:  in Client Name, OR in a:

- Nominee Account – Name of the Nominee: \_\_\_\_\_ Nominee Account Number: \_\_\_\_\_  
 Intermediary Account – Name of the Intermediary: \_\_\_\_\_ Intermediary Account Number: \_\_\_\_\_

**2- Type of Registration**

Must be completed for all Contracts. If a Contract is registered externally and held in a Nominee or an Intermediary Account, it will be considered to be a non-registered contract by Industrial Alliance Insurance and Financial Services Inc. However, please specify the type of registration with the Nominee or Intermediary.

When applying for a LIRA, Locked-In RSP, Restricted Locked-In RSP, LIF, RLIF or PRIF ("Locked-In Contract"), you must attach supporting documentation in the following cases: transfer from another institution or a pension, death of spouse or marriage breakdown; also attach the spousal consent if required when transferring a LIRA to a LIF.

- Retirement Savings Plan (RSP)  
 Spousal RSP  
 Non-registered  
 Retirement Income Fund (RIF)\*  
 Locked-In Retirement Account (LIRA)\*  
 Retirement jurisdiction: \_\_\_\_\_  
 Locked-In RSP\*  
 Life Income Fund (LIF)\*  
 Restricted Locked-In RSP\*\*  
 Restricted Life Income Fund (RLIF)\*\*  
 Prescribed Retirement Income Fund (PRIF)\*\*  
 QROPS qualifying RSP\*\*\*\*  
 QROPS qualifying RIF\*\*\*\*

\* Subject to the terms of the applicable endorsement  
 \*\* For locked-in funds under federal legislation only  
 \*\*\* For Saskatchewan and Manitoba only  
 \*\*\*\* To apply for a Qualifying Recognised Overseas Pension Scheme (QROPS) contract, you must be at least 55 years of age.

**3- Annuitant**

The Annuitant is the Applicant for all registered Contract types. For a non-registered Contract, you must complete sections 8, 9, 10 and 11.

If the Contract is held in a Registered Nominee or Intermediary Account, the Annuitant is automatically the Registered Nominee or Intermediary Account holder.

The "Principal occupation or business" field is mandatory for a non-registered contract. Be specific. Generic terms such as "manager" or "holding company" are not sufficient.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 SIN (mandatory): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Gender:  Female  Male Language:  English  French  
 Tel. (home): \_\_\_\_\_ Email: \_\_\_\_\_  
 Tel. (office): \_\_\_\_\_ ext. \_\_\_\_\_ Cell.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Number, street Apt., PO Box  
 City Province Postal code

**Mandatory for a new non-registered Application:**

Principal occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**4- Spousal Contribution**

For RSP and RIF contracts only.

By opening a spousal RRSP, it is the spousal contributor who will benefit from the RRSP deduction.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 SIN (mandatory): \_\_\_\_\_ Date of birth: \_\_\_\_\_

**5- Life Insurance Agent**

**Agency** Agency code: \_\_\_\_\_ Name of district or agency: \_\_\_\_\_

**Primary agent**  
**Important** – Agent code must be active.  
 Fundserv code: Sales rep.: \_\_\_\_\_ Dealer: \_\_\_\_\_  
**OR**  
 Agent code: \_\_\_\_\_ SU: \_\_\_\_\_ Agent (commissions and service): % of commission \_\_\_\_\_%  
 Name of agent: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**Secondary agent**  
 Only one agent is authorized for contracts administered through the Fundserv network.  
**Important** – Agent code must be active.  
 Agent code: \_\_\_\_\_ SU: \_\_\_\_\_ Agent (commissions only): % of commission \_\_\_\_\_%  
 Name of agent: \_\_\_\_\_



## 6- Beneficiaries

### Beneficiaries

Do not complete if the Contract is held in a Registered Nominee or Intermediary Account.

Notwithstanding any other Beneficiary designation, for a Contract held in client name and if the Applicant acts as mandatory, trustee, tutor or guardian, the Beneficiary of the Contract is the legal heir. However, if the Contract is held in a Registered Nominee or Intermediary Account, the Beneficiary of the Contract is automatically the trustee of the Registered Nominee or Intermediary Account for the benefit of the holder of the Registered Nominee or Intermediary Account.

#### Notes:

- Quebec residents: If you name your spouse or civil union spouse as Beneficiary, the designation is considered irrevocable unless you check the box indicating that it is to be revocable.
- Your spouse may be automatically entitled to benefits under a LIRA, a LIF or any other Locked-In Contracts (see Section 2) notwithstanding the Beneficiary designation.

1. First name: _____	Last name: _____																				
Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Y</td><td> </td><td> </td><td>M</td><td> </td><td> </td><td> </td><td>D</td><td> </td><td> </td></tr></table>											Y			M				D			Percentage: _____ %
Y			M				D														
Type: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male																				
Relationship to the Annuitant (In Quebec: relationship to the Applicant): _____																					
2. First name: _____	Last name: _____																				
Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Y</td><td> </td><td> </td><td>M</td><td> </td><td> </td><td> </td><td>D</td><td> </td><td> </td></tr></table>											Y			M				D			Percentage: _____ %
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Relationship to the Annuitant (In Quebec: relationship to the Applicant): _____																					
5. First name: _____	Last name: _____																				
Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Y</td><td> </td><td> </td><td>M</td><td> </td><td> </td><td> </td><td>D</td><td> </td><td> </td></tr></table>											Y			M				D			Percentage: _____ %
Y			M				D														
Type: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male																				
Relationship to the Annuitant (In Quebec: relationship to the Applicant): _____																					

### Contingent Beneficiary

The rights of a Contingent Beneficiary (Subrogated Beneficiary in Quebec) come into force only in the event that all primary beneficiaries have died before the Annuitant or if they have renounced to their rights as primary beneficiaries. A Contingent Beneficiary (Subrogated Beneficiary in Quebec) remains revocable.

First and last name	Gender	Date of birth	Percentage																				
1. _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Y</td><td> </td><td> </td><td>M</td><td> </td><td> </td><td> </td><td>D</td><td> </td><td> </td></tr></table>											Y			M				D			_____ %
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2. _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Y</td><td> </td><td> </td><td>M</td><td> </td><td> </td><td> </td><td>D</td><td> </td><td> </td></tr></table>											Y			M				D			_____ %
Y			M				D																

### Trustee for minor Beneficiary

Not applicable where Quebec laws apply.

If a trustee is appointed, any death benefit to be paid under the Contract to the minor Beneficiary who, at the time payment is to be made, is a minor, will be paid to the trustee, in trust for the minor Beneficiary. The trust for any minor Beneficiary will terminate once the Beneficiary is of age of majority. Before completing the section, please consult your legal advisor.

Name of minor Beneficiary	Date of birth	Name of trustee	Relationship to minor																				
_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Y</td><td> </td><td> </td><td>M</td><td> </td><td> </td><td> </td><td>D</td><td> </td><td> </td></tr></table>											Y			M				D			_____	_____
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Y			M				D																

## 7- Designation of a Successor Annuitant

– If a Successor Annuitant is designated, on the Annuitant's death, the Contract remains in force and no death benefit is payable to the Beneficiaries or the estate.

– If the Annuitant is also the Applicant and a Successor Annuitant is designated, the Successor Annuitant shall become the Applicant on the Annuitant's death, unless there is a Co-Applicant or a Subrogated Applicant is designated.

– For a registered plan, only the spouse or common-law partner can be designated. Moreover, the designation is not applicable while this Contract is registered as an RRSP/LIRA/LRSP and will only become applicable when it is converted into a RRIF/LIF. If the intention is to roll over to spouse at the RRSP/LIRA/LRSP stage, you must designate him/her as the sole beneficiary of the Contract also.

First name: _____	Last name: _____																				
Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Y</td><td> </td><td> </td><td>M</td><td> </td><td> </td><td> </td><td>D</td><td> </td><td> </td></tr></table>											Y			M				D			
Y			M				D														
Relationship to the Annuitant*: _____																					

\* Must be the spouse or common-law partner for a registered plan



## 9c- Tax Status of Individual Applicant



### Mandatory

These questions are required in compliance with the Common Reporting Standard (CRS) and the U.S. Foreign Account Tax Compliance Act (FATCA).

– Is the Applicant a tax resident or a citizen of the United States?

NO  YES

**If "YES"**, indicate the U.S. Taxpayer Identification Number (TIN) or Social Security Number (SSN): \_\_\_\_\_

– Is the Applicant a tax resident in a jurisdiction other than Canada or the United States?

NO  YES

**If "YES"**, specify the jurisdiction(s) of tax residence and Taxpayer Identification Number(s) (TIN). If no TIN is available, please give the reason. Use an additional sheet of paper if necessary.

Jurisdiction of tax residence: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Jurisdiction of tax residence: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Reason for no TIN (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 10- Co-Applicant

You must complete all information required for the Co-Applicant in sections 10a, 10b and 10c.

- For all provinces and territories except Quebec: by designating a Co-Applicant, the Applicant and the Co-Applicant acknowledge and consent that the type of ownership is qualified as "joint ownership WITH rights of survivorship." Upon the death of the Applicant or the Co-Applicant who is not the Annuitant, his/her rights and obligations pursuant to the Contract pass automatically to the other.
- For province of Quebec only: by designating a Co-Applicant, the Applicant and the Co-Applicant acknowledge and agree that they respectively designate each other as Co-Applicant and Subrogated Applicant of the Contract (this does not apply if a third-party Subrogated Applicant has been designated in section 11). Upon the death of the Applicant or the Co-Applicant who is not the Annuitant, they understand that the deceased's rights and obligations pursuant to the Contract pass automatically to the Subrogated Applicant.

### 10a- Information about the Co-Applicant

The "Principal occupation or business" field is mandatory. Be specific. Generic terms such as "manager" or "holding company" are not sufficient.

First name: \_\_\_\_\_ Last name or full name of entity: \_\_\_\_\_  
SIN (mandatory): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Gender:  Female  Male Language:  English  French  
Tel. (home): \_\_\_\_\_ Email: \_\_\_\_\_  
Tel. (office): \_\_\_\_\_ ext. \_\_\_\_\_ Cell.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Number, street Apt., PO Box  
City Province Postal code  
Principal occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### 10b- Confirmation of Identity of Individual Co-Applicant

#### First identification document for the Co-Applicant (in person or remotely)

##### **⚠️ Mandatory**

**Caution:** Must include a photo as well as name and date of birth. (Use an **authentic, valid and government-issued photo** identification that is consistent and shares all characteristics with an original, credible and reliable document issued by the appropriate authority.)

**Example: Federal, provincial or territorial government.**

##### **⚠️ Caution: Cannot be a municipal identification document.**

Type of document: \_\_\_\_\_  
Document number: \_\_\_\_\_ Province/State of issue: \_\_\_\_\_  
Country of issue: \_\_\_\_\_  
Expiry date: \_\_\_\_\_ Date identity confirmed: \_\_\_\_\_

#### Second identification document for the Co-Applicant for remote identification

**Caution:** Identification document must have the name and address.

**Example:** Notice of assessment – Insurance document (residence, vehicle, life, etc.) – Utility statement (electricity, water, telecommunications, etc.) – Property tax statement – Personalized cheque with name and address – Statement from a financial institution (loan, account balance, etc.) – Investment statement (RRSP, TFSA, RESP, etc.) – Government statement (benefits, income taxes, pension, etc.)

##### **⚠️ Caution: • A provincial health insurance card cannot be accepted for identification purposes if prohibited by provincial law (e.g.: in Ontario, Manitoba and Prince Edward Island). • A document issued by iA Financial Group cannot be accepted.**

Type of document: \_\_\_\_\_ Document number: \_\_\_\_\_  
Name of issuing organization: \_\_\_\_\_  
Date identity confirmed: \_\_\_\_\_

### 10c- Tax Status of Individual Co-Applicant

##### **⚠️ Mandatory if there is a Co-Applicant**

These questions are required in compliance with the Common Reporting Standard (CRS) and the U.S. Foreign Account Tax Compliance Act (FATCA).

– Is the Co-Applicant a tax resident or a citizen of the United States?  NO  YES  
**If "YES",** indicate the U.S. Taxpayer Identification Number (TIN) or Social Security Number (SSN): \_\_\_\_\_  
– Is the Co-Applicant a tax resident in a jurisdiction other than Canada or the United States?  NO  YES  
**If "YES",** specify the jurisdiction(s) of tax residence and Taxpayer Identification Number(s) (TIN). If no TIN is available, please give the reason. Use an additional sheet of paper if necessary.  
Jurisdiction of tax residence: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_  
Reason for no TIN (if applicable): \_\_\_\_\_

### 11- Successor Applicant/Subrogated Applicant

#### Optional

**For all provinces and territories except Quebec:** The Successor Applicant will become the Applicant upon the death of the Applicant, or if the contract is held by an Applicant and Co-Applicant, upon the death of the last surviving applicant.

**For the province of Quebec only:** The Subrogated Applicant will become an Applicant upon the death of the Applicant or Co-Applicant.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender:  Female  Male  
Tel. (home): \_\_\_\_\_

## 12- Guarantee Maturity Date for the Ecoflex Series 100/100

Complete only if a Premium is invested in the Ecoflex Series 100/100 and the Annuitant is less than 56 years old.

The Guarantee Maturity Date must be at least fifteen (15) years from the date Ecoflex Series 100/100 Fund Units are credited for the first time to the Contract and must be between the Annuitant's 60th and 71st birthdays.

If the Guarantee Maturity Date is not specified or is not well established, this date is automatically established by the Company at the Annuitant's 71st birthday.

Please refer to the Contract if the Annuitant is age 56 or over; the Guarantee Maturity Date shall be set at exactly fifteen (15) years from the Initial Investment Date of Ecoflex Series 100/100.

Guarantee Maturity Date: 

Y	M	D

## 13- Investment Instructions

For pre-authorized debit (PAD), please complete section 20 *Pre-Authorized Debit (PAD)*.

For an internal transfer from an iA contract, form F51-153A-6 *Request for transfer between contracts* is required.

- Pre-authorized debit (PAD): \$ \_\_\_\_\_
- Client cheque (minimum \$100): \$ \_\_\_\_\_
- Proceeds from RSP Loan or Investment loan: \$ \_\_\_\_\_
- Internal transfer from iA contract: Contract number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- Transfer from another institution:

**Company (attach transfer form)**

**Approximate amount**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Fundserv trade: \$ \_\_\_\_\_

The Daily Interest Fund+ (DIF+) is not available in Fundserv contracts.

\* Contracts administered by the Fundserv network only

- High Interest Savings Account: \_\_\_\_\_  % or  \$ Wire order no.\*: \_\_\_\_\_
- Daily Interest Fund+ (DIF+): \_\_\_\_\_  % or  \$
- Investment funds (segregated funds): \_\_\_\_\_  % or  \$ (Complete table **A** below)
- Guaranteed Interest Fund (GIF): \_\_\_\_\_  % or  \$ (Complete table **B** below)

For segregated funds, you must attach a copy of an investor profile (see section 21 for Electronic profile details).

Please use table F13-1000A for the investment fund numbers.

Deposits of \$1 million or more in segregated funds for the same annuitant must be approved by the company. Please write to [savings@ia.ca](mailto:savings@ia.ca) for approval.

\* Contracts administered by the Fundserv network only

**Table A (Investment funds)**

Fund no.	If FEL, % of premiums	☐ % or ☐ \$	Wire order no.*

Minimum guaranteed interest funds: \$500

**Table B (Guaranteed Interest Fund)**

Amount (\$)	Rate (%)	Term	Type of interest
		<input type="checkbox"/> 1 month or <input type="checkbox"/> _____ years	<input type="checkbox"/> Compound (Default) <input type="checkbox"/> Simple
		_____ years	<input type="checkbox"/> Compound (Default) <input type="checkbox"/> Simple

If no box is checked, investments at maturity will be transferred to the Daily Interest Fund+, then invested in accordance with the AIT established for the DIF+, if applicable.

**Instructions for investments at maturity:**

- Same term  Other instructions, please specify: \_\_\_\_\_

**Instructions for simple (for non-registered contracts) type of interest payment option:**

- Paid annually  Paid monthly

Paid by:  Direct deposit (Attach copy of personalized void cheque)  Cheque



## 14- Automatic Investment Term (AIT)

### AIT on the Daily Interest Fund+

Not applicable for Income Stage Funds of the FORLIFE Series.

Not available for Fundserv contracts.

If no AIT instructions are received by the Company, all Premiums will be invested, according to the applicable terms of the Contract, in the Daily Interest Fund+ or in the Money Market Fund and they will stay in the DIF+ or Money Market Fund until the Applicant's instructions have been received by the Company.

- Same instructions as in Section 13
- High Interest Savings Account: \_\_\_\_\_ %
- Investments funds: \_\_\_\_\_ %

Fund no.	%	Fund no.	%

- Guaranteed Interest Fund:

Minimum amount	Term	Interest payment option
<input type="checkbox"/> \$500 (default) <input type="checkbox"/> \$1,000		<input type="checkbox"/> Compound <input type="checkbox"/> Simple

## 15- Dollar Cost Averaging (DCA)

RSP, LIRA and non-registered contracts only. Not applicable for Income Stage Funds of the FORLIFE Series.

Please refer to form F51-165 *Dollar Cost Averaging* for DCA Money Market Fund Numbers.

<sup>1</sup> The transfer will be made on the date of transfer indicated or on the next business day. If no date of transfer is indicated, said date is deemed to be the date this request is received.

The transfer will be in effect until the first of the following events: the end of the "Duration of the transfer" period indicated or the total depletion of all the Premiums initially invested in the Money Market Fund (DCA) indicated. If no duration of transfer is indicated, said duration is automatically established at 12 months.

I request that the Company process the requested monthly transfer, starting on the day of the transfer until the depletion of all the Premiums initially invested in the Money Market Fund (DCA) distributed over the number of months indicated below:

Date of monthly transfer: \_\_\_\_\_ (1 to 28)

Duration of the transfer (minimum 2 months, maximum 12 months) – Number of months: \_\_\_\_\_<sup>1</sup>

INITIAL MONEY MARKET FUND – \$300 MIN			
Fund no. (Specify series and sales charge)	If front-end load, % of premiums	<input type="checkbox"/> % or <input type="checkbox"/> \$	Wire order no. (Contract administrated via Fundserv network only)
_____ 5 4 5 _____			

### Destination funds:

Fund no.	%	Fund no.	%

## 16- Contribution in the Event of the Insured's Disability (CID)

The CID premium must not be included with the amount enclosed with this application.

- I waive the CID insurance coverage.
- I would like to purchase the CID insurance coverage (complete form F1A).

## 17- Special Instructions

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## 18- Income Payment

Complete section 19 to indicate the Automatic Withdrawal Term (AWT).

If the contract is held in a Nominee or Intermediary Account, specify if the income payments will be issued by the Dealer:  
 No  Yes (Default for registered contracts)

### Request to join the Periodic Income Program (PIP) Optional: Non-registered or RRSP

<sup>1</sup> When investments are made into the Income Stage Funds of the FORLIFE Series Stage Funds, the default type of income payment is FORLIFE Income.

<sup>2</sup> For FORLIFE income, the default is gross.

<sup>3</sup> If the market value of the account at the time the request is received is less than \$5,000, the only authorized frequency is annual.

<b>Registration</b>	<b>Non-registered or RRSP</b>						
<b>Type of income payment<sup>1</sup></b>	<input type="checkbox"/> FORLIFE Income <sup>1</sup> <input type="checkbox"/> Fixed amount \$ _____						
<b>Amount<sup>2</sup></b>	<input type="checkbox"/> Gross <sup>2</sup> <input type="checkbox"/> Net						
<b>Frequency<sup>3</sup></b>	<input type="checkbox"/> Monthly (Day 1 to 28) Day: _____ <input type="checkbox"/> Last day of each month <input type="checkbox"/> Annual						
<b>Date of first payment (Mandatory)</b>	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> </tr> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table> 1st to the 5th not available for the FORLIFE Income	Y	M	D			
Y	M	D					

### Mandatory: RIF, LIF, RLIF or PRIF

#### Important and mandatory:

– For British Columbia, Alberta, Saskatchewan or Manitoba, please attach spousal consent form.

<sup>1</sup> When investments are made into the Income Stage Funds of the FORLIFE Series Stage Funds, the default type of income payment is FORLIFE Income.

<sup>2</sup> If selected, can have an impact on the FORLIFE series income.

<sup>3</sup> Available in Nova Scotia, Quebec, Newfoundland and Labrador. According to the province, the appropriate form must be attached to this form.

<sup>4</sup> For FORLIFE income, the default is gross.

<sup>5</sup> If the market value of the account at the time the request is received is less than \$5,000, the only authorized frequency is annual.

#### <sup>6</sup> Change in tax withholding (Optional)

– The minimum tax withholding rate must be observed.

– Complete only if the client wants more tax withheld than the amount applicable according to the Canada Revenue Agency (CRA) standards and, if applicable, those of Revenu Québec.

<sup>7</sup> If the calculation is based on the spouse's age, his/her signature is required in section 22 of this application.

<b>Registration</b>	<b>Registered Retirement Income Fund (RRIF)</b>	<b>Life Income Fund (LIF)</b>						
<b>Type of income payment<sup>1</sup></b>	<input type="checkbox"/> FORLIFE Income <sup>1</sup> <input type="checkbox"/> Minimum <input type="checkbox"/> Fixed amount <sup>2</sup> \$ _____	<input type="checkbox"/> FORLIFE Income <sup>1</sup> <input type="checkbox"/> Minimum <input type="checkbox"/> Maximum <input type="checkbox"/> Fixed amount <sup>2</sup> \$ _____ <input type="checkbox"/> Temporary Income <sup>3</sup> <input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Maximum and lifetime						
<b>Amount<sup>4</sup></b>	<input type="checkbox"/> Gross <sup>4</sup> <input type="checkbox"/> Net <input type="checkbox"/> Net of fees (default for the minimum)	<input type="checkbox"/> Gross <sup>4</sup> (default for the maximum) <input type="checkbox"/> Net (not available for LIFs with temporary income) <input type="checkbox"/> Net of fees (default for the minimum)						
<b>Frequency<sup>5</sup></b>	<input type="checkbox"/> Monthly (Day 1 to 28) Day: _____ <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Last day of each month <input type="checkbox"/> Annual						
<b>Date of first payment (Mandatory)</b>	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> </tr> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>	Y	M	D				<b>! If the date of the first payment occurs in the year the contract is opened, the TOTAL withdrawal amount is taxable.</b>
Y	M	D						
<b>Change in tax withholding<sup>6</sup></b>	<input type="checkbox"/> Deduct taxes on amount exceeding minimum only (default) <input type="checkbox"/> Deduct taxes on the total payment (including the minimum) Federal <input type="checkbox"/> \$ _____ or <input type="checkbox"/> _____ % Provincial <input type="checkbox"/> \$ _____ or <input type="checkbox"/> _____ %							
<b>Minimum calculation<sup>7</sup></b>	<input type="checkbox"/> My age <input type="checkbox"/> My spouse's age. Please complete the following: First name: _____ Last name: _____ Date of birth: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> </tr> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>		Y	M	D			
Y	M	D						

### Method of payment

#### DIRECT DEPOSIT ONLY FOR INCOME PAYMENT

Provide a blank, personalized cheque bearing the Applicant's name marked void or a duly completed written confirmation from the financial institution.

## 19- Instructions for Automatic Withdrawal Term (AWT)

Please indicate the percentage according to which the Funds will be redeemed, including the High Interest Savings Account, the DIF+ and guaranteed investments, if applicable.

PIP (Segregated funds only)  RIF/LIF

**IMPORTANT:** Total of percentages must be equal to 100%

Fund no.	%	Fund no.	%	Fund no.	%



## 22- Statement/Signature

Annuitant, Applicant and Co-Applicant must read, consent to and sign this section.

### I, the Annuitant, the Applicant and/or the Co-Applicant, hereby:

- declare that all statements and answers made by me in this application are fully complete and true;
- acknowledge that the provisions enclosed in this application are an integral part of the Contract;
- confirm that I have requested that this application be drafted in the English language only. *Par les présentes, je confirme avoir demandé que la présente proposition soit rédigée en anglais uniquement;*
- consent to the collection, use and disclosure of my personal information by the Company in the ways and for the purposes identified in the "File and Personal Information" section of the Contract;
- acknowledge receipt of the IAG Savings and Retirement Plan Contract, the IAG Savings and Retirement Plan Information Folder describing the key features of the Contract and the Fund Facts booklet; and
- confirm that I have read, understand and agree to the Contractual Declarations in this Application (and the PAD Agreement, if applicable).

### Request for registration

Not applicable if the Contract is held in a Nominee or an Intermediary Account.

If I selected Retirement Savings Plan in Section 2 hereby request that this Contract be registered as a Registered Retirement Savings Plan (RRSP) under the Income Tax Act (Canada) and any applicable provincial legislation.  
If I selected Retirement Income Fund in Section 2 I hereby request that this Contract be registered as a Registered Retirement Income Fund (RRIF) under the Income Tax Act (Canada) and any applicable provincial legislation.

### Electronic Investor Profile

If Fund Units are to be credited to this Contract and if my Investor Profile form is not attached to the present application, I confirm having completed electronic profile no. [ ] and profile no. [ ] with my life insurance agent.

### Limited Trading Authorization

Should only be completed if the same parties have already signed a Limited Trading Authorization for an existing contract.

I hereby declare that I have already signed a Limited Trading Authorization ("LTA") for existing contract no. [ ] authorizing the life insurance agent acting in this Application to provide written instructions to Industrial Alliance Insurance and Financial Services Inc., on my behalf. I request that the LTA which applies to existing contract also apply to the Contract issued with this Application.

### Signatures

X \_\_\_\_\_  
Annuitant's signature

X \_\_\_\_\_  
Applicant's signature (if different from the Annuitant)

X \_\_\_\_\_  
Co-Applicant's signature

X \_\_\_\_\_  
Annuitant's spouse\*

X \_\_\_\_\_  
Signature of an authorized signatory for the Nominee or the Intermediary (if applicable)

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\* Required in Ontario, Nova Scotia, and Newfoundland and Labrador for LIF.



## CONTRACTUAL DECLARATIONS

I, the Annuitant, the Applicant and the Co-Applicant, hereby:

- declare that the written and/or electronic information provided with respect to the application for this product is complete and accurate and is the basis for the issuance of this Contract;
- **understand that I should contact my life insurance agent if I have not received notice of confirmation within 15 days of paying a Premium;**
- if the Contract is held in a Nominee or Intermediary Account, authorize Industrial Alliance Insurance and Financial Services Inc. (“iA Financial Group”) to deliver the Contract and any other documents or correspondence to the Nominee/Intermediary and to accept instructions from the Nominee/Intermediary in order to execute financial and non-financial transactions including, but not limited to, subscription to an annuity contract and purchases, surrenders and transfers of investment vehicles in accordance with my instructions and the Contract provisions;
- if the Contract is held in a Nominee or Intermediary Account, authorize iA Financial Group to accept new Premiums for this Contract and to pay partial and total surrender amounts requested by the Nominee/Intermediary directly to the Nominee/Intermediary;
- understand that this application and the conditions herein form an integral part of the Contract between iA Financial Group and the Applicant, and if applicable, the Co-Applicant;
- understand that iA Financial Group shall not be liable for instructions provided by the Nominee/Intermediary;
- declare that I have been advised by my life insurance agent to invest in the Funds selected and that I have received all of the information required from my agent regarding these Funds;
- understand that iA Financial Group, its affiliates and their agents can access information about me in order to know me better, better meet my needs and offer the best possible service and client experience. (If you do not wish to allow this access, please contact 1-888-788-6890).

## Transfer of ownership

I, the Applicant and the Co-Applicant, hereby:

- understand that joint ownership under this Contract in a province or territory other than Quebec is with rights of survivorship. Upon the death of the Applicant or Co-applicant and if the Annuitant is still alive, **the deceased co-owner’s rights and obligations under the Contract will automatically and fully pass to the surviving Co-owner. I understand that a Subrogated Applicant designation can only take effect upon the death of the last living co-owner.**
- understand that joint ownership under this Contract in the Province of Quebec is without rights of survivorship. Upon the death of the Applicant or Co-applicant and if the Annuitant is still alive, **the deceased co-owner’s rights and obligations under the Contract will be transferred to the estate of the deceased co-owner. However, I acknowledge and agree that we, the Applicant and the Co-Applicant, respectively designate each other as Subrogated Applicant of the Contract. By designating a Subrogated Applicant, I understand, and it is my express intention, that all the deceased’s rights and obligations under the Contract shall automatically and fully pass to that Subrogated Applicant.**

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

In this pre-authorized debit agreement (the “PAD Agreement”), “I” refers to each bank account holder identified in the “Pre-Authorized Debit (PAD) Agreement” section of the application and who declares the following with respect to himself or herself:

- I authorize iA Financial Group and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or one-time payments from time to time, if applicable, for payment of all premiums, deposits, instalments and charges arising from the Contract.
- Regular payments will be debited by the date and/or at the frequency I have chosen in the application, whereas one-time payments from time to time can be debited from my account on any date. Regular and/or one-time payments will be debited in accordance with the banking information provided in the application;
- I agree that, for the purpose of the PAD Agreement, all PADs from my account will be treated either as Personal or Business\* depending on the choice I have made in section 20 of the application;
- **I waive the right to receive pre-notification of an increase or decrease in the amount to be debited or a change in the date and/or frequency of these payments;**
- I agree that iA Financial Group is not required to provide me with written notice of a change in a PAD amount that is made as a result of my request.
- If a PAD is dishonoured for any reason such as, but not limited to, insufficient funds (“NSF”), stop payment or account closed, iA Financial Group is authorized to re-submit the payment. **Any charges incurred by iA Financial Group as a result of a dishonoured PAD will be charged within the Contract in accordance with the most recent PAD instructions;**
- I can cancel or modify the PAD Agreement at any time, subject to providing iA Financial Group thirty (30) days notice in writing. To obtain a cancellation form or for more information on my right to cancel the PAD Agreement, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca) regarding Rule H1 – Pre-authorized debits (PADs).
- Any cancellation of the agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided by an alternate method;
- **iA Financial Group cannot assign the PAD Agreement without providing, any time prior to the next PAD, written notice to me of the assignment.**
- I have certain recourse rights if any PAD does not comply with the PAD Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit [www.payments.ca](http://www.payments.ca) regarding Rule H1 – Pre-authorized debits (PADs);
- Before iA Financial Group debits the first PAD payment, it must receive all required documents, duly completed, and be allowed a reasonable period of time to complete its administrative processes.

\* Business PAD means a PAD for the payment of goods or services related to a business or commercial activity of the payor.



# F17A

## Application

### About iA Financial Group

Founded in 1892, iA Financial Group offers life and health insurance products, mutual and segregated funds, savings and retirement plans, RRSPs, securities, auto and home insurance, mortgages and car loans and other financial products and services for both individuals and groups. It is one of the four largest life and health insurance companies in Canada and one of the largest publicly traded companies in the country. iA Financial Group stock is listed on the Toronto Stock Exchange under the ticker symbol IAG.

### Customer Service Contact Information – Individual Savings and Retirement:

Telephone number: 1-844-4iA-INFO (1-844-442-4636) Information: [savings@ia.ca](mailto:savings@ia.ca)

#### Quebec City:

1080 Grande Allée West  
PO Box 1907, Station Terminus  
Quebec City, QC G1K 7M3

Fax: 1-855-685-5161  
Transactions: [IAQtransactions@ia.ca](mailto:IAQtransactions@ia.ca)

#### Toronto:

522 University Avenue  
Suite 400  
Toronto, ON M5G 1Y7

Fax: 1-800-810-0197  
Transactions: [IATtransactions@ia.ca](mailto:IATtransactions@ia.ca)

#### Vancouver:

400–988 Broadway W  
PO Box 5900  
Vancouver, BC V6B 5H6

Fax: 1-833-832-7474  
Transactions: [IAV-transactions@ia.ca](mailto:IAV-transactions@ia.ca)

INVESTED IN YOU.

iA Financial Group is a business name and trademark of  
Industrial Alliance Insurance and Financial Services Inc.

[ia.ca](http://ia.ca)

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