Assumption Life

Segregated Fund Application

TFSA

INDIVIDUAL VARIABLE ANNUITY CONTRACT

ERASE

Please note that privacy is important to us. If you have any questions, please see our "Privacy Statement" at the end of this document.

FOR FUNDSERV TRANSACTIONS ONLY

Dealer Code _____ Rep Code _____ Contract number _____ Client number _____

Dealer Support (FUNDSERV)
Tel: 506-853-6040/1-855-577-3863 • **Fax:** 506-853-9369/1-855-430-0588
Email: fundserv.support@assumption.ca

Client Services
Tel: 506-853-6040/1-888-577-7337 • **Fax:** 506-853-9369/1-855-430-0588
Email: investments.retirement@assumption.ca

By completing this application, the owner acknowledges that Assumption Life will file with the Minister of National Revenue an election to register the qualifying arrangement as a tax-free savings account under Section 146.2 of the *Income Tax Act* (Canada) and, if necessary, will file with the relevant provincial tax authority an election to register the qualifying arrangement as a tax-free savings account under the corresponding provision of applicable provincial tax legislation.

1. Owner/Annuitant

The owner is also the holder and the annuitant under the TFSA contract.

_____ _____ **Sex:** ☐ M ☐ F
Name **Last Name**

_____ **Date of Birth** _____
Address Day Month Year

Social Insurance Number

Marital Status: ☐ Single ☐ Married ☐ Common-law

Telephone No.: _____ _____
Residence/Mobile Business

_____ _____
Email **Occupation** *(if retired, indicate your occupation before retirement)*

Verification of Identity and Date of Birth by means of an original document. Check (✓) one box:

☐ Birth Certificate ☐ Driver's License ☐ Passport ☐ Other (specify): _____

_____ _____
Reference number **Place of issue (Province/Country)**

2. Beneficiary

Upon your death, if a successor owner/annuitant was designated and has survived you, he will become the new owner/annuitant. If no successor owner/annuitant was designated or has not survived you, the death benefit will be payable to your designated beneficiary or to your estate.

If the beneficiary is the spouse or common-law partner of the owner/annuitant, the surviving spouse or common-law partner may be entitled to a rollover of the death benefit to his or her tax-free savings account, as prescribed by the *Income Tax Act* (Canada). The income generated between the time of death and the rollover date is taxable.

Primary beneficiaries				Revocable or Irrevocable*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner/annuitant
			0%	☐	☐	
			0%	☐	☐	
		Total (must be equal to 100%)	100			

Trustee appointment (only applies to minor beneficiaries not residing in Quebec):_____

The trust will terminate once the beneficiary is of age of majority and has legal capacity to give a valid discharge. The owner directs the trustee to remit to the beneficiary all amounts held in trust at that time for him or her. I or my personal representative may, from time to time and in writing, appoint a new trustee to replace the former trustee.

Contingent beneficiaries (Applies only if all above-named primary beneficiaries die before the owner/annuitant)				Revocable or Irrevocable*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner/annuitant
			0%	☐	☐	
			0%	☐	☐	
		Total (must be equal to 100%)	100			

Trustee appointment (only applies to minor beneficiaries not residing in Quebec): _____

**In Quebec, the designation of a married or civil union spouse as beneficiary is irrevocable, unless otherwise stipulated. All other beneficiary designations are revocable unless otherwise stipulated.*

The designation of an irrevocable beneficiary limits your rights under the contract, and his/her consent will be required for all future transactions including withdrawals, assignments and beneficiary changes.

3. Successor Owner/Annuitant

I hereby designate my spouse or common-law partner listed below as successor Owner/Annuitant of my contract upon my death. *(Please note that upon your death the successor Owner/Annuitant, if living, will become the owner/annuitant of your contract. Your contract shall not terminate and the guarantee upon your death shall not be applicable.)*

_____ _____ **Sex:** ☐ M ☐ F

Name **Last Name**

_____ **Date of Birth** _____

Address Day Month Year

Relationship: _____

Social Insurance Number

Telephone No.: _____ _____

Residence/Mobile Business

_____

Email

Assumption Mutual Life Insurance Company, PO Box 160/770 Main St., Moncton NB E1C 8L1
Tel. 506-853-6040/1-888-577-7337 • Fax 506-853-9369/1-855-430-0588

4. Guarantee Option

Please check (✓) one guarantee option. If you would like to choose more than one guarantee, you will need to complete a separate application for each. The guarantee option selected applies to all investment deposit instructions below.

☐ 75/75 (75% Maturity and 75% Death Benefit guarantee) ☐ 75/100 (75% Maturity and 100% Death Benefit guarantee)

Please refer to the information folder for the definitions of the guarantee options.

5. Investment deposit instruction

Method of deposit

☐ **Cheque** $ _____

☐ **Single Preauthorized Debit Withdrawal** $ _____ **PAD**

Upon receipt of the application, Assumption Life will process the Single Preauthorized Debit within 1 to 2 business days.

☐ **Transfer** _____ *$ for transfers from another financial institution, please complete the appropriate forms.*

Lump sum deposits or transfers

List the fund code(s) of the funds chosen. **The initial minimum deposit required is $500.**

Fund ID Code*	FundServ Order ID	Amounts ($) or (%)

**Please review codes to ensure correct compensation option.*

For transfers from another financial institution, please complete the appropriate forms. Unless otherwise indicated, any internal transfer of a contract concluded pursuant to this application results in the cancellation of the said contract. The total of any lump-sum deposit in GIAs, DIAs, or investment account is equal to the deposit amount enclosed with the application and the total transfer.

GIA: Lump-sum deposit

For transfers, Assumption Life guarantees the interest rates specified in this application, provided that:

- these rates are the ones in effect and approved by Assumption Life at the time of signing the application;
- the signed application is received at our head office within 5 business days following the date it was signed; and
- the deposit is received at our head office within **45 days** following the date the application was signed.

If these conditions are not met, the applicable interest rates will be the ones in effect on the date the application is received at Assumption Life's head office.

ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE OWNER'S RISK AND MAY INCREASE OR DECREASE IN VALUE.

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6. Preauthorized debit agreement (PAD)

Withdrawal Arrangements

This preauthorized debit agreement is considered a variable one.

List the fund code(s) of the funds chosen. **The initial minimum premium required per transaction is as follows:**

- $500 for each guaranteed interest account (GIA) - *If premium is less than $500, it will be invested in the daily interest account (DIA) until its value reaches $500; it will then be transferred to a GIA.*
- $25 per account, for all our accounts

PERIODIC PREAUTHORIZED DEBIT PAYMENT

Amount of periodic deposit* $ _____ **PAD**

Frequency of withdrawals: ☐ monthly ☐ weekly ☐ every two weeks ☐ quarterly ☐ semi-annually ☐ annually

Date of the first periodic deposit _____ (1st to 28th day of each month or next business day)
Day Month Year

List the fund code(s) of the funds chosen. **The initial minimum deposit required is $500.**

Fund ID Code*	FundServ Order ID	Amounts ($) or (%)

**Please review codes to ensure correct compensation option.*

PREAUTHORIZED DEBIT BANKING INFORMATION

Please attach a personalized blank cheque marked "VOID". If a sample cheque is not available, the payer's name is not preprinted or if this is a savings account please contact your financial institution and provide us with an account confirmation.

Type of Service: ☐ Personal - If debit is from a personal account ☐ Business - If debit is from a corporate account

Financial Institution Bank Number	Branch Transit Number	Bank Account Number

Bank Account Holder Name	Bank Account Holder Name

1. **I authorize Assumption Life to begin deductions as per my instructions for regular recurring deposits to the instructions provided in this form.**
2. If a preauthorized payment is returned due to insufficient funds (NSF), Assumption Life will deduct a $25 fee directly from my contract without notice.

Cancellation

You may cancel this preauthorized debit agreement at any time, subject to providing Assumption Life with 10 days written notice. Contact your financial institution about your rights regarding cancellation. (A sample cancellation form is available at www.cdnpay.ca.)

Method of Deposit

Any cancellation of this preauthorized debit agreement will not affect the agreement between you and Assumption Life in any way, so long as payment is provided by an alternate method.

Recourse and Reimbursement

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Exclusive Rights

All amounts transferred from the preauthorized bank account for the deposit payment are for the exclusive benefit of the owner/annuitant.

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7. Special instructions

8. Disclosures of owner/annuitant

a. I have requested that this application be in English, and I request that all other related documents be in English also.

b. For all owners/annuitants: I confirm that I am a resident of Canada

c. I understand that I have access to the Information Folder and the Financial Statements pertaining to segregated funds online at Assumption Life's Web site: ***http:/www.assumption.ca***. I understand that Assumption Life will send me a paper copy of the Financial Statements upon request only.

d. If I have chosen to invest in segregated funds: I acknowledge having received the Information Folder and the Fund Facts pertaining to segregated funds. I understand and acknowledge that the documents hold pertinent information regarding segregated funds and that it is important that I read these documents before investing in segregated funds. I also understand that the applicable fees will be deducted from my funds as set out in the Information Folder.

e. I confirm having read and understood section 12 hereinafter "Conditions" and acknowledge that said conditions are an integral part of the contract.

f. I confirm that all information and answers given in this application and in any related document are complete and true, and I acknowledge that they form the basis of the contract.

g. **I understand and accept that:** No insurance agent "advisor" or person other than Assumption Life is authorized to modify, cancel or waive a question or provision of this application, nor a provision of the contract or of any rider or other document that is part of the contract.

Any notice to or knowledge of an insurance agent "advisor" is not notice to or knowledge of Assumption Life unless stated in writing and made part of this application.

h. **Privacy consent**

By signing below, I confirm that:

- I have received, read and agree with all terms contained in the "privacy statement" which form part of this form or application.
- I understand that the law requires Assumption Life to disclose certain information to the Canada Revenue Agency for tax reporting purposes. I am entitled to consult the personal information contained in my file and, if applicable, to have it corrected by submitting a written request to the following address: Assumption Life, P.O. Box 160/770 Main Street, Moncton NB E1C 8L1. I understand and accept that any withdrawal of my consent may make it impossible to administer my contract or group plan and can therefore be considered as an application for termination of my contract or group plan forcing Assumption Life to suspend any payment of benefits. I hereby consent and authorize Assumption Life to obtain, use and transmit to its agents, distribution partners and service providers, personal information about me for the purpose of the administration, processing and servicing of any contract or group plan I may have with Assumption Life.
- I acknowledge and accept that my personal information may be securely used, stored or accessed in other countries and that it may be subject to the laws of those countries. Thereby requiring Assumption Life to disclose my personal information to any government authority requesting it or that obtains a court order in these countries for this purpose.

☐ I authorize Assumption Life to use the personal information contained in this application in order to send me additional information on products and services that might interest me.

i. **PAD AUTHORIZATION:** Assumption Life is hereby authorized to make withdrawals from the account indicated on the void sample cheque or on the photocopy of a bank statement or from any account subsequently notified to Assumption Life for the PAD.

9. Agent's Declaration

The agent confirms having asked the questions listed in the application to the above-mentioned owner/annuitant and ensures that they have been understood.

The agent confirms having provided the Fund Fact and Information Folder to the owner/annuitant.

The agent also confirms having given and explained to the owner/annuitant, a Statement from the agent specifying his method of compensation and other financial benefits, the name of the insurance companies he represents and any conflict of interest.

Please check (✓) one box only:

☐ **SALE IN PERSON**

The agent confirms having verified the identity and date of birth of the owner/annuitant with an original and unexpired identification document with photo.

☐ **DISTANCE SELLING**

If the agent was not present at the time the application was signed, the agent confirms that the identity and date of birth of the owner/annuitant have been verified, respectful of one of the following criteria:

- **For this transaction (Obtaining a copy of a photo ID):** During this transaction, the agent confirms having received and kept, with the consent of the owner/annuitant, a copy of a photo ID, valid and not expired, bearing a visible signature.
- **For this transaction (verification by video conference):** During this transaction, the agent made sure to see on the screen a photo ID that seemed legitimate and valid to him and that he noted the information contained on this identity document in his file.
- **Previous transaction in person or by video conference:** During a previous transaction in person or by video conference, the agent confirms having seen a photo ID of the owner/annuitant and that he has noted this information in his file; and

  The agent also confirms, for this transaction, having received a copy of an official document recently dated (no more than 3 months) (statement from a financial institution or document issued by a federal, provincial or municipal government), which confirms that the owner/annuitant still reside at the same address and that they have not changed their names. The agent confirms having received the owner/annuitants' consent to keep a copy of this document in his files.

10. Online Access

a. Since your statements will be available online, do you still wish to receive a paper copy? ☐ Yes ☐ No

b. I request that my deferred annuity contract and other pertinent documents be posted on my online account. (Instead of being mailed to me at my home address) ☐ Yes ☐ No

11. Signatures

X _____ X _____

Signature of Bank Account Owner(s) (*If two signatures are required on the account, obtain the signature of the authorized persons.)*

X _____ X _____

Name of Bank Account Owner(s) *(in block letters)*

X _____ _____

Signature of Owner/Annuitant **Signed In** *(city/province)*

X _____ _____ X _____

Agent's Signature **Signed In** *(city/province)* **Name of Agent** *(in block letters)*

_____ _____ _____

Agent's Code **Agent's Telephone No.** **Name of Agency/Firm**

Signed on *(date)* _____

Day Month Year

**Please note:* *All pages must accompany this application when submitting to Assumption Life's Head Office.*

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12. Conditions

The conditions listed in this section are an integral part of this application and the contract.

The owner/annuitant may request a transfer or a partial or full surrender of a deposit from a **redeemable guaranteed interest account** before the end of its investment term. However, no interest is credited on any amounts surrendered or transferred within 90 days from the date the deposit is invested in your contract. A $50 transfer fee will also be deducted from any amount transferred from a GIA to another financial institution.

Unless otherwise instructed, Assumption Life is authorized to reinvest the accumulated value of your guaranteed interest account deposits upon maturity of the investment term under the same terms and conditions with the exception of the interest rate, which will be the one determined by Assumption Life for such deposits at the time of reinvestment.

You are not required to keep the invested amounts in the daily interest account for a fixed term. You may, at any time, make withdrawals or transfers from the daily interest account, without fees or penalties.

In the case of a **non-redeemable guaranteed interest account**, the deposit and interest referred to herein may only be transferred to another financial institution upon the expiry of the investment term.

The **effective date of the contract** is the date upon which Assumption Life receives the first deposit payment at its head office along with this application duly completed, signed and dated.

If you have chosen to make your **periodic deposit investments through preauthorized debit (PAD)**, you must keep this account open. You must also ensure that there are sufficient funds in this account at time of withdrawal. You thereby authorize the financial institution referred to in section 5 of this application to make these transactions as long as your consent has not been revoked in writing. You must notify Assumption Life in writing if you wish to make withdrawals on a different account, change the deposit amount or make any other changes to your PAD plan.

If you have chosen to invest in **segregated funds**, you confirm that you have received advice from your financial advisor with regard to investments and acknowledge that the funds you have selected correspond to your investment objectives. Any deposit invested in a segregated fund is invested at your own risk, and its value may increase or decrease according to market fluctuations.

Assumption Life uses your **social insurance number** solely for tax purposes in terms of administration of your contract and in compliance with all applicable legislation.

For all individual contracts, unless otherwise specified by the owner/annuitant in this application or in any other written notice received at our head office, the **maturity date of your contract** is the anniversary date of the contract on which both of the following conditions are met: the contract's 15th anniversary and the owner/annuitant has reached age 75.

You may always modify the maturity date of your contract at any time prior to annuity commencement date, being the maturity date. The maturity date must not be beyond December 31 of the year in which the owner/annuitant reaches age 105.

Annuity payment option

At the maturity date we will convert your annuity contract into a fixed monthly annuity payable until the owner's/annuitant's 90th birthday, unless the owner/annuitant has provided us with other specific instructions with regard to the payment terms of the annuity. You may always modify the annuity payment option of your contract at any time prior to annuity commencement date, being the maturity date, by providing us with written instructions at our head office.

Non-Canadian residents

All deposits invested while you are non-resident are subject to a special tax of 1% per month and shall be reported to the income tax authorities by you, as required under the *Income Tax Act (Canada)*.

Withdrawals

A withdrawal from your TFSA does not trigger a new contribution room limit equal to the amount withdrawn in any given year. The *Income Tax Act (Canada)* provides that your TFSA contribution room limit will be increased by the amount withdrawn only beginning the following year. Therefore, if you have already contributed the maximum to your TFSA since 2009, any amount withdrawn from your TFSA in any given year may be re-contributed to your TFSA only beginning the following year.

It is important that you contact your Advisor before you make any additional contribution above the maximum prescribed amount in any year.

A **special tax** of one percent will also be levied on deposit amounts exceeding the maximums prescribed in the *Income Tax Act (Canada)*. A monthly tax amount of 1% is applicable on your highest excess TFSA amount in any given month for any over contribution amount exceeding the prescribed limit. This 1% tax per-month will continue to apply for each month that the excess amount remains in your TFSA. The 1% tax is applicable even if the excess amount was contributed and later withdrawn during the same month.

Upon the conversion or purchase of a TFSA into an immediate annuity, the portion of the interest amount included in the annuity payments is taxable.

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Assumption Life

PRIVACY STATEMENT

FOR INDIVIDUAL AND GROUP INVESTMENT PLANS, ANNUITIES AND PENSION PLANS

This privacy statement is applicable to investment products as well as to immediate or deferred annuities you may purchase with Assumption Life (individual and group plans, annuities, and pension plans), hereinafter referred to in this statement as "Product."
In this statement, "you" and "your" refer to you. "We," "us," "our" and "the Company" refer to Assumption Mutual Life Insurance Company, its employees, representatives, and agents. "Third Parties" mean the advisors, brokers, distribution partners, reinsurers or service providers having a business relationship with us, including their respective employees, representatives, and agents.

Purpose

By signing this form, you consent that we collect your personal information for the purpose of administering your Product, now and in the future, as outlined below. We only collect the personal information that we need in order to provide you with the services you need associated with your Product. Such services include underwriting, administration, claims adjudication, annuity payments, protection against fraud, errors, or misrepresentations as well as evaluation and improvement of protection and security measures.

Personal information we collect

Your personal information may include your name, address, email address, date of birth, name of your spouse when required, your sensitive financial information such as your banking information, your income, your social insurance number (SIN), etc. With your consent, we may also collect your electronic or digital signature through a Third-Party service provider platform or system. In such an event, we will collect the data supporting the validity, the time, and the location of your signature, including the Internet protocol address "IP address" associated with the electronic device used for your signature. If you complete a Product application or a subscription form online, we will collect the electronic data associated with the electronic process. We may collect this data through a Third-Party service provider system.

Use

Your personal information will only be used for the purpose for which it was collected. Only us and Third Parties who need your personal information for the performance of their duties will have access to your personal information. We may also use your personal information to determine your eligibility for, and provide you with details of, other related products or services that we believe meet your changing needs. You may withdraw your consent for us to use your personal information to provide you with other products or services offered. If you wish to withdraw your consent, you may contact us at 506-853-6040/1-888-577-7337 or investments.retirement@assumption.ca.

You agree that we use your personal information to comply with legal and regulatory requirements, to confirm your identity and the accuracy of the information you provided, to conduct searches to locate you and to update your information at your request.

You understand that we will only use your social insurance number (SIN) as required by tax laws, but may also use it, in exceptional circumstances, if we need to locate you after having used other less sensitive personal information. In such instance, we may need to contact the income tax authorities or a credit agency to assist us in finding your most recent address in order to locate you.

If you purchased an annuity, we may use your personal information, on a continuous basis, to confirm with a Third-Party service provider that you are still living at the time of the annuity payment.

Disclosure

While administering your product, we may need to collect and share your personal information with Third Parties who may need to fulfill their duties to you or to us. If your product is a group investment or a pension plan, we may also need to collect and share your personal information with your employer or plan administrator.

Unless authorized by law or required by law or a court order, Assumption Life will not disclose your personal information to other parties without your consent.

Protection

In order to ensure the confidentiality of your personal information, we will establish and retain a file on you, in accordance with applicable laws. We may also use third-party services and servers situated in Canada or elsewhere to retain your personal information. If your personal information is retained outside Canada, it may be subject to the laws of those countries.

As part of our commitment to you pertaining to the protection of your personal information, we have put in place outsourcing contracts with Third Parties with whom we will share your personal information. Those Third Parties' contracts contain privacy protection and measures similar to those we have put in place as part of our commitment to you, respectful of privacy laws and regulations.

6764-00A-JUN22

Consent

During our client relationship with you, you may have to fill out and sign various forms. By signing those forms, you give your consent for us to collect, use and disclose your personal information, as set out in this privacy statement. Any alterations to the consent must be agreed to in writing by us.

You understand and accept that any withdrawal of your consent may make it impossible for us to administer your Product and can therefore be considered as a request for termination of your contract or group plan, forcing us to suspend any service request, including but not limited to, the payment of an annuity or benefit amount, when applicable.

You may also withdraw your consent for us to use your personal information to provide you with other product or service offerings, except those that are mailed with your statements. If you wish to withdraw your consent for us to collect, use, retain or share your personal information, you may contact us at 506-853-6040/1-888-577-7337 or investments.retirement@assumption.ca.

6764-00A-JUN22

Assumption Life

Vesta

Investing. Simplified.
With everything at your fingertips, complete your next application in just 10 minutes with Vesta, Assumption Life's investment application platform.

SEG FUNDS, GIA & DIA CODES

(AS OF JUNE, 2026)

Guaranteed Interest Account (GIA's)	Fund Code
Guaranteed Interest Account 1-year non-redeemable	GICN1
Guaranteed Interest Account 2-year non-redeemable	GICN2
Guaranteed Interest Account 3-year non-redeemable	GICN3
Guaranteed Interest Account 4-year non-redeemable	GICN4
Guaranteed Interest Account 5-year non-redeemable	GICN5
Guaranteed Interest Account 1-year redeemable	GICR1
Daily Interest Account	DIA

	75/75 (Maturity & Death Benefit)				**75/100** (Maturity & Death Benefit)			
	No Load				No Load			
Fund Names	**CB5** Series H	**CB3** Series H	**CB2** Series H	**Trail Only** Series H	**CB5** Series B	**CB3** Series B	**CB2** Series B	**Trail Only** Series B
TARGET RISK								
Conservative Portfolio Fund (Assumption Life)	2800	2600	2500	2700	3800	421	3900	3700
Balanced Portfolio Fund (Assumption Life)	2801	2601	2501	2701	3801	420	3901	3701
Balanced Growth Portfolio Fund (Assumption Life)	2802	2602	2502	2702	3802	415	3902	3702
Growth Portfolio Fund (Assumption Life)	2803	2603	2503	2703	3803	414	3903	3703
Select Defensive Portfolio Fund (Assumption Life)	2840	2640	2540	2740	3840	442	3940	3740
Select Moderate Portfolio Fund (Assumption Life)	2841	2641	2541	2741	3841	443	3941	3741
Select Balanced Portfolio Fund (Assumption Life)	2842	2642	2542	2742	3842	444	3942	3742
Select Growth Portfolio Fund (Assumption Life)	2843	2643	2543	2743	3843	445	3943	3743
Select Enhanced Growth Portfolio Fund (Assumption Life)	2844	2644	2544	2744	3844	446	3944	3744
All-in-One Conservative Income ETF Fund (Fidelity)	2852	2652	2552	2752	3852	455	3952	3752
All-in-One Balanced ETF Fund (Fidelity)	2846	2646	2546	2746	3846	448	3946	3746
All-in-One Growth ETF Fund (Fidelity)	2847	2647	2547	2747	3847	449	3947	3747
All-in-One Equity ETF Fund (Fidelity)	2853	2653	2553	2753	3853	456	3953	3753
TARGET DATE								
SmartSeries Income Fund (Assumption Life)	2804	2604	2504	2704	3804	441	3904	3704
SmartSeries 2025 Fund (Assumption Life)	2806	2606	2506	2706	3806	434	3906	3706
SmartSeries 2030 Fund (Assumption Life)	2807	2607	2507	2707	3807	435	3907	3707
SmartSeries 2035 Fund (Assumption Life)	2808	2608	2508	2708	3808	436	3908	3708
SmartSeries 2040 Fund (Assumption Life)	2809	2609	2509	2709	3809	437	3909	3709
SmartSeries 2045 Fund (Assumption Life)	2810	2610	2510	2710	3810	438	3910	3710
SmartSeries 2050 Fund (Assumption Life)	2811	2611	2511	2711	3811	439	3911	3711
SmartSeries 2055 Fund (Assumption Life)	2812	2612	2512	2712	3812	440	3912	3712
SmartSeries 2060 Fund (Assumption Life)	-	2655	2555	2755	-	458	3955	3755
SmartSeries 2065 Fund (Assumption Life)	-	2656	2556	2756	-	459	3956	3756
FIXED INCOME								
Money Market Fund (Louisbourg)	2813	2613	2513	2713	3813	109	3913	3713
Fixed Income Fund (Louisbourg)	2814	2614	2514	2714	3814	152	3914	3714
Canadian Bond Fund (CI)	2815	2615	2515	2715	3815	179	3915	3715
Corporate Bond Fund (CI)	2816	2616	2516	2716	3816	426	3916	3716
Global Unconstrained Bond Fund (CI)	2854	2654	2554	2754	3854	457	3954	3754

6571-00A-APR26

	75/75 (Maturity & Death Benefit)				75/100 (Maturity & Death Benefit)			
	No Load				No Load			
Fund Names	CB5 Series H	CB3 Series H	CB2 Series H	Trail Only Series H	CB5 Series B	CB3 Series B	CB2 Series B	Trail Only Series B
BALANCED								
Balanced Fund (Louisbourg)	2817	2617	2517	2717	3817	140	3917	3717
Canadian Asset Allocation Fund (Fidelity)	2818	2618	2518	2718	3818	413	3918	3718
Monthly Income Fund (Fidelity)	2819	2619	2519	2719	3819	408	3919	3719
NorthStar® Balanced Fund (Fidelity)	2820	2620	2520	2720	3820	430	3920	3720
Climate Leadership Balanced Fund™ (Fidelity)	2845	2645	2545	2745	3845	447	3945	3745
High Income Fund (CI)	2821	2621	2521	2721	3821	412	3921	3721
Canadian Asset Allocation Fund (CI)	2822	2622	2522	2722	3822	422	3922	3722
Global Growth Balanced Fund (AGF)	2851	2651	2551	2751	3851	454	3951	3751
CANADIAN EQUITY								
Canadian Dividend Fund (Louisbourg)	2823	2623	2523	2723	3823	107	3923	3723
Canadian Small Capitalization Equity Fund (Louisbourg)	2824	2624	2524	2724	3824	144	3924	3724
Louisbourg Momentum Fund (Louisbourg)	2825	2625	2525	2725	3825	129	3925	3725
Preferred Share Fund (Louisbourg)	2829	2629	2529	2729	3829	431	3929	3729
Fidelity Canadian Opportunities Fund (Fidelity)	2826	2626	2526	2726	3826	146	3926	3726
True North® Fund (Assumption/Fidelity)	2827	2627	2527	2727	3827	174	3927	3727
Canadian Dividend Fund (CI)	2828	2628	2528	2728	3828	425	3928	3728
U.S., INTERNATIONAL AND GLOBAL EQUITIES								
U.S. Equity Fund (Louisbourg)	2830	2630	2530	2730	3830	166	3930	3730
International Equity Fund (Louisbourg)	2849	2649	2549	2749	3849	451	3949	3749
American Disciplined Equity® Fund (Fidelity)	2831	2631	2531	2731	3831	404	3931	3731
NorthStar® Fund (Fidelity)	2832	2632	2532	2732	3832	409	3932	3732
Far East Fund (Fidelity)	2833	2633	2533	2733	3833	419	3933	3733
International Growth Fund (Fidelity)	2834	2634	2534	2734	3834	194	3934	3734
Europe Fund (Fidelity)	2835	2635	2535	2735	3835	185	3935	3735
Emerging Markets Fund (Fidelity)	2836	2636	2536	2736	3836	429	3936	3736
Global Equity + Fund (Fidelity)	2848	2648	2548	2748	3848	450	3948	3748
U.S. Stock Selection Fund (CI)	2837	2637	2537	2737	3837	403	3937	3737
Global Dividend Fund (CI)	2838	2638	2538	2738	3838	428	3938	3738
Global Resource Fund (CI)	2839	2639	2539	2739	3839	427	3939	3739
Global Select Fund (AGF)	2850	2650	2550	2750	3850	453	3950	3750

100% guarantee at death:

Assumption Life guarantees that the death benefit payment will be equal to 100% of the amount of any gross premiums deposited into a guaranteed interest account and 100% of any gross premiums deposited into a segregated fund prior to the annuitant's 77th birthday.

Annuitant's age on the contract at the time of premium deposit	Gross premium guarantee rate
77 – 78 years old	95%
78 – 79 years old	90%
79 – 80 years old	85%
80 years old and over	80%

75% guarantee at death:

Assumption Life guarantees that the death benefit deposit will be equal to 100% of the amount of any gross premiums deposited into a guaranteed interest account and 75% of any gross premiums deposited into a segregated fund.

Assumption Life
Investments and Retirement

LIMITED TRADING AUTHORIZATION

This LIMITED TRADING AUTHORIZATION is for all current and future group and individual variable annuity contracts I have purchased or will purchase with Assumption Life through the Agent named below. If this is not the case, please specify all contracts excluded from this limited trading authorization.

Part A: Owner/Member and Agent Information

Name of Owner /Member	Date of birth	Member number

Name of Agent	Agent's code with Assumption Life

Part B: Type of Transactions

Through the use of this Limited Trading Authorization Form (hereinafter the "Authorization") for group and individual variable annuity contracts with Assumption Life (hereinafter the "Contract"), you are authorizing your agent to instruct Assumption Mutual Life Insurance Company (hereinafter the "Company") to process the following transactions on your behalf, in accordance with the terms of the relevant group and individual variable annuity contract **you have purchased or will purchase with Assumption Life through the Agent named above**:

a) New deposits and surrenders not exceeding $25,000.

b) Fund switches within the same contract.

c) Fund transfers from one Contract to another existing Contract with Assumption Life.

d) Changing the amounts and proportion in which the premium is allocated to a segregated fund.

e) Changing instructions pertaining to any preauthorized debit from your bank account (suspending withdrawals, changing the bankaccount from which the premiums are paid, amount, date and frequency of withdrawals from your bank account).

However, your agent is not authorized to conduct discretionary trading on your behalf, which means that your agent must obtain your prior and specific authorization in order to provide any instructions to the Company.

Part C: Authorization of Owner/Member

I, the undersigned Owner/Member, hereby authorize the Agent named above to provide instructions in writing to the Company on my behalf and to sign any relevant documents associated with the permitted transactions (a) through (e) listed in part B of this Authorization in accordance with my specific instructions for each transaction, for all current and future Contracts I have or may acquire with the Company in the future. I acknowledge that the instructions provided to the Company by my Agent under the authority of this Authorization shall have the same validity as if I had provided signed written instructions to the Company. I acknowledge that the Company may rely on this Authorization and will accept and act on these instructions from my Agent without any further confirmation from me. I understand that I will be liable for any applicable fees or charges payable to the Company as a result of such transactions, including exit fees (deferred sales charges) and transfer fees. I also understand and agree that some instructions provided to the Company by my Agent may trigger tax consequences, for which I shall be responsible.

I hereby agree that the Company will not be liable in any way for any claims, demands or actions that might be made by me or my heirs, administrators, successors, executors and beneficiaries or any third party as a result of the Company relying on instructions from my Agent pursuant to this Authorization.

This Authorization is valid until the Company receives, at its head office in Moncton New Brunswick, a written revocation of this Limited Trading Authorization. This Authorization will otherwise expire upon my death or the Company receiving evidence of my mental incapacity or bankruptcy or following a change to the Agent of record on my Contract(s). This Authorization is not intended to be a continuing power of attorney for property within the meaning of any power of attorney legislation in Canada granted in the event of my mental incapacity.

This Authorization supersedes and replaces any other Authorization I have previously granted to the Company. The Company may, at its sole discretion, refuse to accept or process transactions under this Authorization.

Assumption Mutual Life Insurance Company, PO Box 160/770 Main St., Moncton NB E1C 8L1
Tel. 506-853-6040/1-888-577-7337 • Fax 506-853-9369/1-855-430-0588

I acknowledge and confirm that I have read and that I understand and accept the terms and conditions of this Authorization.
I also acknowledge that the Authorization has been explained to me to my entire satisfaction.

DATED on _____

Signature of Owner/Member

Signature of Witness/Agent

Name of Witness

Phone number

Signature of spouse (if applicable)

Signature of Witness/ Agent

Name of Witness

Phone number

Part D: Agent Acknowledgement

I, _____, acknowledge that I have reviewed this Authorization with the Owner/Member. I consent to abide by and respect the terms of this Authorization. I understand and agree to fully indemnify and hold harmless the Company from and against any loss, claims or demands of any kind which the Company may suffer or incur as a result of the Company acting or relying on this Authorization.

Signature of Agent

Date

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