



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.

TFSA
Tax-Free Savings Account

F17A-1

APPLICATION



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 if Fund Units are credited to the Contract
- Copy of the transfer form (**you must send the original directly to the other institution**)

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 the Client's 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

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.

Tax-Free Savings Account (TFSA)

3- Holder/Annuitant

The Holder must be at least 18 years of age when he/she signs the Application.

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

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

4- 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: _____



5- Beneficiaries

Beneficiaries

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

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:

– Surviving Annuitant: If you designate your spouse or common-law partner as the sole Beneficiary, your spouse or common-law partner will have the option to become the Annuitant and Holder upon your death, in accordance with the terms established in the Contract.

– 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.

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> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																															Percentage: _____ %
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Relationship to the Annuitant: _____																															
2. First name: _____	Last name: _____																														
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Relationship to the Annuitant: _____																															

Contingent Beneficiary

The rights of a Contingent Beneficiary (Subrogated Beneficiary in Quebec) become in force only in the event that all primary beneficiaries have died before the Annuitant or if they have waived 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> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																															_____ %
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Trustee for minor Beneficiary

Not applicable where Quebec laws apply.

If a trustee is appointed above, 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 above, 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> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																															_____	_____
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6- Designation of a Successor Annuitant

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

– The Successor Annuitant shall become the Applicant upon the Annuitant's death.

– For a registered plan, only the spouse or common-law partner can be designated.

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> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																															
Relationship to the Annuitant: _____																															

7- Guaranteed 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 Guaranteed Maturity Date is not specified or is not well established, this date is automatically established by the Company as the Annuitant's 71st birthday.

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

Guaranteed Maturity Date:

Y	M	D

8- Investment Instructions

For pre-authorized debit (PAD), please complete section 13 *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): \$ _____
- 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.

- High Interest Savings Account: _____ % or \$
- 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 16 for Electronic profile details).

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

* Contracts administered by the FundSERV network only

Table A (Investment funds)

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

Minimum for 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: _____

9- 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 8
- High Interest Savings Account: _____ %
- Investments funds: _____ %

Fund no.	%	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

10- 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 F51-165A *Dollar-Cost Averaging* for DCA Money Market Fund Numbers.

¹ The transfer will be made on the transfer date indicated above or on the next business day. If no transfer date 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 above or the total depletion of all the Premiums initially invested in the Money Market Fund (DCA) indicated above. 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: ¹

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)
<u>545</u>			

Destination funds:

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

11- Income Payment

Complete section 12 to indicate the Automatic Withdrawal Term (AWT).

If the contract is held in a Nominee or Intermediary Account, the income payments will be issued by the Dealer.

Request to join the Periodic Income Program (PIP) Optional

¹ When investments are made in the Income Stage Funds of the FORLIFE Series Stage Funds, the default type of income payment is FORLIFE Income.

² For FORLIFE income, the default amount is gross.

³ 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.

Registration	TFSA
Type of income payment ¹	<input type="checkbox"/> FORLIFE Income ¹ <input type="checkbox"/> Fixed amount \$ _____
Amount ²	<input type="checkbox"/> Gross ² <input type="checkbox"/> Net
Frequency ³	<input type="checkbox"/> Monthly (Day 1 to 28) Day: _____ <input type="checkbox"/> Last day of each month <input type="checkbox"/> Annual
Date of first payment (Mandatory)	<input type="text"/> Y <input type="text"/> M <input type="text"/> D <input type="text"/> 1st to the 5th not available for the FORLIFE Income

Method of payment

DIRECT DEPOSIT ONLY FOR INCOME PAYMENT

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

12- Instructions for Automatic Withdrawal Term (AWT)

The PIP is offered in segregated funds only.

IMPORTANT: Total of percentages must be equal to 100%

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

17- Statement/Signature

The Holder must read, consent to and sign this section.

I, the Holder, hereby:

- declare that all statements and answers made by me in this application are fully complete and true;
- acknowledge that the provisions herein 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.

I hereby request that the Company file an election to register this Contract as a Tax-Free Savings Account (TFSA) 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 the Company on my behalf. I request that the LTA which applies to my existing contract also apply to the Contract issued with this Application

Signatures

X _____ X _____
Holder/Annuitant's signature Signature of an authorized signatory for the Nominee or the Intermediary (if applicable)

Signed at _____ this _____ day of _____ 20

18- Agent's Disclosure

By signing below, I, the life insurance agent, confirm the following:

- that I have examined original, valid, government-issued identification documentation for the Holder and validated his/her date of birth;
- that I have verified the identity of the bank account owner/joint owner (if any);
- that I have witnessed all signatures;
- that I have provided to the Holder a disclosure statement which discloses, among others
 - the company or companies I represent and my relationship with them;
 - that I receive compensation for the sale of life insurance and savings products such as commissions, bonuses, invitations to conferences or other incentives; and
 - my confirmation that I do not have a conflict of interest.
- that I have all the necessary licences, certificates and knowledge (see ia.ca/products-advisors) to submit this application and provide customer service;

If the Contract is held in a Nominee or Intermediary Account, I hereby:

- confirm to be the duly authorized agent of the Nominee or Intermediary;
- confirm that, if the Contract is issued to be held in a Registered Nominee or Intermediary Account, the Nominee or Intermediary is the duly authorized agent of the trustee of the Registered Nominee or Intermediary Account and that this Contract is an authorized investment for the Registered Nominee or Intermediary Account; and
- declare any conflicts of interest that I may have with respect to this transaction.

X _____ Date: [] Y [] M [] D []
Mandatory Life Insurance Agent/ Witness signature

19- Issuer Signature

Industrial Alliance Insurance and Financial Services Inc. authorized representatives' signatures:



Denis Ricard
President and Chief Executive Officer



Renée Laflamme
Executive Vice President
Individual Insurance, Savings and Retirement

CONTRACTUAL DECLARATIONS

I, the Holder, 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 notice of confirmation has not been received within fifteen (15) days of paying a Premium;**
- give the Company the right to correct any errors or omissions on this Application through an amendment letter;
- understand that this Application and the conditions thereof form an integral part of the Contract between the Company and me;
- 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.)

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 13 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 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 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-1

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

Quebec City:

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

Fax: 1-855-685-5161

Toronto:

522 University Avenue
Suite 400
Toronto, ON M5G 1Y7

Fax: 1-800-810-0197

Vancouver:

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

Fax: 1-833-832-7474

INVESTED IN YOU.

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

ia.ca

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