Assumption Life

First Home Savings Account (FHSA)

The FHSA is a registered savings plan that helps qualifying Canadians contribute up to $40,000 for the purchase of their first home tax-free.

Annual Contribution Limit	Lifetime Contribution Limit	Maximum Holding Period
$8,000/year	**$40,000**	**15 Years**

How the FHSA compares to other home-saving options

	HBP*	FHSA	TFSA
Contributions	Deductible		Not deductible
Growth	Tax-deferred	Tax-free	
Withdrawals	Tax-deferred	Tax-free	
Repayment	Required	No repayment required	

*Home Buyer's Plan (RRSP)

Are you eligible for the FHSA?

Reset

I am a Canadian resident	☐ True	☐ False
I am above the age of majority in my province	☐ True	☐ False
I am younger than 71 years of age	☐ True	☐ False
My spouse/common law partner and/or I have not owned a qualifying home* in the last 4 years	☐ True	☐ False

If you answered TRUE to all, you qualify to open a First-Time Home Savings Account.

**Qualifying home means a housing unit located in Canada or a share of the capital stock of a cooperative housing corporation, the holder of which is entitled to possession of a housing unit located in Canada, except that, where the context so requires, a reference to a share with a right to possession of a housing unit described means the housing unit to which the share relates.*

Did you know?

- You can carry forward unused contribution room up to $8,000 to use in the following year.
- The RRSP Home Buyer's Plan, the FHSA and the TFSA can be used together to make a bigger down payment on your first home.

The Assumption Life Difference

- ✓ Great options for diversification and growth
- ✓ Exclusive fund managers and funds
- ✓ Low fees with our Registered Investment Account
- ✓ Simplified and less expensive process for beneficiaries
- ✓ Protection against creditors
- ✓ 75/75 Guarantee upon death and maturity
- ✓ Reduced pricing for accounts over 50k

6856-00A-OCT25

Talk to your financial advisor to help you take the first steps toward home ownership.
www.assumption.ca

Assumption Life

Registered Investment Account Application

FHSA

FIRST HOME SAVINGS ACCOUNT

Reset Form

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 this qualifying arrangement as a first home savings account under Section 146.6 of the *Income Tax Act (Canada)* and, if necessary, will file with the relevant provincial tax authority an election to register this qualifying arrangement as a first home savings account under the corresponding provision of applicable provincial tax legislation. Please visit *Savings and pension plan administration - Canada.ca* for more information.

1. Owner

The owner is also the holder in accordance with the *Income Tax Act (Canada)* and the annuitant under the FHSA contract.

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

Address _____ **Date of Birth** _____
Day Month Year
(must be at least 18 years old but less than 70)

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)** _____

Have you opened a first home savings account before? If yes, when was the first time? Specify the year: _____	☐ Yes ☐ No
Did you, at any time this year, or in the preceding four calendar years, inhabit as a principal place of residence a qualifying home* (or what would be a qualifying home if it were located in Canada) that was owned, whether jointly with another person or otherwise, by (i) you, or (ii) a person who is your spouse or common-law partner at the time of signing this application?	☐ Yes ☐ No

**Qualifying home means a housing unit located in Canada; or a share of the capital stock of a cooperative housing corporation, the holder of which is entitled to possession of a housing unit located in Canada, except that, where the context so requires, a reference to a share with a right to possession of a housing unit described means the housing unit to which the share relates.*

2. Beneficiary

Upon your death, if you have designated your "spouse or common-law partner"* as a successor owner, provided that they are a qualifying individual as prescribed in the *Income Tax Act (Canada)*, they will become the new owner and will acquire all of the owner's rights as the holder of the arrangement, and the unconditional right to revoke any beneficiary designation made. If no successor owner was designated or has survived you, the death benefit will be payable to your designated beneficiary or to your estate.

If the beneficiary is your spouse or common-law partner, and if they have survived you, they may transfer the death benefit to their own FHSA if they are a qualifying individual. However, if they are not a qualifying individual, they may transfer the death benefit to their own RRSP or RRIF, as prescribed by the *Income Tax Act (Canada)*.

**Spouse or common-law partner of an individual at any time means the person who at that time is the individual's spouse or common-law partner and who is not at that time living separate and apart from the individual and, for the purpose of this definition, a person shall not be considered to be living separate and apart from an individual at any time unless they were living separate and apart at that time, because of a breakdown of their marriage or common-law partnership, for a period of at least 90 days that includes that time.*

Primary beneficiaries				Revocable or Irrevocable*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner
			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 shall 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.

Owner declaration: 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)				Revocable or Irrevocable*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner
			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

I hereby designate my spouse or common-law partner listed below as successor owner of my contract upon my death. *(Please note that upon your death, the successor owner, if living, and if a qualifying individual as prescribed in the Income Tax Act (Canada), will become the owner of your contract. Your contract shall not terminate and the guarantee upon your death shall not be applicable.)*

_____ _____ **Sex:** ☐M ☐F

Spouse or Common-Law Partner Name **Spouse or Common-Law Partner Last Name**

_____

Address

Date of Birth: _____ | | | | | | | | | |

Day Month Year **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

For first home savings accounts (FHSAs), the guarantee is 75/75 (75% Maturity and 75% Death Benefit Guarantee) and it applies to all investment deposits.

*Please refer to the **Registered Investment Account Guide** for the definition of the 75/75 guarantee.*

5. Investment deposit instructions

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.*

Canada Revenue Agency forms

RC720 – Transfer from your RRSP to your FHSA

RC721 – Transfer from your FHSA to your FHSA, RRSP, RRIF

RC723 – Transfer from an FHSA to another FHSA, RRSP or RRIF on Breakdown of Marriage or Common-law Partnership

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 the fund codes at the end of this document to ensure the correct compensation option is selected.*

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.

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 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.

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

**Please review the fund codes at the end of this document to ensure the correct compensation option is selected.*

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 of the annuity contract.

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7. Special instructions

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

d. 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.

e. **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.

f. **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 acknowledge and agree that the Canada Revenue Agency will provide Assumption Life with personal information about me that is necessary for my FHSA application, as well as for the administrative services related to my FSHA. Please visit *Savings and pension plan administration - Canada.ca* for more information.

☐ 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.

g. **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.

h. **I confirm:**

I. that I am a Canadian resident for tax purposes, that I am not tax-exempt under Section 149 of the *Income Tax Act* (Canada), and do not plan to become a Canadian non-resident;
II. that I am not a tax-indifferent investor as defined in Subsection 248(1) of the *Income Tax Act* (Canada), nor do I intend to become a tax-indifferent investor during the expected life of this Contract; and
III. that I have not eliminated, and do not expect to eliminate, all or substantially all of the risk of loss and the opportunity for gain or profit during the expected life of this Contract.

9. Agent's Declaration

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

The agent also confirms having given and explained to the owner, 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 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 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, 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 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 still reside at the same address and that they have not changed their names. The agent confirms having received the owner's 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 **Signed In** *(city/province)*

X _____ _____ X _____

Agent's Signature for Assumption Life **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.*

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

12. Conditions

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

Subject to tax consequences for any surrender that is not a qualifying withdrawal as prescribed by the *Income Tax Act (Canada)*, 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 market 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 transfers from the daily interest account, without fees or penalties. Any surrender that is not a qualifying withdrawal as prescribed by the *Income Tax Act (Canada)* is subject to tax consequences.

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 6 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 **investment accounts**, you confirm that you have received advice from your financial advisor with regard to investments and acknowledge that the investment accounts you have selected correspond to your investment objectives. Any deposit invested in an investment account 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.

Unless otherwise specified by the owner in this application or in any other written notice received at our head office, upon the maturity date of your contract, your contract will be converted to an RRSP. The maturity date of an RRSP shall then apply for the purpose of the guarantee upon maturity.

You may always modify the maturity date of your contract at any time prior to annuity commencement date, being the maturity date.

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 FHSA does not trigger a new contribution room limit in your FHSA.

A **special tax of 1%** will 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 FHSA 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 FHSA. The 1% tax is applicable even if the excess amount was contributed and later withdrawn during the same month. You are responsible to report any excess amount deposited in your FHSA to the income tax authorities, as required under the *Income Tax Act (Canada)*.

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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.

REGISTERED INVESTMENT ACCOUNT, 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)		
	No Load		
Account Name	**CB3** Series D	**CB2** Series D	**Trail Only** Series E
TARGET RISK			
Conservative Portfolio (Assumption Life)	1003	1103	703
Balanced Portfolio (Assumption Life)	1002	1102	702
Balanced Growth Portfolio (Assumption Life)	1001	1101	701
Growth Portfolio (Assumption Life)	1000	1100	700
Select Defensive Portfolio (Assumption Life)	1024	1124	724
Select Moderate Portfolio (Assumption Life)	1025	1125	725
Select Balanced Portfolio (Assumption Life)	1026	1126	726
Select Growth Portfolio (Assumption Life)	1027	1127	727
Select Enhanced Growth Portfolio (Assumption Life)	1028	1128	728
TARGET DATE			
SmartSeries Income (Assumption Life)	1004	1104	704
SmartSeries 2025 (Assumption Life)	1006	1106	706
SmartSeries 2030 (Assumption Life)	1007	1107	707
SmartSeries 2035 (Assumption Life)	1008	1108	708
SmartSeries 2040 (Assumption Life)	1009	1109	709
SmartSeries 2045 (Assumption Life)	1010	1110	710
SmartSeries 2050 (Assumption Life)	1011	1111	711
SmartSeries 2055 (Assumption Life)	1012	1112	712
SmartSeries 2060 (Assumption Life)	1054	1154	754
SmartSeries 2065 (Assumption Life)	1055	1155	755
FIXED INCOME			
Canadian Bond (Louisbourg)	1018	1118	718
Money Market (Louisbourg)	1041	1141	741
High Yield Bond (TD)	1037	1137	737
Corporate Bond (CI)	1040	1140	740
CANADIAN EQUITY			
Canadian Equity (Louisbourg)	1015	1115	715
Canadian Small Cap (Louisbourg)	1016	1116	716
Momentum Canadian Equity (Louisbourg)	1017	1117	717
Preferred Share (Louisbourg)	1019	1119	719
Canadian Core Equity (Fidelity)	1020	1120	720
Canadian Low Volatility Equity (Fidelity)	1035	1135	735
Canadian Dividend (CI)	1029	1129	729

6835-00A-APR26

	75/75 (Maturity & Death Benefit)		
	No Load		
Account Name	**CB3** Series D	**CB2** Series D	**Trail Only** Series E
GLOBAL/FOREIGN EQUITY			
U.S. Equity (Louisbourg)	1013	1113	713
International Equity (Louisbourg)	1014	1114	714
International Growth (Fidelity)	1021	1121	721
U.S. Focused Stock (Fidelity)	1023	1123	723
Global Low Volatility Equity (Fidelity)	1033	1133	733
Global Equity + (Fidelity)	1048	1148	748
Global Leaders (CI/Black Creek)	1022	1122	722
Global Resource (CI)	1030	1130	730
Emerging Markets (CI)	1034	1134	734
Global Real Asset (CI)	1036	1136	736
Global Dividend (CI)	1044	1144	744
Greystone Global Equity (TD)	1038	1138	738
U.S. Small Cap Equity (TD)	1039	1139	739
BALANCED			
Balanced (Louisbourg)	1042	1142	742
Canadian Asset Allocation (Fidelity)	1032	1132	732
Monthly Income (Fidelity)	1043	1143	743
Climate Leadership Balanced (Fidelity)	1045	1145	745
All-in-One Balanced ETF (Fidelity)	1046	1146	746
All-in-One Growth ETF (Fidelity)	1047	1147	747

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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