



Transamerica Guaranteed Investment Funds

APPLICATION

Cheques should be made payable to Transamerica Life Canada
Highlighted sections are mandatory and must be completed.

To apply for a:

- Non-Registered Plan
- Retirement Savings Plan (RSP)
- Locked-In Retirement Account (LIRA)
- Locked-In Retirement Savings Plan (LRSP)
- Retirement Income Fund (RIF)
- Life Income Fund (LIF)
- Prescribed Retirement Income Fund (PRIF)
- Restricted Locked-In Savings Plan (RLSP)
- Restricted Life Income Fund (RLIF)

Transamerica Guaranteed Investment Funds Application Effective: November 2010



IP1299 11/10

In this application, "you" and "your" mean the person who is the owner or holder of rights under the Contract. "We," "our," "us," and "Transamerica" mean Transamerica Life Canada.

Please print firmly. Any changes must be initialed by the Owner. Policy No. _____

1. PLAN TYPE

Please select one.

* Not available for British Columbia or federal pension funds. A LRSP is available in these jurisdictions.

† Available for Federal Plans only.

- Non-Registered
 Retirement Savings Plan (RSP)
 Spousal RSP
 Retirement Income Fund (RIF)
 Spousal RIF
 Locked-In RSP (LRSP)
 Locked-In Retirement Account (LIRA)*
 Life Income Fund (LIF)
 Prescribed Retirement Income Fund (PRIF)
 Restricted Life Income Fund (RLIF)†
 Restricted Locked-In Savings Plan (RLSP)†
- For a LIRA, LRSP, LIF, RLSP, PRIF or RLIF, the Contract is to be governed by the laws of: insert name of province _____ or if Federal Plan "Canada," as applicable.

RRIF minimum calculation:

- Qualifying (RRIFs opened prior to January 1, 1993)
 Non-Qualifying (RRIFs opened after December 31, 1992)

1a. NOMINEE INFORMATION

If the policy is classified as a nominee plan, the policy will be non-registered at Transamerica.

Is this a nominee plan? No Yes

Cross Reference # _____ Type of registration with nominee _____

2. OWNERSHIP TYPE

* Not available in Quebec.

- Individual
 Corporation (additional documentation is required)
 ITF (informal trust)*
 Trust (attach trust documents)
 Joint ownership (please complete section 2b)*

2a. OWNERSHIP INFORMATION

Owner must be a Canadian resident at the time the application is completed.

If the policy is a registered plan, then the Owner is also the annuitant.

If the Owner is a Corporation or Non-Corporate entity, the Corporate/ Non-Corporate Entity Ownership Form IP-LP1166 must also be completed.

<input type="radio"/> Mr.	Last Name	First Name	Initial(s)
<input type="radio"/> Mrs.	Street Address	Apt.	Language Preference <input type="radio"/> English <input type="radio"/> French
<input type="radio"/> Ms.	City	Province	Postal Code
<input type="radio"/> Miss	<input type="radio"/> Other		
<input type="radio"/> Male <input type="radio"/> Female	Principal Business or Occupation:		
Social Insurance Number	<input type="text"/>	Date of Birth DD/MM/YYYY	<input type="text"/>
Optional: Phone Number:	<input type="text"/>	E-mail Address:	<input type="text"/>

2b. JOINT OWNER INFORMATION

Available for non-registered plans only.

Joint ownership is with rights of survivorship, which means: (i) each Owner holds an undivided interest in the entire policy (both owners must consent to any policy changes); and (ii) upon the death of one Owner, the surviving Owner assumes sole ownership of the contract.

Joint ownership with rights of survivorship is not offered in Quebec.

<input type="radio"/> Mr.	Last Name	First Name	Initial(s)
<input type="radio"/> Mrs.	Street Address	Apt.	
<input type="radio"/> Ms.	City	Province	Postal Code
<input type="radio"/> Miss	<input type="radio"/> Other		
<input type="radio"/> Male <input type="radio"/> Female	Principal Business or Occupation:		
Social Insurance Number	<input type="text"/>	Date of Birth DD/MM/YYYY	<input type="text"/>

2c. SUCCESSOR OWNER OR SUBROGATED POLICYHOLDER (QC) INFORMATION (OPTIONAL)

If you name a Successor Owner or subrogated policyholder, ownership of the contract will pass to the Successor Owner/subrogated policyholder upon the Owner's death, provided the annuitant is living.

<input type="radio"/> Mr.	Last Name	First Name	Initial(s)
<input type="radio"/> Mrs.	Street Address	Apt.	
<input type="radio"/> Ms.	City	Province	Postal Code
<input type="radio"/> Miss	<input type="radio"/> Other		
<input type="radio"/> Male <input type="radio"/> Female	Principal Business or Occupation:		
Social Insurance Number	<input type="text"/>	Date of Birth DD/MM/YYYY	<input type="text"/>

3. SPOUSAL INFORMATION

Complete if:

- Your spouse is contributing to your RSP contract.
- 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 death of your spouse.**

<input type="radio"/> Mr.	Last Name	First Name	Initial(s)
<input type="radio"/> Mrs.	Street Address	Apt.	
<input type="radio"/> Ms.	City	Province	Postal Code
<input type="radio"/> Miss	<input type="radio"/> Other		
<input type="radio"/> Male <input type="radio"/> Female	Principal Business or Occupation:		
Social Insurance Number	<input type="text"/>	Date of Birth DD/MM/YYYY	<input type="text"/>

4. ANNUITANT INFORMATION

Annuitant MUST be a Canadian resident at the time application is completed.

Registered Policies: Annuitant must be the same as the Owner in Section 2a. This section need not be completed.

Non-Registered Policies: If not completed, Owner in Section 2a is the annuitant.

Note: You must designate an annuitant if Ownership is held ITF (not available in Quebec), or for non-individual Owners (i.e., corporations, trusts).

ONLY ONE PERSON CAN BE THE ANNUITANT

<input type="radio"/> Mr.	Last Name	First Name	Initial(s)
<input type="radio"/> Mrs.			
<input type="radio"/> Ms.	Street Address	Apt.	<input type="radio"/> Male <input type="radio"/> Female
<input type="radio"/> Miss	City	Province	Postal Code
<input type="radio"/> Other			

Date of Birth DD/MM/YYYY

4a. SUCCESSOR ANNUITANT INFORMATION (OPTIONAL)

For non-registered or RIF plans. For RIF plans, only your spouse can be designated as successor annuitant.

The successor annuitant takes the annuitant's place upon the death of the annuitant named in section 4. As a result, the policy continues. The death benefit is payable on the death of the annuitant or successor annuitant, whichever happens later. The successor acquires all the holder's rights upon the holder's death including the unconditional right to revoke any beneficiary designation made by the holder.

<input type="radio"/> Mr.	Last Name	First Name	Initial(s)
<input type="radio"/> Mrs.			
<input type="radio"/> Ms.	Street Address	Apt.	
<input type="radio"/> Miss	City	Province	Postal Code
<input type="radio"/> Other			

Social Insurance Number RIF Only Date of Birth DD/MM/YYYY

Male Female

5. POLITICALLY EXPOSED FOREIGN PERSON (FOR NON-REGISTERED ONLY)

- a) Is a premium and/or lump sum payment equal to or greater than \$100,000 being made or to be made? Yes No
If the answer is "Yes," each proposed Owner must complete question (b).
- b) Do any of the persons described in section 2a, 2b, 2c, or 3 above, or any person to whom you are related by blood or marriage (including your common law partner), hold, or have they held in the past, any of the following positions in a country other than Canada: head of state, member of the executive council of government or member of the legislature; deputy minister (or equivalent); ambassador or ambassador's attaché or counsellor; military general (or higher rank); president of state-owned company or bank; judge or leader or president of a political party in a legislature? Yes No
If the answer is "Yes," the Politically Exposed Foreign Person Form (IP-LP1165) must be completed by that person.

6. BENEFICIARY INFORMATION

The death benefit will be paid to your estate or the estate of the successor owner, if applicable, 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 within a nominee plan:

If the plan is a **self-directed RRSP or 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."

If the contract is held in a non-registered account at the nominee dealer, the beneficiary must be "Nominee in trust for (insert name of beneficiary of the contract)."

Last Name	First Name	Initial(s)
Relationship to annuitant (relationship to Owner in Quebec)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share of benefits _____% <input type="radio"/> Primary <input type="radio"/> Contingent
Last Name	First Name	Initial(s)
Relationship to annuitant (relationship to Owner in Quebec)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share of benefits _____% <input type="radio"/> Primary <input type="radio"/> Contingent
Last Name	First Name	Initial(s)
Relationship to annuitant (relationship to Owner in Quebec)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Share of benefits _____% <input type="radio"/> Primary <input type="radio"/> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 Transamerica policy number.

Cheque made payable to Transamerica Life Canada \$ _____

Deposit(s) being transferred from other institutions:

Type of Plan	Transferring Institution or 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 12 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		PAC Amount (% or \$) Minimum \$25 per fund
				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. PRE-AUTHORIZED CHEQUING INFORMATION (PAC)

Please complete Investment Instructions – Section 8.

Not applicable to LIRAs, LRSPs, RIFs, LIFs, PRIFs, RLSPs or RLIFs.

Subject to our current administrative rules:
– The monthly PAC minimum amount is \$50.
– The minimum allocation per Fund is \$25.

IF OWNER & PAYOR ARE NOT THE SAME PERSON, THE PAYOR MUST COMPLETE FORM IP1308 (NEW PAC AUTHORIZATION FORM)
In setting up deposits by PAC, you agree to the terms set out in the Terms and Conditions section of this application.

Your bank account type

- Savings
 Chequing

ALL PACs ARE TREATED AS PERSONAL
PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE

If the PAC date falls on a non-business day, the PAC will be drawn on the next Valuation Date following that day.

Frequency:

- Weekly Bi-weekly Monthly Quarterly Semi-Annually Annually

Start Date – Commence this plan on (1st to 28th of month):

DD/MM/YYYY

Total PAC amount: \$ _____

YOU WAIVE THE RIGHT TO RECEIVE PRIOR NOTICE OF THE DATE THE FIRST PAC WILL BE WITHDRAWN.

10. SYSTEMATIC WITHDRAWAL PLAN (SWP) FOR NON-REGISTERED AND RIF/PRIF/LIF/RLIF PAYMENT DETAILS

\$10,000 minimum deposit per RIF/PRIF/LIF/RLIF policy.

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.

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.) If level/custom payments are selected, such payment instructions will continue until we implement new written instructions from you.

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
 LIF/RLIF Maximum 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

RIF/PRIF/LIF/RLIF Payments:

- I hereby elect:
 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 3. **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	(%)
		\$		%
		\$		%
		\$		%
		\$		%

11. LIF/PRIF/RLIF AND LIRA/LRSP/RLSP INFORMATION

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

- No
- Yes If "Yes," please complete the information below.

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: DD/MM/YYYY

COMMUTED VALUE OF PENSION BENEFIT (Applicable if the source of the deposit is Ontario, Saskatchewan, Nova Scotia, New Brunswick or Nfld/Lab. 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.)

- No Yes

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?

- No Yes

If "Yes," then state the portion of the pension benefit credit 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.**

12. 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 (\$)

13. OWNER ACKNOWLEDGEMENT AND AUTHORIZATION

Owner(s), annuitant if different from Owner and successor annuitant must sign here. For non-individual Owners (for example, corporations, trusts) please complete the Corporate/Non-Corporate Entity Ownership Form IP-LP1166 and submit with this application.

By signing below, you acknowledge receipt of the Transamerica Guaranteed Investment Funds Information Folder, Annuity Policy and Fund Information Folder 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. If payment is made by PAC, you agree to the Terms of PAC Authorization at the back of this application.

From time to time Transamerica may use your personal information to determine which other insurance and financial products may meet your needs and to offer such products to you. Transamerica may also disclose your personal information to its affiliated companies for their use for such purposes. If you do not wish your personal information to be used for this purpose, **check here:** or you can write to us at: Transamerica Life Canada, 5000 Yonge St, Toronto, ON M2N 7J8, Attention: Privacy Officer.

Signature of Owner: _____ Date Signed: DD/MM/YYYY _____ Province _____

Signature of Joint Owner or Successor Owner/Subrogated Policyholder: _____ Date Signed: DD/MM/YYYY _____ Province _____

Signature of Annuitant, if other than Owner: _____ Date Signed: DD/MM/YYYY _____ Province _____

Signature of Successor Annuitant, if other than Owner: _____ Date Signed: DD/MM/YYYY _____ Province _____

14. VERIFICATION OF IDENTITY

To be completed by the advisor

We are required to verify the identity of the applicant pursuant to the Proceeds of Crime (Money Laundering and Terrorist Financing) Act. You must view one original non-expired document produced by the Owner(s) to verify their identity as required by law.

Social Insurance Number cards cannot be used to verify identity.

This section must be fully completed by a Licensed Agent.

Owner

- Driver's Licence
 Birth Certificate
 Passport
 Canadian Citizenship
 Age of Majority
 Canadian Armed Forces Identification
 Other specify _____

Document Number:

Issuing Jurisdiction:

Joint Owner/Successor/Subrogated Policyholder (If sections 2b or 2c are completed).

- Driver's Licence
 Birth Certificate
 Passport
 Canadian Citizenship
 Age of Majority
 Canadian Armed Forces Identification
 Other specify _____

Document Number:

Issuing Jurisdiction:

Annuitant (if different from Owner(s), to confirm date of birth)

- Driver's Licence
 Birth Certificate
 Passport
 Canadian Citizenship
 Age of Majority
 Canadian Armed Forces Identification
 Other specify _____

Document Number:

Issuing Jurisdiction:

**Are the Owners applying for the policy on behalf of a third party?
If yes, complete the Identity and Third Party Determination form (IP-LP782).**

Yes

No

14a. 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:

- explained and delivered a copy of the Information Folder, Annuity Policy and Fund Information Folder and the signed copy of the application to the Owner(s);
- reviewed an original non-expired document to confirm the identity and witnessed the signature(s) of the applicant(s);
- verified an original valid identification of the Owner/Annuitant and Successor Annuitant/Successor Owner (if applicable) to confirm the Owner/Annuitant or Successor Annuitant's/Successor Owner's date of birth; and
- made reasonable efforts to determine if the Owner(s) is/are 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:

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

Signature of Advisor: _____ Date: DD/MM/YYYY

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Name of Licensed Agent (Last Name, First, Initial(s))

Rep#

Dealer number

Dealer name

Optional:

Phone Number:

E-mail Address:

15. 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 a Transamerica Guaranteed Investment Funds 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 Transamerica 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 Transamerica are authorized to make changes to your Contract.

FOR REGISTERED AND LOCKED-IN PLANS

- You are requesting that Transamerica apply for registration of the Contract applied for as a retirement savings plan or a 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 underwriting and investigating the information provided in the application, servicing and administering this application and/or Contract, for investigating and administering of claims, and for such other purposes as are specified in this application.
- Your information may be shared with Transamerica's affiliates and your advisor of record for the purposes identified above.
- Your Social Insurance Number will be used for income reporting purposes.
- Your banking information will be disclosed to the financial institution(s) processing your pre-authorized deposit plan.
- Upon receiving your application, Transamerica will establish and maintain a file containing your personal information, which will be accessible at Transamerica's Head Office. Your file will only be accessible to employees or authorized representatives of Transamerica 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 Transamerica Life Canada, Attn: Privacy Officer, 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.

TERMS OF PAC AUTHORIZATION

- You hereby authorize Transamerica to draw on the account at the financial institution which is identified on the attached void cheque (PAC Account) in the amount and frequency indicated for the purpose of making deposits to the Contract. You consent to the disclosure of any personal information contained in this application to any third parties for the purpose of processing the PAC. You also understand and agree to all the terms and conditions.
- You certify that the information provided with respect to the PAC Account is accurate. You will provide Transamerica with a new void cheque if the PAC Account is changed.

Cancellation of PAC Authorization

This Authorization is continuing, except that you may cancel this Authorization at any time by giving Transamerica at least 10 days, notice in writing. You may obtain a cancellation form by contacting your financial institution or at www.cdnpay.ca.

Cancellation of Rights to Pay by PAC

Transamerica may cancel your right to pay by PAC:

- (a) If deposits by PAC are returned unprocessed. You will be required to notify us in writing to re-establish Deposits to the Contract by PAC.
- (b) On 10 days, written notice to you.

- The rights under the Policy are not affected by the cancellation of the PAC Authorization or by the cancellation of the Right to Pay by PAC.
- You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement if a debit is not authorized or is not consistent with this PAC Authorization. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

SYSTEMATIC WITHDRAWAL PLAN

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

- You authorize Transamerica 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 Transamerica Life Canada ("TLC"), 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 TLC and will receive compensation from TLC on the completion of this transaction. You are not obligated to transact any other business with Transamerica Life Canada, the advisor/distributor or any other person or entity as a condition of this application.

TRANSAMERICA GUARANTEED INVESTMENT FUNDS SEGREGATED FUND NAME		FUND CODES	
		DSC	ISC
MONEY MARKET & FIXED INCOME	Transamerica Canadian Money Market GIF	TLC1000	TLC1001
	Transamerica Canadian Bond GIF	TLC1002	TLC1003
	Transamerica TD Income Advantage GIF	TLC1056	TLC1057
CANADIAN BALANCED	Transamerica Canadian Balanced GIF	TLC1004	TLC1005
	Transamerica Canadian Fixed Pay GIF	TLC1012	TLC1013
	Transamerica AGF Canadian Large Cap Balanced GIP	TLC1082	TLC1083
	Transamerica AGF Canadian Stock Balanced GIP	TLC1084	TLC1085
	Transamerica Invesco Canadian Balanced GIF	TLC1098	TLC1099
	Transamerica CI Harbour Growth & Income GIF	TLC1096	TLC1097
	Transamerica Fidelity Canadian Balanced GIF	TLC1086	TLC1087
	Transamerica Fidelity True North® Balanced GIP	TLC1088	TLC1089
	Transamerica Fidelity Canadian Asset Allocation GIF	TLC1092	TLC1093
	Transamerica TD Dividend Balanced GIP	TLC1058	TLC1059
	Transamerica TD Canadian Blue Chip Balanced GIP	TLC1060	TLC1061
	Transamerica TD Dividend Income GIF	TLC1062	TLC1063
GLOBAL BALANCED	Transamerica Conservative Asset Allocation GIF	TLC1006	TLC1007
	Transamerica Balanced Asset Allocation GIF	TLC1008	TLC1009
	Transamerica Growth Asset Allocation GIF	TLC1010	TLC1011
	Transamerica Fidelity NorthStar® Balanced GIP	TLC1090	TLC1091
	Transamerica Fidelity Global Disciplined Balanced GIP	TLC1094	TLC1095
CANADIAN EQUITY	Transamerica Canadian Equity GIF	TLC1014	TLC1015
	Transamerica Canadian Equity Value GIF	TLC1030	TLC1031
	Transamerica TOP Canadian Managers GIP	TLC1050	TLC1051
	Transamerica Canadian Large Cap Index GIF	TLC1024	TLC1025
U.S. EQUITY	Transamerica U.S. Equity Growth GIF	TLC1034	TLC1035
	Transamerica U.S. Equity Value GIF	TLC1032	TLC1033
	Transamerica TOP U.S. Managers GIP	TLC1052	TLC1053
	Transamerica U.S. Equity Index GIF	TLC1026	TLC1027
GLOBAL EQUITY	Transamerica Global Equity Growth GIF	TLC1038	TLC1039
	Transamerica Global Equity Value GIF	TLC1036	TLC1037
	Transamerica TOP Global Managers GIP	TLC1054	TLC1055
	Transamerica Global Equity Index GIF	TLC1028	TLC1029
TARGET DATE PORTFOLIOS	Transamerica FuturePoint™ 2020 GIF	TLC1016	TLC1017
	Transamerica FuturePoint™ 2025 GIF	TLC1018	TLC1019
	Transamerica FuturePoint™ 2030 GIF	TLC1020	TLC1021
	Transamerica FuturePoint™ 2035 GIF	TLC1022	TLC1023
ASSET ALLOCATION PORTFOLIOS	Transamerica TOP Conservative GIP	TLC1040	TLC1041
	Transamerica TOP Canadian Balanced GIP	TLC1042	TLC1043
	Transamerica TOP Balanced GIP	TLC1044	TLC1045
	Transamerica TOP Growth GIP	TLC1046	TLC1047
	Transamerica TOP Aggressive Growth GIP	TLC1048	TLC1049
	Transamerica AGF Elements Conservative GIF	TLC1074	TLC1075
	Transamerica AGF Elements Balanced GIF	TLC1076	TLC1077
	Transamerica AGF Elements Growth GIF	TLC1078	TLC1079
	Transamerica AGF Elements Global GIF	TLC1080	TLC1081
	Transamerica Quotential Balanced Income GIF	TLC1064	TLC1065
	Transamerica Quotential Balanced Growth GIF	TLC1066	TLC1067
	Transamerica Quotential Global Balanced GIF	TLC1068	TLC1069
	Transamerica Quotential Growth GIF	TLC1070	TLC1071
	Transamerica Quotential Global Growth GIF	TLC1072	TLC1073



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For more details please see the Transamerica Guaranteed Investment Funds Information Folder (IP1300/IP1300FR).

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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