Assumption Life

Segregated Fund Application

Non-Registered

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

1. Annuitant (cannot be a company)

Name _____ Last Name _____ Sex: ☐ M ☐ F

Address _____ Date of Birth _____ (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) _____

IMPORTANT: Form 6101-00A (Information about the Identity of an Owner) or 6119-00A (Information on the Identity of a Legal Person (Entity)) must be completed and attached to this application. Form 6119-00A must also be accompanied by CRA Form RC519 (Declaration of Tax Residence for Entities)

2. Contributor/Owner

The contributor is the owner of the contract. Upon death of the owner, if this person is not the annuitant, his rights are vested to his estate, unless a contingent owner has been designated at section 3. The law requires the verification of the owner's identity by means of an original document.

OWNER 1

Owner 1 is: ☐ the Annuitant ☐ Other (complete below)

Name _____ Last Name _____ Sex: ☐ M ☐ F

Address _____ Date of Birth _____ (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)* _____

Two owners are permitted if they are individuals. All correspondence will however be sent to owner 1. Unless otherwise indicated, the owner and co-owner have elected a joint ownership with right of survivorship. At the death of an owner, his rights and share under the contract will automatically be vested to the other owners, unless the deceased owner is also designated as the annuitant. If the deceased owner is also the annuitant, the contract is terminated and payable to the annuitant's beneficiary. (Not applicable in Quebec).

OWNER 2 (CO-OWNER)

Name _____ Last Name _____ Sex: ☐ M ☐ F

Address _____ Date of Birth _____ (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)* _____

3. Contingent owner

By completing this section, you are assigning your rights to a contingent owner upon your death. *(Applies only if the annuity is not payable upon your death.)*

Complete only if the Owner is an individual. (The assignment of your rights under this section will supersede the joint ownership with right of survivorship deemed in section 2 of this application)

Contingent owner for Owner 1:

☐ the Annuitant ☐ Other (complete the following):

Name _____

Relationship _____

Contingent owner for Owner 2:

☐ the Annuitant ☐ Other (complete the following):

Name _____

Relationship _____

4. Beneficiary (upon the annuitant's death)

Upon the annuitant's death, the death benefit will be payable to the designated beneficiary. If no beneficiary has been designated, the death benefit will be payable to the owner, if living, or to his estate.

Primary beneficiaries				Revocable or Irrevocable*		Relationship to annuitant (In Quebec, relationship with owner)	
First name	Last name	Age	%	Rev.	Irrev.	Outside Quebec	In Quebec
			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. I direct 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*		Relationship to annuitant (In Quebec, relationship with owner)	
First name	Last name	Age	%	Rev.	Irrev.	Outside Quebec	In Quebec
			0%	☐	☐		
			0%	☐	☐		
		Total (must be equal to 100%)	100				

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

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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 and beneficiary changes.

5. 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.

6. 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.

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

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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7. 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 deposit required per transaction is as follows:**

- $500 for each guaranteed interest account (GIA) - *If deposit 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

PRE-AUTHORIZED PERIODIC PAYMENT

Periodic deposit amount* $ _____ **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 premium 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 premium payment are for the exclusive benefit of the owner/annuitant of the annuity contract.

8. Special instructions

9. Grantee of the annuity

At the maturity date, the annuity becomes payable to the annuitant, unless the owner has designated a grantee of an annuity to receive the annuity payments.

Name of Grantee of the annuity

Address

Date of Birth: Day Month Year

Relationship to Owner

10. Disclosures of annuitant and owner

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

b. For all owners: 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 13 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. **AUTHORIZATION (PAD)**: 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.

11. 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

12. 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)*

ANNUITANT'S SIGNATURE

X _____ _____

Annuitant's Signature **Signed In** *(city/province)*

OWNER(S) SIGNATURES

X _____ _____ X _____ _____

Signature of Owner 1 *(other than Annuitant)** **Signed In** *(city/province)* **Signature of Owner 2** *(co-owner)** **Signed In** *(city/province)*

**If the Owner is a Legal Entity, the signature of the authorized individuals is required.*

AGENT'S SIGNATURE

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**

The agent confirms having asked the questions listed in the application to the above-mentioned annuitant and owners and made sure that these were understood.

The agent also confirms having provided and explained to the client an Agent Disclosure Statement explaining his/her method of compensation and other financial benefits, the names of the insurance companies he/she represents as well as any conflict of interest.

Signed on *(date)* _____

Day Month Year

***Please note:** All pages of this application must accompanied with forms 6101-00A (Information about the Identity of an Owner) or 6119-00A (Information on the Identity of a Legal Person (Entity)) and RC519 (Declaration of Residence for Tax Purposes for Entities) when submitted to Assumption Life's head office.*

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13. Conditions

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

Deposits invested in a **non-redeemable guaranteed interest account** may not be surrendered or transferred before the maturity date of their respective investment term; interest accrued on such deposits in a non-registered contract may, however, be paid to the owner on an annual basis.

The owner 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 surrenders or transfers from the daily interest account, without fees or penalties.

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.

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.

For all individual contracts, unless otherwise specified by the owner 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:

a. the contract's 15th anniversary;
b. the annuitant has reached 75 years of age.

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 exceed the annuitant's 105th birthday. If the maturity date chosen precedes the two conditions set out at paragraph (a) and (b) above, you waive the guarantee at maturity as provided for in the contract.

At the maturity date, the annuity becomes payable to the annuitant, unless the owner has designated a grantee of an annuity to receive the annuity payment.

Annuity payment options

At the maturity date we will convert your annuity contract into a fixed monthly annuity payable until the annuitant's 90th birthday, unless the owner has provided us with other specific instructions with regard to the payment terms of the annuity. If the annuitant is over 80 years of age at the maturity date, we will issue a fixed monthly annuity for a specific 10-year duration.

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.

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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

INFORMATION ABOUT THE IDENTITY OF AN OWNER (INDIVIDUAL)

FOR NON-REGISTERED FUNDS AND UNIVERSAL LIFE PRODUCTS

ERASE

1. Verification of the identity of owner 1

First name	Last name		
Date of birth (dd-mm-yyyy)	Profession/profession before retirement/main activity		
Permanent residence address (street name, number, apartment/suite)			
City	Province/State	Country	Postal Code/Zip Code

1.1 Identification methods (select one method):

☐ **a) Verification in person (using an original photo ID)**

You must review the current, valid, and original identification document. Acceptable Canadian documents include a passport, driver's license, or any other photo ID issued by a federal, provincial, or territorial government. An equivalent photo identification issued by a foreign government is also acceptable.

Type of document	Document number	Expiration date (dd-mm-yyyy)	Province or country of issue

☐ **b) Dual process method**

The client must provide two original, valid, and current documents from separate, reliable, and independent sources. This method may only be used if the client does not have valid photo ID or if the verification is done remotely.

Category*	Document type	Reference number	Verification date	Information received (name, address, date of birth, financial account)

**Category A: name and address. Category B: name and date of birth. Category C: name and proof of Canadian deposit or loan account.*

☐ **c) By a third party**

The assigned representative was not present when the individual signed the document. The representative certifies that the individual's identity and date of birth was verified by another representative with an active Assumption Life agent code. That representative must sign the agent's declaration at the end of this form.

Name of the representative who validated the individual's identity: _____

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2. Verification of the identity of owner 2 (co-owner) If applicable

First name	Last name
Date of birth (dd-mm-yyyy)	Profession/profession before retirement/main activity
Permanent residence address (street name, number, apartment/suite)	

City	Province/State	Country	Postal Code/Zip Code

2.1 Identification methods (select one method):

☐ **a) Verification in person (using an original photo ID)**

You must review the current, valid, and original identification document. Acceptable Canadian documents include a passport, driver's license, or any other photo ID issued by a federal, provincial, or territorial government. An equivalent photo identification issued by a foreign government is also acceptable.

Type of document	Document number	Expiration date (dd-mm-yyyy)	Province or country of issue

☐ **b) Dual process method**

The client must provide two original, valid, and current documents from separate, reliable, and independent sources. This method may only be used if the client does not have valid photo ID or if the verification is done remotely.

Category*	Document type	Reference number	Verification date	Information received (name, address, date of birth, financial account)

**Category A: name and address. Category B: name and date of birth. Category C: name and proof of Canadian deposit or loan account.*

☐ **c) By a third party**

The assigned representative was not present when the individual signed the document. The representative certifies that the individual's identity and date of birth was verified by another representative with an active Assumption Life agent code. That representative must sign the agent's declaration at the end of this form.

Name of the representative who validated the individual's identity: _____

3. Determination of third parties

Examples include: payer, attorney or agent, collateral assignee/mortgagee.

3.1 Does the owner act on behalf of, or for, the benefit of another person or entity? Check the box that applies.

☐ No - ***Go to section 4***

☐ Yes - ***If yes, you must complete the form 6991-00A - Determination of third parties.***

4. Verification of politically vulnerable persons (PVP)

A person may be closely associated with a Politically Vulnerable Person (PVP) – either a Politically Vulnerable Foreigner (PVF), a Politically Vulnerable National (PVN), or a Leader of an International Organization (LIO) – for personal or professional reasons. Examples include:

- Holding a joint insurance policy with a PVP or LIO
- Making a payment of $100,000 or more into an insurance or annuity product whose beneficiary is a PVP or a LIO
- Being the business partner of a PVP or LIO
- Having a personal relationship with a PVP or a LIO
- Conducting financial transactions with a PVP or LIO
- Serving as an important member of the same political party or union as a PVP or LIO
- Sitting on the same board as a PVP or LIO
- Participating in charitable work in close association with a PVP or LIO

4.1 Is the deposit greater than or equal to $100 000? Check the box that applies.

☐ Yes – Proceed to question 4.1.1

☐ No – Go to section 5

4.1.1 Politically Vulnerable Foreigners (PVF)

Does the owner, their spouse or common-law partner, parent or step-parent, child or step-child, sibling or step-sibling, or another person with whom the owner is closely associated hold or has held any of the following positions for a country other than Canada?

- Head of State or Government
- Member of the executive council of a government
- Responsible for a government agency
- President of a Crown corporation or a state-owned bank
- Deputy Minister or equivalent position
- Ambassador, attaché, or adviser to an ambassador
- Judge of the Supreme Court, Constitutional Court, or other court of last resort
- Military officer with the rank of general or higher
- Member of a Legislative Assembly
- Leader or president of a political party
- Head of a government agency represented in a legislature

Owner 1	**Owner 2** (if applicable)
☐ Yes ☐ No	☐ Yes ☐ No

4.1.2 Politically Vulnerable Nationals (PVN)

Does the owner, their spouse or common-law partner, parent or step-parent, child or step-child, sibling or step-sibling, or another person with whom the owner is closely associated hold or has held any of the following positions in **Canada over the past 5 years**?

- General Governor, Lieutenant Governor, or Head of Government
- Member of the Senate or House of Commons, or member of a legislature
- Deputy Minister or equivalent office holder
- Ambassador, attaché, or adviser to an ambassador
- Officer with the rank of general or a superior rank
- Officer with the rank of general or higher rank
- Director of a corporation wholly owned by Her Majesty in right of Canada or a province
- Head of a government agency
- Judge of a provincial court of appeal, the Federal Court of Appeal, or the Supreme Court of Canada
- Leader or president of a political party represented in a legislature
- Mayor

Owner 1	**Owner 2** (if applicable)
☐ Yes ☐ No	☐ Yes ☐ No

4.1.3 Leaders of International Organizations (LIO)

Does the owner, their spouse or common-law partner, parent or step-parent, child or step-child, sibling or step-sibling, or another person with whom the owner is closely associated occupy any of the following positions?

- Leader of an international organization established by the governments of multiple states
- Leader of an institution established by an international organization
- Leader of an international organization or institution established by an international organization who serves as the principal person directing that organization, i.e. its president or chief executive officer

Note: An international organization is defined as an organization created by the governments of multiple states.

Owner 1	**Owner 2** (if applicable)
☐ Yes ☐ No	☐ Yes ☐ No

4.1.4 If you checked "yes" in sections 4.1.1, 4.1.2, or 4.1.3, you must complete the following table. If you checked "no", proceed to section 5.

Name of the owner or co-owner	Name of the politically vulnerable person	Relationship with the owner or co-owner	Position held (see sections i, ii or iii)	Country for which the position was held	Name of the organization	Name of the closely associated person

5. Source of payment and purpose of the product

5.1 Source of funds (Check all that apply)

☐ Salary or earned income ☐ Borrowed funds ☐ Business income ☐ Donations
☐ Inherited funds ☐ Sale of a property ☐ Pension plan ☐ Gift
☐ Other, please specify: _____

5.2 Time horizon

☐ Short term (less than 3 years) ☐ Medium term (3 to 10 years) ☐ Long term (More than 10 years)

5.3 Purpose of the product (Check all that apply)

☐ Estate planning ☐ Important purchase ☐ Income
☐ Studies ☐ Investments ☐ Pension saving
☐ Emergency funds ☐ Other, please specify: _____

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6. Declaration of tax residence for individuals

6.1 Owner 1: Check all that apply

☐ **I am a tax resident of Canada.** Please provide your social insurance number: _____

☐ **I am a tax resident of the United States or an American citizen.**

- If you ticked this box, you must complete form ***6992-00A - Declaration of tax residence for individuals***.

☐ **I am a tax resident of a jurisdiction other than Canada or the United States.**

- If you ticked this box, you must complete form ***6992-00A - Declaration of tax residence for individuals.***

6.2 Co-owner: Check all that apply (if applicable)

☐ **I am a tax resident of Canada.** Please provide your social insurance number: _____

☐ **I am a tax resident of the United States or an American citizen.**

- If you ticked this box, you must complete form ***6992-00A - Declaration of tax residence for individuals***.

☐ **I am a tax resident of a jurisdiction other than Canada or the United States.**

- If you ticked this box, you must complete form ***6992-00A - Declaration of tax residence for individuals.***

7. Owner's declaration

7.1 I declare that the answers to the questions in this form and the statements made therein are accurate and complete and provided in the presence of the representative.

X _____ _____

Signature of owner 1 ***Date of the signature (dd-mm-yyyy)***

X _____ _____

Signature of owner 2 (co-owner) ***Date of the signature (dd-mm-yyyy)***

8. Certificate of the representative who verified the identity of the owner

8.1 With the understanding that Assumption Life will rely on the information in this form to conduct client due diligence and to satisfy applicable regulatory requirements, I, the representative, confirm each of the following:

- All the identification details provided in this form match the original identification documents shown to me in person or remotely.
- I have reviewed the details provided in this form with the owner.
- To the best of my knowledge, all details in this form are full, complete, true, and given to me by the client in a face-to-face meeting.
- If there are reasonable grounds to suspect that there is an undisclosed third party, a politically vulnerable person (PVP), a Politically Vulnerable Foreigner (PVF), a Politically Vulnerable National (PVN), or Leaders of International Organizations (LIO) that has not been referred to but are involved in this transaction, please add details on this form or email us at *investments.retirement@assumption.ca*.
- I took reasonable steps to verify the identity of the legal entity.

X _____ _____

Signature of the representative ***Date (dd-mm-yyyy)***

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9. Assumption Life's declaration

Assumption Life's Privacy Statement for Canada

For Assumption Life the protection of your personal information is a priority. We keep confidential information about you and the products and services you have purchased from our organization, to provide you with investment, insurance and retirement products and services that will help you achieve your financial goals every step of your life. To achieve this, we must collect, use and transmit your personal information for the purposes of pricing, administration, settlement evaluation, fraud protection, identifying errors or misrepresentations, as well as compliance purposes and for regulatory or contractual requirements. It can also help us to inform you about other products and services that could meet your ever-changing needs. The only people who have access to your personal information are our employees, our distribution partners (such as advisors) and third-party service providers, as well as our reinsurers. Anyone you have authorized may also have access to your personal information. In some cases, unless prohibited, these individuals may be established outside of Canada, and your personal information may be governed by the laws of other countries. You may inquire about the information contained in our records about you and, if necessary, ask us in writing to make corrections. To learn more about our privacy practices, visit www.assumption.ca.

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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.

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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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