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.

INSTRUCTIONS – FORM 6119-00A-JAN18

Information on the identity of a legal person (Entity)

In order to comply with the anti-money laundering legislation under the laws of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act guidelines, this form is **now required for all Entities owning non-registered accounts regardless of the amount invested**. Start by selecting the first applicable box from the form, confirm the type of legal entity and complete **one** of the following four sections:

SECTION 1: Corporation

- If you checked **corporation** type, complete this section
- **Identify** each board of director and shareholder and **verify** their identities
- Proceed directly to **section 5** (page 19)

SECTION 2: Partnership

- If you checked **partnership** type, complete this section
- **Identify** each individual partner and **verify** their identities
- Proceed directly to **section 5** (page 19)

SECTION 3: Trust or estate

- If you checked **trust or estate** type, complete this section
- **Identify** each Beneficiary **and** Signing Officer/Trust/Executor
- **Verify** the identities and **identify** each **Trust – Payor**
- Proceed directly to **section 5** (page 19)

SECTION 4: Association

- If you checked **association** type, complete this section
- **Identify** each board of director **and** individual holding 25% or more ownership
- Entity ownership: If you checked **no**, proceed directly to **section 5**
- If you answered **yes**, complete the remainder of **section 4**

SECTION 5: Third Parties

- If you answered **no**, **proceed to section 6**
- If you answered **yes**, complete the remainder of **section 5**

SECTION 6: Source of Payment and Purpose

- Identify the source of the payment **and** the purpose or intended use of this product.

SECTIONS 7 & 8:

Signatures

- **Confirmation** and **signature** of each Signing Officer
- **Confirmation** that the information is valid and the **signature** of the representative

Declaration of Tax Residence for Entities

- **The CRA** form Declaration of Tax Residence for Entities is also required and **must accompany this document**

Declaration of Tax Residence for Entities (RC519)

Feel free to contact our Investments and Retirement team if you have any questions!

Assumption Life

RESET

INFORMATION ON THE IDENTITY OF A LEGAL PERSON (ENTITY)

(For non-registered funds and universal life products)

Is the contributor/owner a public body (any government department, ministry, crown corporation, city, town or other municipal body), a public hospital or a corporation that is traded on a Canadian stock exchange with net assets of at least $75 million (this includes a subsidiary of any of these entities whose financial statements are consolidated with those of the parent entity)?

☐ If "no", please fill out this form.
☐ If "yes", please complete sections 7 and 8 of the form.

Please confirm the type of entity of the legal entity:

☐ Corporation ☐ Partnership ☐ Trust or Estate ☐ Association ☐ Other

It is important to always verify the identity of clients and find out whether any third parties are involved. This helps Assumption Life and you to manage risk and to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financial Act and other relevant legislation/regulations.

1. CORPORATION

Please complete the Canada Revenue Agency's Declaration of Residence for Entities (RC519) as well as paper copies of all relevant documents about the corporation to provide information on ownership, control and the structure of this corporation.

Corporate name			
Principal business (holding companies must indicate the nature of their principal holding, whether active or passive)			
Corporate registration number	Date of incorporation (dd-mm-yyyy)	Province/State of incorporation	Country of incorporation
Is this corporation a not-for-profit entity? ☐ No ☐ Yes If yes, provide the information below.			
Solicits public contributions? ☐ No ☐ Yes	Registered as a charity with Canada Revenue Agency? ☐ No ☐ Yes	Canada Revenue Agency Registration number	

1.1 Directors of the board

First name: Directors	Last name
Occupation/occupation prior to retirement	

First name: Directors	Last name
Occupation/occupation prior to retirement	

First name: Directors	Last name
Occupation/occupation prior to retirement	

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First name: Directors	Last name
Occupation/occupation prior to retirement	

1.2 Individual shareholders. 100% of the ownership or control of the entity must be accounted for.

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

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1.3 IDENTIFICATION METHODS

Please choose one of the 4 identification methods below (from a to d) for all shareholders who own or control 25% or more of the corporation/company.

Individual No. 1

a) Verification in person (Using an original photo ID)

For photo identification, the person must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box)	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
Driver's licence ☐ Passport ☐ Other ☐				

b) Verification of identity by consulting a credit report

(The credit file must be Canadian and must cover a period of at least 3 years.)

I authorize my representative _____ representative's code _____ to verify my identity by consulting my credit report.
representative's name representative's code

Name:_____ Signature:_____
In block letters Owner's signature

Name of the Canadian credit bureau from which the file originated	Credit file reference number	Credit file consultation date

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c) Dual process method

The person must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account

d) Verification of Identity by a Third Party

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

Name of the representative that validated the individual's identity:_____
(in block letters)

Individual No. 2

a) Verification in person (Using an original photo ID)

For photo identification, the person must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box) Driver's licence ☐ Passport ☐ Other ☐	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document

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Assumption Life

b) Verification of identity by consulting a credit report

(The credit file must be Canadian and must cover a period of at least 3 years.)

I authorize my representative _____ representative's code _____ to verify my identity by consulting my credit report.
representative's name representative's code

Name:_____ Signature:_____
In block letters Owner's signature

Name of the Canadian credit bureau from which the file originated	Credit file reference number	Credit file consultation date

c) Dual process method

The person must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account

d) Verification of Identity by a Third Party

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

Name of the representative that validated the individual's identity:_____
(in block letters)

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2. PARTNERSHIP

Please complete the Canada Revenue Agency's *Declaration of Tax Residence for Entities* (RC519) and paper copies of all relevant documents about the corporation to provide information on the ownership, control and structure of this corporation.

Name			
Principal business (holding companies must indicate the nature of their principal holding, whether active or passive)			
Registration number	Province/State of registration	Country of registration	Type of document

2.1 Individual partners. 100% of the ownership or control of the entity must be accounted for.

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

First name		Last name	
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or office
City	Province/State	Country	Postal code/Zip code

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2.2 IDENTIFICATION METHODS

Please choose one of the 4 identification methods below (from a) to d)) for all persons that hold 25% or more ownership of the entity.

Individual No. 1

a) Verification in person (Using an original photo ID)

For photo identification, the person must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box)	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
Driver's licence ☐ Passport ☐ Other ☐				

b) Verification of identity by consulting a credit report

(The credit file must be Canadian and must cover a period of at least 3 years.)

I authorize my representative _____ representative's code _____ to verify my identity by consulting my credit report.
representative's name representative's code
port.

Name:_____ Signature:_____
In block letters Owner's signature

Name of the Canadian credit bureau from which the file originated	Credit file reference number	Credit file consultation date

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c) Dual process method

The person must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account

d) Verification of Identity by a Third Party

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

Name of the representative that validated the individual's identity:_____
(in block letters)

Individual No. 2

a) Verification in person (Using an original photo ID)

For photo identification, the person must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box) Driver's licence ☐ Passport ☐ Other ☐	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document

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Assumption Life

b) Verification of identity by consulting a credit report

(The credit file must be Canadian and must cover a period of at least 3 years.)

I authorize my representative _____ representative's code _____ to verify my identity by consulting my credit report.
representative's name representative's code

Name:_____

Signature:_____
In block letters Owner's signature

Name of the Canadian credit bureau from which the file originated	Credit file reference number	Credit file consultation date

c) Dual process method

The person must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account

d) Verification of Identity by a Third Party

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

Name of the representative that validated the individual's identity:_____
(in block letters)

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3. TRUST OR ESTATE

Please complete the Canada Revenue Agency *Declaration of Tax Residence for Entities* (RC519) and provide paper copies of the trust deed or other trust instrument (or relevant sections of these documents) to confirm the existence of the trust. For estates, provide a copy of the will.

Name of the trust or estate		Date established (dd-mm-yyyy)
Document type	Province/State of establishment	Country of establishment

3.1 Trust/estate beneficiaries

Information about the beneficiary of the trust/estate

First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

Information about the beneficiary of the trust/estate

First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

Information about the beneficiary of the trust/estate

First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

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3.2 ADDITIONAL ENTITY SIGNING OFFICER/TRUSTEE/EXECUTOR

First name: Entity signing officer/trustee/executor	Last name	Date of birth (dd-mm-yyyy)

Occupation/occupation prior to retirement

Residential address (street number and name)	Apartment or suite

City	Province/State	Country	Postal code/Zip code

METHOD OF IDENTIFICATION OF TRUSTEE

a) Verification in person (Using an original photo ID)

For photo identification, the trustee must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box) Driver's licence ☐ Passport ☐ Other ☐	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document

b) Dual process method

The trustee must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Name ☐ Date of birth ☐ Address ☐ Financial account

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Assumption Life

c) Verification of Identity by a Third Party

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

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

(in block letters)

3.3 ADDITIONAL ENTITY SIGNING OFFICER/TRUSTEE/EXECUTOR

First name: Entity signing officer/trustee/executor		Last name	Date of birth (dd-mm-yyyy)
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

IDENTIFICATION METHOD OF TRUSTEE

a) Verification in person (Using an original photo ID)

For photo identification, the trustee must provide a current, valid and original copy of a Canadian passport, driver's licence or a document issued by a federal, provincial or territorial government of Canada for that person. A photo identification document from a foreign country is acceptable if it is a document that is equivalent to Canadian photo identification documents.

Type of document (check one box)	Document number	Expiration date (dd-mm-yyyy)	Province that delivered the document	Country that delivered the document
Driver's licence ☐ Passport ☐ Other ☐				

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Assumption Life

b) Dual process method

The trustee must provide two documents from two different sources that are reliable and independent. These documents must be original, valid and up to date. This method can be used only when the customer does not have valid photo ID. All information must come from two of the three options below:

1. Name and address
2. Name and date of birth
3. Name and Proof of Canadian Deposit Account or Canadian Loan Account

Source 1	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Nom ☐ Date de naissance ☐ Adresse ☐ Compte financier
Source 2	Type of documents	
Account or reference number	Verification date (dd-mm-yyyy)	Information obtained by means of this method ☐ Nom ☐ Date de naissance ☐ Adresse ☐ Compte financier

c) Verification of Identity by a Third Party

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

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

(in block letters)

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Assumption Life

3.4 TRUST SETTLOR (PAYOR) (REQUIRED FOR TRUST ONLY)

Required for trusts only when the settlor is alive.

Trust settlor (payor) information			
First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Province/State	Postal code/Zip code

Trust settlor (payor) information			
First name		Last name	
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Province/State	Postal code/Zip code

4. ASSOCIATION (OTHER NON-CORPORATE ENTITIES, INCLUDING UNINCORPORATED NOT-FOR-PROFIT ENTITIES)

Please complete the Canada Revenue Agency *Declaration of Tax Residence for Entities* (RC519) and provide paper copies of all relevant non-corporate entity documents to provide details on the ownership, control and structure of the non-corporate entity.

Type of non-corporate entity: ☐ Unincorporated not-for-profit ☐ Other			
Name			
Principal business			
Date entity established (dd-mm-yyyy)	Document type	Country of registration	Province/State of establishment
Is this a not-for-profit entity? ☐ No ☐ Yes If yes, provide the information below.			
Solicits public contributions? No ☐ Yes ☐	Registered as a charity with Canada Revenue Agency? No ☐ Yes ☐	Canada Revenue Agency Registration number	

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4.1 Directors of the board

First name: Director	Last name
Occupation/occupation prior to retirement	

First name: Director	Last name
Occupation/occupation prior to retirement	

First name: Director	Last name
Occupation/occupation prior to retirement	

First name: Director	Last name
Occupation/occupation prior to retirement	

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Assumption Life

4.2 Individuals holding 25% or more ownership (not applicable for unincorporated not-for-profit organizations). 100% of the ownership or control of the entity must be accounted for.

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip Code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip Code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip Code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, provide the information below.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip Code

Assumption Mutual Life Insurance Company, doing business under the name Assumption Life,
PO Box 160/770 Main St., Moncton NB E1C 8L1 Tel. 506 853-6040/1 888 577-7337 Fax. 506 853-9369/1-855-577-3864

Assumption Life

4.3 ENTITY OWNERSHIP

Is the entity owner identified in section 4 owned in whole or in part by another entity? ☐ No ☐ Yes

- If no, proceed to section 5.
- If yes, provide the information below.

100% of the entity ownership or control of the entity must be accounted for.

Completion of an additional form with sections 1, 2, 3, 4, 7 and 8 is required for every additional person or entity that:

- Owns or controls a portion of the entity applicant; or
- Owns or controls all or a portion of any entity that owns the entity applicant.

Is this entity an exempt entity under the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations?

☐ No ☐ Yes If yes, completion of sections 1, 2, 3 and 4 are not required for this entity.

Does this entity hold 25% or more ownership or control in the entity applicant or in any entity that owns or controls the entity applicant?

☐ No ☐ Yes If yes, complete the applicable sections below for the entity type selected.

Name of entity	☐ Corporation ☐ Partnership ☐ Trust ☐ Estate ☐ Other

4.4 Board directors of the other entity

First name	Last name
Address	

First name	Last name
Address	

First name	Last name
Address	

First name	Last name
Address	

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Assumption Life

4.5 Individuals holding 25% or more ownership (not applicable for unincorporated not-for-profit entity). The entire ownership or control of the entity must be reported.

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, please provide details below. If not go to the next section.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, please provide details below. If not go to the next section.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Code postal/Zip code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, please provide details below. If not go to the next section.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Code postal/Zip code

First name	Last name		
Does this person hold 25% or more ownership or control of the entity applicant? ☐ No ☐ Yes If yes, please provide details below. If not go to the next section.			
Occupation/occupation prior to retirement			
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Code postal/Zip code

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Assumption Life

5. THIRD PARTY DETERMINATION

A third party may include, for example, a payer, an attorney or agent or a collateral assignee/mortgagee.

Is the contract to be paid for by a third party or used by or on behalf of a third party? ☐ No ☐ Yes

If yes, is the third party an ☐ Individual ☐ Entity Please complete the applicable section.

Individual

First name		Last name	Date of birth (dd-mm-yyyy)
Type of third party	Relationship with applicant/owner		Occupation/occupation prior to retirement/principal business
Residential address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code

Entity

Name			
Type of third party	Relationship with applicant/owner		
Principal business (holding companies must indicate the nature of their principal holding whether active or passive)			
Address (street number and name)			Apartment or suite
City	Province/State	Country	Postal code/Zip code
Registration number	Province/State of registration		Country of registration

If unable to obtain any required information for any third party, record the measures taken and why you were unsuccessful below:

6. SOURCE OF PAYMENT AND PURPOSE OF PRODUCT

a. Provide the source of payment for this application/contract. (Select all that apply)

☐ salary or earned income
☐ existing investment account
☐ gifted funds
☐ inherited funds
☐ applicant/owner's savings
☐ borrowed fund
☐ sale of property
☐ social security benefits
☐ business income
☐ pension income
☐ proceeds from death benefits or estate
☐ other (give details below)

Other (give details below)

b. What is the purpose and intended use of the product applied for (including an annuity product which may include periodic payments at some point under the contract)? (Select only one.)

☐ savings
☐ vacation fund
☐ income
☐ cash reserves
☐ retirement savings
☐ legacy/inheritance
☐ emergency fund
☐ educational purposes
☐ other (give details below)

Other (give details below)

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Assumption Life

7. ENTITY SIGNING OFFICER CERTIFICATION

I, the undersigned, confirm that I am duly authorized by the applicant to act on their behalf in responding to questions on this form. I further confirm that, to the best of my knowledge, the information provided is true and accurate and given face-to-face in the presence of the advisor with the understanding that Assumption Life will rely on such information to conduct client due diligence and to satisfy applicable regulatory requirements.
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, PO Box 160/770 Main Street, Moncton NB E1C 8L1.

Entity signing officer signature (indicate title of signing officer)	Date signed (dd-mm-yyyy)
Entity signing officer signature (indicate title of signing officer)	Date signed (dd-mm-yyyy)
Entity signing officer signature (indicate title of signing officer)	Date signed (dd-mm-yyyy)

8. CERTIFICATE OF REPRESENTATIVE (Representative of the client assigned to the file or of another representative having an active code with Assumption Life)

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 advisor, confirm each of the following:

- All of the identification details provided in this form match the original identification documents shown to me;
- I have reviewed the details provided in this form with the owner;
- To the best of my knowledge, all details provided in this form are full, complete, true and given to me by the client during a meeting in person.
- I took reasonable steps to identify the identity of the legal person.
- I have not been able to identify the identity of this person for the following reasons:

(You can also contact us by email at investments.retirement@assumption.ca or at client.services@assumption.ca to provide us with these details)

Representative's first name	Last name	Representative's code
Representative's signature		Date signed (dd-mm-yyyy)

9. ASSUMPTION LIFE'S DECLARATION

Assumption Life's Privacy Statement for Canada

In order to protect the confidentiality of customers' personal information, Assumption Life will make and keep records of them, in accordance with the applicable rules, at the offices of Assumption Life or a third party acting on its behalf in Canada or elsewhere, which will include information about their proposal and information regarding any request for service and settlement. Their personal information will only be used for the following purposes: for the establishment of the contract; during any service request relating to the contract; as well as when considering a claim following a death. Only employees, agents, distribution partners or service providers for whom this information is necessary for the performance of their duties will have access to this personal information. If the owner is a legal entity (company, company, or association), the latter agrees to provide Assumption Life, upon request, with proof of the status of the legal person and proof of the name and occupation of all directors of the corporation that directly or indirectly owns or controls 25% or more of the interest of that corporation. Unless required by law or by court order, Assumption Life does not disclose personal information to third parties without consent. However, Assumption Life is required by law to disclose certain personal information to the Canada Revenue Agency for tax purposes. Assumption Life can suspend any payment of benefits if there is no consent from the client. Thus, it becomes impossible to administer the contract, which can therefore be considered as a request to terminate the contract.

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Declaration of Tax Residence for Entities – Part XVIII and Part XIX of the Income Tax Act

Fill out all sections of this form (including the Annex) that apply to the entity. Give the completed form to the financial institution that is maintaining the entity's account. Canadian financial institutions have to collect the information given on this form to open and maintain a financial account. For this form, an entity includes a corporation, a partnership, a trust, an association, a fund, a joint venture, an organization, a syndicate, and a foundation. If you are a sole proprietorship, fill out Form RC518, Declaration of Tax Residence for Individuals – Part XVIII and Part XIX of the Income Tax Act. If you need help to determine the entity's tax residency information, see "Residency of a corporation" at or Income Tax Folio, S6-F1-C1: Residence of a Trust or Estate, at **canada.ca/taxes**.

For more information, see "General Information", "How to Fill Out the Form" as well as "Definitions" at the end of this form.

Section 1 – Identification of account holder

Legal name of the entity	Jurisdiction of incorporation or organization
Policy/account number assigned by the financial institution	

Permanent residence address

Suite number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code

Mailing address (only if different from permanent residence address)

Suite number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code

Section 2 – Declaration of tax residence

Tick (✓) **all** of the options that apply to the entity.

☐ **The entity is a tax resident of Canada.** If the entity is a trust, give the 8 digit trust account number issued by the Canada Revenue Agency (CRA). Otherwise, give the 9 digit business number with one of the program accounts issued by the CRA.

Business number

Trust account number **T-**

☐ **The entity is a tax resident of the United States.**

☐ **The entity is a tax resident of a jurisdiction other than Canada or the United States (U.S.).** If you ticked this box, give the entity's jurisdictions of tax residence and the related taxpayer identification numbers (TINs) or functional equivalents.

If the entity does not have a TIN for a specific jurisdiction, give the reason using one of these choices:

Reason 1: The entity will apply or has applied for a TIN but has not yet received it

Reason 2: The entity's jurisdiction of tax residence does not issue TINs to its residents

Reason 3: Other reason, please specify: _____

Jurisdiction of tax residence	Taxpayer identification number	Reason

Section 3 – Entity classification

Tick (✓) one of the options in each section, as applicable.

Section 3.1 – Is the entity a financial institution?

☐ **No**. Go to Section 3.3.

☐ **Yes**. Give the entity's global intermediary identification number (GIIN) and go to Section 3.2.

|_|_|_|_|_|_|.|_|_|_|_|_|.|_|_|.|_|_|_|

If the entity does not have a GIIN, give the reason why.

_____

Section 3.2 – Does the financial institution meet all of these criteria?

- It is resident of a non-participating jurisdiction (For the list of participating jurisdictions, see **canada.ca/taxes-list-participating-jurisdictions**.)
- At least 50% of its gross income is from investing or trading in financial assets.
- It is managed by another financial institution.

☐ **No**. Go to Section 4.

☐ **Yes**. List the controlling persons of the entity in the Annex and then go to Section 4.

Section 3.3 – Is the entity a specified United States person?

☐ **No**. Go to Section 3.4.

☐ **Yes**. Give the TIN from the United States and go to Section 3.4.

TIN from the United States

|_|_|_|_|_|_|_|_|_|

If you do not have a TIN from the United States, have you applied for one? ☐ Yes ☐ No

Section 3.4 – Is the entity a strata/condominium corporation that meets certain conditions? (See the definition of strata/condominium corporation.)

☐ **No**. Go to Section 3.5.

☐ **Yes**. Go to Section 3.5.

Section 3.5 – Tick (✓) one of the options that best describes the entity:

☐ The entity is a corporation with shares that regularly trade on an established securities market. It can also be a corporation related to that corporation. If this is the case, **go to Section 4**.

☐ The entity is engaged in an active trade or business—less than 50% of its gross income is passive income and less than 50% of its assets produce passive income. If this is the case, **go to Section 4**.

☐ The entity is a government, a central bank or an international organization (or an agency of one). If this is the case, **go to Section 4**.

☐ The entity is an active non-financial entity other than one described in the three previous options (see paragraphs d) to i) of the definition of active non-financial entity). If this is the case, **go to Section 4**.

☐ The entity is a passive non-financial entity. If this is the case, list the controlling persons of the entity in the Annex and then **go to Section 4**.

Section 4 – Certification

I am an authorized signing officer of this entity and I certify that the information given on this form is correct and complete. I will give the entity's financial institution a new form within 30 days of any change in circumstances that causes the information on this form to become inaccurate or incomplete.

Authorized person's name	Authorized person's signature	Office or position	Date (YYYY-MM-DD)

Personal information (including the SIN) is collected to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for the purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 047 on Information about Programs and Information Holdings at **canada.ca/cra-information-about-programs**.

Annex – Controlling persons

Identify the entity's controlling persons. Attach a separate list if you need to enter the information of more than two controlling persons. Or you can include a separate Form RC518, Declaration of Tax Residence for Individuals – Part XVIII and Part XIX of the Income Tax Act, for each controlling person. Make sure to give the type of controlling person for each controlling person on your list or forms.

Controlling person 1

Last name	First name and initial(s)	Date of birth	Year Month Day	Social insurance number

Type of controlling person

Permanent residence address

Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code

Mailing address (only if different from the permanent residence address)

Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code

Declaration of tax residence

Tick (✓) all of the options that apply to the controlling person(s).

☐ **The controlling person is a tax resident of Canada.**

☐ **The controlling person is a tax resident or a citizen of the United States**. If you ticked this box, give the controlling person's taxpayer identification number (TIN) from the United States.

TIN from the United States

If the controlling person does not have a TIN from the United States, has that person applied for one? ☐ Yes ☐ No

☐ **The controlling person is a tax resident of a jurisdiction other than Canada or the United States.** If you ticked this box, give the controlling person's jurisdictions of tax residence and TINs or functional equivalent. If the controlling person does not have a TIN, choose reason 1, 2, or 3, as described in Section 2.

Jurisdiction of tax residence	Taxpayer identification number	Reason

Controlling person 2

Last name	First name and initial(s)	Date of birth	Year Month Day	Social insurance number

Type of controlling person

Permanent residence address

Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code

Mailing address (only if different from the permanent residence address)

Apartment number – street number and name		City
Province, territory, state, or sub-entity	Country or jurisdiction	Postal or ZIP code

Declaration of tax residence

Tick (✓) all of the options that apply to the controlling person(s).

☐ **The controlling person is a tax resident of Canada.**

☐ **The controlling person is a tax resident or a citizen of the United States**. If you ticked this box, give the controlling person's taxpayer identification number (TIN) from the United States.

TIN from the United States

If the controlling person does not have a TIN from the United States, has that person applied for one? ☐ Yes ☐ No

☐ **The controlling person is a tax resident of a jurisdiction other than Canada or the United States.** If you ticked this box, give the controlling person's jurisdictions of tax residence and TINs or functional equivalent. If the controlling person does not have a TIN, choose reason 1, 2, or 3, as described in Section 2.

Jurisdiction of tax residence	Taxpayer identification number	Reason

General information

Financial accounts held by certain non-resident entities, and certain entities controlled by non-resident individuals and/or U.S. persons, have to be reported to the CRA.

Account information reported to the CRA is shared with the government of a foreign jurisdiction in which an entity or one of its controlling persons is a resident of for tax purposes when Canada has an information exchange agreement with that jurisdiction. The CRA shares account information with the U.S. Internal Revenue Service if an entity is a specified U.S. person or one of its controlling persons is a U.S. citizen or resident.

To find out if the financial institution gave account information to the CRA and what information the institution gave, you may ask the institution. To find out if information has been shared with the U.S. or another jurisdiction, you may contact the CRA.

How to Fill Out the Form

Section 1 – Identification of account holder

Use Section 1 to identify the account holder. Sometimes the address of an account holder may be different from its mailing address. If this is the case, give both addresses.

The **account holder** is the person listed or identified as the holder of the financial account by the financial institution that maintains the account. But, when a person other than a financial institution holds a financial account for the benefit of or for another person as an agent, custodian, nominee, signatory, investment advisor, or intermediary, they are not considered the account holder. In such cases, the account holder is the person for whom the account is held.

If a trust or an estate is listed as the holder of a financial account, the trust or the estate is the account holder, not the trustee or the liquidator. Similarly, if a partnership is listed as the holder of a financial account, the partnership is the account holder, not the partners in the partnership.

An account holder also includes any person who can access the cash value or designate a beneficiary under a cash value insurance contract or an annuity contract.

When no person can access the contract's value or change a beneficiary, the account holder is any person named in the contract as an owner and any person who is entitled to receive a future payment under the terms of the contract. When an obligation to pay an amount under the contract becomes fixed, each person entitled to receive a payment is an account holder.

The **policy / account number** is the number the financial institution assigned to the account (such as a bank account number or an insurance policy number). If there is no such number, leave this box blank.

Section 2 – Declaration of tax residence

Use Section 2 to identify the entity's tax residence and taxpayer identification number. If the entity does not have such a number, give the reason.

Generally, an entity will be a **tax resident** of a jurisdiction if, under the laws of that jurisdiction, it pays or should be paying income tax there because of its domicile, residence, place of management or incorporation, or a similar criterion. For this form:

a) a partnership, a limited partnership, or a similar legal arrangement is considered to reside in the jurisdiction where its place of management is located

b) a trust is considered to reside in the jurisdiction where its place of management and control is located

c) an entity that is a "United States person" is a tax resident of the United States

An entity that is a **tax resident** in more than one jurisdiction can rely on the tie-breaker rules in a tax convention (when they apply) to resolve a case of dual tax residence. For more information on tax residency, talk to a tax adviser or go to **oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760**. Otherwise, an entity should enter all of the jurisdictions where they are a tax resident and provide their taxpayer identification number (TIN) for each jurisdiction.

A **TIN or functional equivalent** is a unique combination of letters or numbers that a jurisdiction assigns to an individual or entity. The jurisdiction uses a TIN in administering its tax laws to identify an individual or entity. Enter the TIN in its official format. For more details about acceptable TINs, go to **oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759**.

If an entity is a tax resident in the U.S. and does not have a TIN from the U.S., it has 90 days to apply for a TIN and 15 days after it is received to give it to the financial institution. If the entity fails to provide its U.S. TIN to the financial institution, the entity is liable to a $100 penalty.

If the entity is a tax resident in a jurisdiction other than Canada or the U.S. and does not have a TIN from its jurisdiction of residence, it has 90 days to apply for a TIN and 15 days after it is received to give it to the financial institution, unless its jurisdiction of residence does not issue or require the collection of TINs. If a TIN has not been provided for a jurisdiction of residence, the entity has to provide a reason for not having a TIN. Reasons that fall under "Reason 3: **Other reason**" for not having a TIN include not being eligible to receive one. However, the entity is eligible to receive a TIN and fails to provide it to the financial institution, the entity is liable to a $500 penalty.

Section 3 – Entity classification

Use Section 3 to identify what type of entity the account holder is.

In Section 3.1, identify if the entity is a financial institution and whether it has a global intermediary identification number (GIIN). A GIIN is a unique identifier the Internal Revenue Service of the United States issues to financial institutions. Reasons for not having a GIIN include being a deemed compliant foreign financial institution or a non-participating foreign financial institution.

A **financial institution** may be a custodial institution, a depository institution, an investment entity, or a specified insurance company. A financial institution resident in Canada may classify itself as a financial institution if it is a Canadian financial institution or a prescribed non-reporting financial institution. These types of entities include the following:

- registered retirement savings plan
- registered pension plan
- tax-free savings account
- registered education savings plan
- registered retirement income fund

Use Section 3.2 to determine whether the financial institution is a type of investment entity that needs to identity its controlling persons in the Annex. An entity has to fill out the Annex if it resides in a non-participating jurisdiction and is an entity described in paragraph b) of the definition of investment entity.

Use Sections 3.3 to 3.5 to determine if an entity, other than a financial institution, has to identify its controlling persons in the Annex.

Section 4 – Certification

Make sure you complete all sections of this form (including the Annex) that apply to the entity, and sign Section 4 before you give this form to the financial institution.

Annex

Use the Annex to identify the controlling persons of the entity.

Controlling persons of an entity are the natural persons who exercise direct or indirect control over the entity. Generally, whether a person exercises control over an entity is determined in a way similar to how beneficial owners are identified for Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

For example, a person is generally considered to control a corporation if they directly or indirectly own or control at least 25% of the corporation. If no individual is named as controlling the corporation, the director or senior official of the corporation is considered the corporation's controlling person.

The social insurance number (SIN) of the controlling person only has to be given on this form if that person has a SIN and is a U.S. person or a non-resident of Canada.

In the case of a trust, controlling persons include its settlors, trustees, any protectors, beneficiaries (or class of beneficiaries), and any other natural persons with ultimate effective control over the trust.

A controlling person of an entity may have control indirectly through another entity. If so, to determine the entity's controlling persons, you have to look through the entity's chain of control or ownership to identify the natural persons who have ultimate effective control over the entity. You then have to report who the controlling persons are. Financial institutions may apply this requirement in a way similar to how beneficial owners are identified for Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

In the case where a trust has control over the entity, the controlling persons of the entity include all natural persons who control the trust. In the case where a corporation has control over the entity, the controlling persons include all natural persons who directly or indirectly own or control 25% or more of the corporation.

In the case of a legal arrangement other than a corporation or a trust, controlling persons are persons in equivalent or similar positions to those described above.

For the purposes of Part XVIII and Part XIX, a legal arrangement includes a corporation, a partnership, a trust, and a foundation.

Enter the description that best describes the type of controlling person:

1) Direct owner of a corporation
2) Indirect owner of a corporation (through an intermediary)
3) Director or senior official of a corporation
4) Settlor of a trust
5) Trustee of a trust
6) Protector of a trust
7) Beneficiary of a trust
8) Other controlling person of a trust
9) Equivalent to a settlor of a legal arrangement other than a trust (e.g. partnership)
10) Equivalent to a trustee of a legal arrangement other than a trust (e.g. partnership)
11) Equivalent to a protector of a legal arrangement other than a trust (e.g. partnership)
12) Equivalent to a beneficiary of a legal arrangement other than a trust (e.g. partnership)
13) Other controlling person of a legal arrangement other than a trust (e.g. partnership)

Definitions

Active non-financial entity

An active non-financial entity is an entity other than a financial institution that meets at least one of the following criteria:

a) Less than 50% of the entity's gross income for the preceding fiscal year is passive income and less than 50% of the assets the entity held during the preceding fiscal year are assets that produce or are held to produce passive income

b) The stock of the entity is regularly traded on an established securities market or the entity is related to an entity whose stock is regularly traded on an established securities market

c) The entity is a governmental entity, an international organization, a central bank, or an entity wholly owned by one or more of the above

d) Substantially all of the activities of the entity are made up of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a financial institution. But, an entity does not qualify for this status if the entity functions (or presents itself) as an investment fund. Examples of an investment fund include a private equity fund, a venture capital fund, a leveraged buyout fund, and any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes

e) The entity is a start-up and is not yet operating a business and has no operating history, but it is investing capital into assets with the intention of operating a business other than the business of a financial institution. This is as long as the entity does not qualify for this exception later than 24 months after the date it was first organized

f) The entity is in liquidation and was not a financial institution in the past five years. And, it is in the process of liquidating its assets or is reorganizing with the intention of continuing or restarting operations in a business other than the business of a financial institution

g) The entity mainly engages in financing and hedging transactions with, or for, related entities that are not financial institutions. It does not provide financing or hedging services to an entity that is not a related entity. This is as long as the group of any such related entities is mainly engaged in a business other than the business of a financial institution

h) The entity is a non-profit entity that meets all of the following requirements

i) It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes. Or, it is established and operated in its jurisdiction of residence and is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league, or an organization operated exclusively to promote social welfare

ii) It does not have to pay income tax in its jurisdiction of residence

iii) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets

iv) The laws of the entity's jurisdiction of residence that apply or the entity's formation documents do not allow any of the entity's income or assets to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than in line with the entity's charitable activities, as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property the entity bought

v) The laws of the entity's jurisdiction of residence that apply or the entity's formation documents require that, as soon as the entity is liquidated or dissolved, all of its assets will be distributed to a governmental entity or other non-profit entity. Or, they will be handed over to the government of the entity's jurisdiction of residence or one of its political subdivisions

i) The entity is organized in a United States territory and all of the owners of the payee are tax residents of that United States territory

Canadian financial institution

A Canadian financial institution is an entity that is a financial institution resident in Canada or a foreign entity that is a financial institution with a branch in Canada and that is described in any of the following:

a) an authorized foreign bank within the meaning of section 2 of the Bank Act for its business in Canada, or a bank to which that act applies

b) a cooperative credit society, a savings and credit union, or a caisse populaire regulated by a provincial act

c) an association regulated by the Cooperative Credit Associations Act

d) a central cooperative credit society, as defined in section 2 of the Cooperative Credit Associations Act, or a credit union central or a federation of credit unions or caisses populaires that is regulated by a provincial act other than one enacted by the Government of Quebec

e) a financial services cooperative regulated by An Act respecting financial services cooperatives, R.S.Q., c. C-67.3 or by An Act respecting the Mouvement Desjardins, S.Q. 2000, c. 77

f) a life company or a foreign life company that the Insurance Companies Act applies to, or a life insurance company regulated by a provincial act

g) a company the Trust and Loan Companies Act applies to

h) a trust company regulated by a provincial act

i) a loan company regulated by a provincial act

j) an entity authorized under provincial law to deal in securities or any other financial instruments or to provide portfolio management, investment advice, fund administration, or fund management services

k) an entity that is presented or promoted to the public as a collective investment vehicle, mutual fund, exchange traded fund, private equity fund, hedge fund, venture capital fund, leveraged buyout fund, or similar investment vehicle that is established to invest or trade in financial assets and is managed by an entity referred to in j) above

l) an entity that is a clearing house or clearing agency

m) a department or an agent of the Crown or of a province that accepts deposit liabilities

Investment entity

There are two types of entities that can be considered an investment entity:

a) an entity that mainly carries on the business of one or more of the following activities or operations for a customer:
   i) trading in money market instruments (such as cheques, bills, certificates of deposit, and derivatives); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading
   ii) individual and collective portfolio management
   iii) investing in, administering, or managing financial assets or money for other persons

b) an entity the gross income of which is mainly from investing, reinvesting, or trading in financial assets if it is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or the type of investment entity described in a) above

Passive income

Passive income generally includes income from the holding of property, such as:

- dividends
- interest
- income equivalent to interest
- rents and royalties (these do not include rents and royalties derived in the conduct of a business done, at least in partly, by employees of a non-financial enterprise)
- annuities
- the excess of gains over losses from the sale or exchange of financial assets, which results in passive income
- the excess of gains over losses from transactions (including futures, forwards, options, and similar transactions) in any financial assets
- the excess of foreign currency gains over foreign currency losses
- net income from swaps
- amounts received under cash value insurance contracts

Passive non-financial entity

A passive non-financial entity is an entity that is:

a) not a financial institution, nor an active non-financial entity

b) an investment entity described in paragraph b) of the definition of investment entity, which resides in a non-participating jurisdiction

c) not a withholding foreign partnership or a withholding foreign trust under U.S. Treasury regulations

Related entity

An entity is considered to be related if one entity controls the other or if the two entities are under common control (the "related entity group"). Control means direct or indirect ownership of:

a) in the case of a corporation, more than 50% of the votes and value

b) in the case of a trust, an interest as a beneficiary in the trust with a fair market value that is greater than 50% of the fair market value of all interests as a beneficiary in the trust

c) in the case of a partnership, interest as a member in the partnership that entitles the member to more than 50% of the income or loss of the partnership, or of the assets (after deducting any liabilities) if the partnership were to stop existing

In the case of two entities that are investment entities described in paragraph b) of the definition of investment entity, the two entities are considered related entities if they are under common management and such management has to meet the due diligence obligations of the investment entities.

Specified United States person

A specified United States (U.S.) person is a U.S. person, other than any of the following:

a) a corporation the stock of which is regularly traded on one or more established securities markets

b) a corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code as a corporation described in a) above

c) the United States or any wholly owned agency or instrumentality of the United States

d) a state of the United States, a U.S. territory, a political subdivision of any of the foregoing, or a wholly owned agency or instrumentality of any one or more of these

e) an organization that does not have to pay tax under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code

f) a bank as defined in section 581 of the U.S. Internal Revenue Code

g) a real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code

h) a regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or an entity registered with the U.S. Securities and Exchange Commission under the U.S. Investment Company Act of 1940

i) a common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code

j) a trust that does not have to pay tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code

k) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or one of its states

l) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code

m) a tax-exempt trust under a plan that is described in section 403(b) or section 457(b) of the U.S. Internal Revenue Code

Strata/Condominium Corporations

Financial accounts held by a strata/condominium corporation do not have to be reported under Part XIX, as long as:

a) the entity is exempt from tax under section 149 of the Income Tax Act

b) the account is only to cover the costs of a condominium or housing co-operative

c) the amounts in the account may only be used to pay for the expenses of the condominium or housing co-operative

d) each year, one owner can contribute more than US$50,000 or no more than 20% of the annual contributions due in the year is attributable to one person

United States person

A United States (U.S.) person is any of the following:

a) a U.S. citizen or an individual who resides in the United States

b) a partnership or corporation organized in the United States or under the laws of the United States or any State thereof

c) a trust, if
   i) a court in the United States would have the authority under applicable law to deliver orders or judgments about substantially all issues regarding the administration of the trust, and
   ii) one or more U.S. persons have the authority to control all the trust's major decisions

d) the estate of a person that is a citizen or a resident of the United States

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

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