



Five *for* Life™

Application

To apply for a:

- Non-Registered Plan
- Retirement Savings Plan (RSP)
- Retirement Income Fund (RIF)

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

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 (e.g., 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"/> Miss			
<input type="radio"/> Other	City	Province	Postal Code
<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth (DD/MM/YYYY)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

4a. SUCCESSOR ANNUITANT INFORMATION (OPTIONAL)

Available for RIF Plans only. 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.

Please see Information Folder, section 76, and the Annuity Policy for the readjustments of guarantee benefits when a successor annuitant becomes 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"/> Miss			
<input type="radio"/> Other	City	Province	Postal Code
<input type="radio"/> Male	<input type="radio"/> Female	Date of Birth (DD/MM/YYYY)	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Social Insurance Number RIF only		<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	

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, or any person to whom you are related by blood 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 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" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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 transaction confirmation(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 11 for scheduled fund switches (dollar cost averaging).

Deposits by transfer must state allocation by percentage only.

Fund Name	Fund Code	Wire Order Number	Initial Investment (\$ or %)	Sales Charge Option		PAC Amount (% or \$) Minimum \$50 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 RIFs.

The minimum amount for a PAC is \$100.

IF OWNER AND PAYOR ARE NOT THE SAME PERSON, THE PAYOR MUST COMPLETE FORM IP1308 (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. RIF PAYMENT, GUARANTEED LIFETIME WITHDRAWAL AMOUNT (GLWA) AND SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

All payments specified will be treated as gross.

Your withdrawals may exceed your annual Guaranteed Lifetime Withdrawal Amount (GLWA), which may impact the Guaranteed Lifetime Withdrawal Benefit. Please see Information Folder, section 7.3.6.

SWPs

- If the SWP date does not fall on a business day, the SWP will be drawn on the next Valuation Date following the SWP date.
- If no frequency is selected the SWP will be made monthly payable on the first business day of each month.

RIFs

- We are required to pay you the RIF Minimum Amount as prescribed by the *Income Tax Act* (Canada) commencing (at any time) in the second calendar year of your contract.
- Payments in the first year are fully taxable.
- If Level/Custom payments are selected, the amount selected for such Level/Custom payments must be greater than the RIF Minimum Amount.

If you use the age of your spouse, who is older, to calculate the RIF Minimum Amount, this may result in an Excess Withdrawal, which may impact Guaranteed Lifetime Withdrawal Benefits. Please see Information Folder, section 7.5.3.

RIF Payments:

- You hereby elect:
 You do not elect:

To use your spouse's date of birth to determine the minimum amount of the periodic payments under the RIF. Your 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 your spouse.**

RIF Scheduled Payment Option (Please select only one):

- RIF Minimum Level/Custom – client specified amount of: \$ _____
 The annual Guaranteed Lifetime Withdrawal Amount (GLWA)

Tax Withholding (for RIF):

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

RSP and Non-Registered Payments:

Guaranteed Lifetime Withdrawal Amount:

- The annual Guaranteed Withdrawal Amount (GLWA) **PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE**
 Level/Custom – client specified amount of: \$ _____ We will deposit scheduled payments directly to your bank account.

PAYMENT DETAILS:

First withdrawal date (1st to 28th of month):

DD/MM/YYYY

Frequency:

- Monthly Quarterly Semi-Annually Annually

Withdrawal Instructions:

Fund Name	Fund Code	Amount	or	(%)
		\$		%
		\$		%
		\$		%
		\$		%

11. SCHEDULED WITHDRAWALS (DOLLAR COST AVERAGING OPTIONAL)

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

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

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

DD/MM/YYYY

Scheduled total Transfer of: \$ _____

Frequency: Monthly Quarterly Semi-Annually Annually

From Fund			To Fund		
Fund Name	Fund Code	\$ Amount	Fund Name	Fund Code	\$ Amount

12. OWNER ACKNOWLEDGEMENT AND AUTHORIZATION

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

By signing below you acknowledge receipt of the Five for Life 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Province _____
Signature of Joint Owner or Successor Owner/Subrogated Policyholder: _____	Date Signed: DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Province _____
Signature of Annuitant, if other than Owner: _____	Date Signed: DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Province _____
Signature of Successor Annuitant, if other than Owner: _____	Date Signed: DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Province _____

13. 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	
<input type="radio"/> Driver's Licence	<input type="radio"/> Birth Certificate
<input type="radio"/> Canadian Armed Forces Identification	<input type="radio"/> Other specify _____
<input type="radio"/> Passport	<input type="radio"/> Canadian Citizenship
<input type="radio"/> Age of Majority	
Document Number: _____	Issuing Jurisdiction: _____
Joint Owner/Successor/Subrogated Policyholder (If sections 2b or 2c are completed)	
<input type="radio"/> Driver's Licence	<input type="radio"/> Birth Certificate
<input type="radio"/> Canadian Armed Forces Identification	<input type="radio"/> Other specify _____
<input type="radio"/> Passport	<input type="radio"/> Canadian Citizenship
<input type="radio"/> Age of Majority	
Document Number: _____	Issuing Jurisdiction: _____
Annuitant (if different from Owner(s), to confirm date of birth)	
<input type="radio"/> Driver's Licence	<input type="radio"/> Birth Certificate
<input type="radio"/> Canadian Armed Forces Identification	<input type="radio"/> Other specify _____
<input type="radio"/> Passport	<input type="radio"/> Canadian Citizenship
<input type="radio"/> Age of Majority	
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).	
<input type="radio"/> Yes	<input type="radio"/> No

13a. LICENSED AGENT INFORMATION AND SIGNATURE

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

By signing below, I confirm that I have:
 (a) explained and delivered a copy of the Information Folder, Annuity Policy, Fund Information Folder and the signed copy of the application to the Owner(s);
 (b) reviewed an original non-expired document to confirm the identity and witnessed the signature(s) of the applicant(s);
 (c) verified an original valid identification of the Owner/annuitant and successor annuitant (if applicable) to confirm the Owner/annuitant's date of birth; and
 (d) made reasonable efforts to determine if the Owner(s) 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:
 (a) the company or companies I represent;
 (b) that I will receive compensation (such as commissions or a salary);
 (c) that I may receive additional compensation in the form of bonuses, conference programs or other incentives; and
 (d) that I have disclosed any conflicts of interest that I may have with respect to this transaction.

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

Name of Licensed Agent (Last Name, First, Initial(s))	Rep#	Dealer number	Dealer name
Optional: Phone Number: _____	E-mail Address: _____		

14. SPECIAL INSTRUCTIONS

TERMS AND CONDITIONS

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

GENERAL

- You are applying for a Five *for* Life 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 notify us 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 transaction confirmation 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 PLANS

- You are requesting that Transamerica apply for registration of the Contract under the *Income Tax Act* (Canada).

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 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.
- 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.

TERMS OF PRE-AUTHORIZED CHEQUING 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 Right 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.

Five for Life Fund Code Chart

Five for Life Segregated Fund Name	DSC	ISC
MONEY MARKET AND FIXED INCOME		
Canadian Money Market 5FL GIF	950	951
Canadian Bond 5FL GIF	952	953
Transamerica TD Income Advantage 5FL GIF	956	957
CANADIAN BALANCED		
Canadian Balanced 5FL GIF	960	961
Transamerica AGF Canadian Large Cap Balanced 5FL GIF	984	985
Transamerica AGF Canadian Stock Balanced 5FL GIF	970	971
Transamerica Fidelity Canadian Balanced 5FL GIF	944	945
Transamerica Fidelity True North® Balanced 5FL GIF	974	975
Transamerica Fidelity Canadian Asset Allocation 5FL GIF	958	959
Transamerica TD Dividend Balanced 5FL GIF	980	981
Transamerica TD Canadian Blue Chip Balanced 5FL GIF	982	983
GLOBAL BALANCED		
Conservative Asset Allocation 5FL GIF	964	965
Balanced Asset Allocation 5FL GIF	968	969
Growth Asset Allocation 5FL GIF	972	973
Transamerica Fidelity NorthStar® Balanced 5FL GIF	978	979
Transamerica Fidelity Global Disciplined Balanced 5FL GIF	976	977
ASSET ALLOCATION PORTFOLIOS		
TOP Conservative 5FL GIF	962	963
TOP Canadian Balanced 5FL GIF	994	995
TOP Balanced 5FL GIF	966	967
Transamerica AGF Elements Conservative 5FL GIF	940	941
Transamerica AGF Elements Balanced 5FL GIF	942	943
Transamerica Quotential Balanced Income 5FL GIF	946	947
Transamerica Quotential Balanced Growth 5FL GIF	948	949



Member of the **AEGON** Group

5000 Yonge Street
Toronto, Ontario M2N 7J8
www.transamerica.ca

For more details, please see the *Five for Life* Information Folder (IP1176/IP1176FR).

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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