

## Application for a retirement income fund (RIF) and life income fund (LIF) rider for a variable contract and a Group Savings Plan

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- For a **New Brunswick** and **Québec** LIF, the minimum issue age is 18.
- For a **British Columbia, Ontario, Nova Scotia, Manitoba** and **Newfoundland and Labrador** LIF, the Owner/Member must be 10 years or less from his or her retirement date prescribed by the Pension plan from which the funds originate. If the Owner/Member is the spouse, common-law partner or former spouse or former common-law partner of a member or former member of the pension plan from which the funds originate, the LIF application can only be submitted if at the time of signing the LIF application the pension plan member or former member was 10 years or less from his or her retirement date.
- For an **Ontario** LIF, the Owner/Member may transfer up to 50% of the total amount of his or her LIF to a RSP or a RIF. This 50% unlocking option is a one-time opportunity. The Owner/Member must provide Assumption Life with written instructions at its head office within 60 days from the date the funds originating directly from his or her pension plan are transferred to his or her Assumption Life LIF.
- For a **New Brunswick** LIF, the Owner/Member may transfer up to a maximum of 25% of his or her LIF to a RIF, subject to the required consents and the applicable legislations. This is a one-time option.
- For a **Manitoba** and **Saskatchewan** Prescribed Retirement Income Fund (PRIF) the owner/member must be 10 years or less from his or her retirement age.
- For a **Newfoundland and Labrador** LIF, payments under the LIF cannot begin prior to age 55, or earlier if permitted by the originating pension Plan.
- For a **federal** RLIF, the Owner/Member who is 55 years of age or older may transfer up to 50% of his or her RLIF to a RSP or a RIF within sixty (60) days from the date of issue of his or her Assumption Life RLIF, subject to applicable limitations.

FOR FUNDSERV TRANSACTIONS ONLY

DEALER CODE: \_\_\_\_\_ REP CODE: \_\_\_\_\_

Client Services

Tel: 506-853-6040/1-888-577-7337

Fax: 506-853-9369/1-855-430-0588

Email: [investments.retirement@assumption.ca](mailto:investments.retirement@assumption.ca)

Dealer Support (FUNDSERV)

Tel: 506-853-6040/1-855-577-3863

Fax: 506-853-9369/1-855-430-0588

Email: [fundserv.support@assumption.ca](mailto:fundserv.support@assumption.ca)

## Application for a retirement income fund (RIF) and life income fund (LIF) rider for a variable contract and a Group Savings Plan

### 1. Type of contract

Check  one box only

Individual  Group (Name of group/plan sponsor): \_\_\_\_\_ No. \_\_\_\_\_

### 2. Products

**Retirement Income Fund** - Check  one box only

Retirement Income Fund (RIF)

Spousal Retirement Income Fund (Spousal RIF)

**Information of contributing spouse or common-law partner:**

Name :	Social Insurance Number:
Last Name :	Date of Birth (Day/Month/Year) :

### Prescribed Retirement Income Fund

Prescribed Retirement Income Fund (PRIF) **Available in Saskatchewan and Manitoba only**

### Life Income Fund - Locking-In confirmation form 4632-00A is required for all LIF transfers

Life Income Fund (LIF)

I request the payment of a temporary income. (Only available under a Quebec LIF and a Newfoundland and Labrador LIF)

Complete and submit the required forms as prescribed by the applicable legislation and available on the Assumption Life online services at the following address: <http://www.assumption.ca> (For any temporary income request under the Quebec LIF, form 4807-00B-DEC09 must be completed and submitted if you are under 54 years of age. However, if you are between 54 and 65, you must complete and submit forms 4806-00B-DEC09 and 4808-00B-DEC09. (For any temporary income request under a Newfoundland and Labrador LIF, form 8 of the Regulation must be completed each year and included with this application. Go to the following Web site: <http://www.qs.gov.nl.ca/cca/fsr>.)

Life Income Fund (LIF) **Alberta only** Check  one box only

The owner is:  the original owner  a surviving pension partner owner  a non-member-pension partner owner  
Name of pension partner if any \_\_\_\_\_

Pension partner means: a person who is married to the original owner and has not been living separate and apart from the original owner for 3 or more consecutive years, or a person who has lived with that original owner in a conjugal relationship (for a continuous period of at least 3 years, or of some permanence, if there is a child of the relationship by birth or adoption, but does not include any person who is not recognized as a spouse or common-law partner for the purposes of any provision of the federal income tax legislation respecting RIFs.)

Life Income Fund (LIF) For **Manitoba only** (Please check the applicable boxes )

I ceased to be an active member of a pension plan while in Manitoba. Some or all of the amount transferred or to be transferred to the LIF is attributable, directly or indirectly, to the pension benefit credit that I earned as a member of the pension plan.

Some or all of the amount transferred or to be transferred to the LIF is attributable, directly or indirectly, to the pension benefit credit that my current or former spouse or common-law partner earned as a member of a pension plan.

I have no spouse or common-law partner.  I have a spouse or common-law partner and his or her name is : \_\_\_\_\_

The term "spouse" means the individual with whom you are married.

The term "common-law partner" means:

(a) the individual with whom you have registered a common-law relationship under section 13.1 of The Vital Statistics Act, or

(b) a person who, not being married to you, cohabited with you in a conjugal relationship

(i) for a period of at least three years, if either of you is married, or

(ii) for a period of at least one year, if neither of you is married;

### Restricted Life Income Fund - Locking-In confirmation form 4632-00A is required for all LIF transfers

Restricted Life Income Fund (RLIF) **Federal only** – (As a result of exercising the right to unlock 50% of the funds)

**3. Owner /Member (The Owner/Member is also the annuitant as defined in the Income Tax Act (Canada))**

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Date of Birth (Day/Month/Year) (proof of age required) Social Insurance Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Single  Married  Common-law

Telephone No.: Residence \_\_\_\_\_ Business: \_\_\_\_\_

E-mail: \_\_\_\_\_ 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: \_\_\_\_\_ Province or Country of issue: \_\_\_\_\_

**4. Owner/Member's spouse or common-law partner**

Complete if the minimum payment is based on the spouse's or common-law partner's age.

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Date of Birth: (Day/Month/Year) (proof of age required) Social Insurance Number: \_\_\_\_\_  
 Single  Married  Common-law

Telephone No.: Residence \_\_\_\_\_ Business: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation (specify): \_\_\_\_\_

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): \_\_\_\_\_

**5. Beneficiary**

Upon the death of the owner/participant, any death benefit is payable to the designated beneficiary, subject to the following:

- For RIFs, if there is no designated beneficiary, the death benefit is payable to the owner/participant's estate.
- For LIFs, the law requires the death benefit be paid to the owner/participant's spouse or common-law spouse. If the owner/participant has no spouse or common-law spouse upon his or her death, the death benefit will be paid to the designated beneficiary, or, failing that, to the owner/participant's estate.

Beneficiary spouses or common-law spouses may be eligible to roll the account over into a registered retirement income fund (RRIF), subject to the requirements of the Income Tax Act (Canada). Income generated between the date of the death and the date of the rollover is taxable.

If you have designated a replacement owner/participant and that person has survived you, your RRIF or LIF does not end, and your owner/participant, being your spouse or common-law spouse, will become the new owner/participant and annuitant. No guarantee upon death for individual annuity contracts will apply.

Primary beneficiaries				Revocable or Irrevocable*		Relationship to owner/member
First name	Last name	Age	%	Rev.	Irrev.	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
Total (must be equal to 100%)			100			

If the beneficiary is a minor, a trustee must be appointed: \_\_\_\_\_

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/member)				Revocable or Irrevocable *		Relationship to owner/member
First name	Last name	Age	%	Rev.	Irrev.	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
Total (must be equal to 100%)			100			

If the beneficiary is a minor, a trustee must be appointed: \_\_\_\_\_

For a RIF, if no beneficiary has been designated, the death benefit is payable to the Owner/Member's estate.

For a LIF and a PRIF, the applicable legislation requires that the death benefit be paid to the Owner/Member's spouse or common-law partner, as the case may be. If at the time of the Owner/Member's death he or she has no spouse or common-law partner, the death benefit will be paid to the designated beneficiary. If there is no named beneficiary, the death benefit is payable to the estate.

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

**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.**

**6. Successor Owner/ Member**

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

Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex:  M  F

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth (Day/Month/Year) \_\_\_\_\_ Social Insurance Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

**7. Source of premiums**

All transferred amounts are estimates. The correct amount will be confirmed in the Contract Specifications. Please include a copy of any documents relating to external transfers with this application. The agent is responsible for sending original documents to the financial institution holding the funds.

**It is not allowed, in the same contract, to combine back-end load segregated funds with no-load segregated funds. A separate application is required.**

External	Name of Financial Institution	Contract, Policy or Account Number	Estimated Amount of Transfer
<input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Registered Retirement Income Fund <input type="checkbox"/> Locked-in Retirement Account <input type="checkbox"/> Other source permitted by the Act			
<input type="checkbox"/> Registered Retirement Savings Plan <input type="checkbox"/> Registered Retirement Income Fund <input type="checkbox"/> Locked-in Retirement Account <input type="checkbox"/> Other source permitted by the Act			
<b>Subtotal</b>			



\* If you have applied for a LIF, the fixed payment is also subject to the maximum amount prescribed by the applicable provincial pension benefit legislation.

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**Tax deduction\*:**

- Minimum Tax \* (No tax withheld on the RIF, PRIF or LIF minimum amount; only on the excess amount.)
- Minimum Tax\* (Tax withheld on the total payment, including the RIF, PRIF or LIF minimum amount.)
- Additional Tax Percentage \_\_\_\_\_% federal (all provinces including Quebec) \_\_\_\_\_% provincial (Quebec only)  
(Tax withheld on the total payment, including the RIF, PRIF or LIF minimum amount)

\* Subject to the minimum required under the *Income Tax Act of Canada*.

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**10. Direct deposit of payments**

Your payments **will be deposited directly to your bank account** indicated on your personalized « 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.

- « void » cheque enclosed  Bank confirmation enclosed

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**11. LIF and Saskatchewan PRIF (Mandatory)**

Please provide the following information if you have applied for a LIF or a PRIF and you have a spouse or common-law partner.

Enclose the spousal consent form (For all applications falling under the **British Columbia, Manitoba, Alberta and Saskatchewan** legislations).

The spouse or common-law partner must sign below to authorize the owner/member to apply for a LIF in the province of Nova Scotia, Newfoundland and Labrador, or Ontario.

X \_\_\_\_\_

Spouse or common-law partner's signature

\_\_\_\_\_

Date

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**12. Declaration of Owner/Member**

For all Individual Retirement Income Fund and Group Retirement Income Fund

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

For all owners: I confirm that I am a resident of Canada

**I understand that I have access to the Fund Facts 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.**

For any Manitoba LIF, the owner agrees that the terms and conditions of the LIF Rider together with the terms and conditions of the RIF contract to which it will be attached will form the LIF contract.

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 this contract.

I understand that no insurance agent "advisor" or no person other than Assumption Life is authorized to modify, cancel or waive a question or provision of this application, or a provision of the contract, or of any rider or other document that is part of it.

I understand that 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.

**Privacy Statement**

In order to ensure the confidentiality of my personal information, Assumption Life will establish and retain a file on me, in accordance with applicable rules, in the offices of Assumption Life or third parties acting on its behalf, in Canada or elsewhere, in which will be placed the information concerning my application as well as the information pertaining to any service request and claim. My personal information will only be used for contract purposes; upon any service request made pertaining to the contract; and also when processing a claim for payment of a death benefit. Only those employees, agents, distribution partners or service providers who need the personal information for the performance of their duties or the execution of their mandate will have access to my personal information. Unless required by law, or a court order, Assumption Life will not disclose my personal information to other parties without my consent. 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 the contract and can therefore be considered as an application for termination of my contract, forcing Assumption Life to suspend any payment of benefits.

For any group retirement income fund, I understand and accept that my employer/plan sponsor, any service provider, Assumption Life as well as their respective employees for whom my personal information is necessary for the performance of their duties or the execution of their mandate, will have access to my personal financial and non-financial information and disclose them.

I have read and understood the Assumption Life Privacy Statement above 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 this contract. 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 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 hereby request that Assumption Life apply to register this contract as a registered retirement income fund under the Income Tax Act of Canada and any provincial tax laws. I understand that as a consequence of registering this contract, payments to me, my spouse, my common-law partner, or to my beneficiary will be taxable.

**Applicable for all Individual Retirement Income Fund only**

**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.

**Applicable for all Group Retirement Income Fund only**

**If I chose to invest in segregated funds:** I confirm having received the participant package and reviewed the contents of the **information guide for the participant, the summary, the investor profile, and the Fund Facts** relating to the segregated funds. I understand and acknowledge that these documents contain relevant information regarding my group retirement income fund and segregated funds and that it is important to read these documents before making my investments choices in segregated funds.

I authorize Assumption Life to use my personal information in order to send me additional information on products and services that might interest me.

**13. Declaration of Agent**

Please check  one box only:

**SALE IN PERSON**

I have verified the identity and date of birth of the owner/member by consulting an original piece of identification.

**SALE BY PHONE**

If the Agent was not present when the owner/member signed the application, the Agent attests that the identity and the date of birth of the owner/member has been verified as follows:

By me, during a prior transaction, at which time I had retained supporting documentation.

By another agent. Please complete the following section.

Agent's name:

Date of verification of identity:

Agent's code (If agent has no agent code with Assumption Life, please indicate license number and province of issue):

Upon the owner/member's consent, **I have obtained** a copy of a valid and unexpired ID card of the owner/member bearing a visible signature.

By a third party, in person. Please complete the following section.

**Only fill out if the identity and date of birth of the owner/member have been verified by a third party.**

Third Party's Name :

Third Party's Profession/Occupation :

Third Party's Address:

Third Party's Phone Number: \_\_\_\_\_ Third Party's Email: \_\_\_\_\_

Relationship to Owner/Member: \_\_\_\_\_ Date of verification of identity: \_\_\_\_\_

*THIRD PARTY DECLARATION:* I confirm having verified the identity of \_\_\_\_\_, date of birth \_\_\_\_\_ with the following piece of identification : Check  one box only:  Birth Certificate  Driver's License  Passport  Other (specify): \_\_\_\_\_ document number \_\_\_\_\_ issued by the government of \_\_\_\_\_, with expiry date of \_\_\_\_\_.

\_\_\_\_\_

<b>Third party signature</b>	<b>Date</b>	<b>Place of signature</b>
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The agent confirms having asked the questions listed in the application to the above-mentioned owner/member 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.

**14. 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.
  - I request that my deferred annuity contract and other pertinent documents be mailed to me at my home address
  - c. E-mail address where Assumption Life can forward the link for my online access. Assumption Life will contact me by e-mail for any matter related to my investment account.
- Email: \_\_\_\_\_

**15. Signatures**

<p>x _____</p> <p><b>Owner/Member</b></p>	<p>x _____</p> <p><b>Agent or witness</b></p>
<p>x _____</p> <p><b>Agent's Signature</b></p>	<p>_____</p> <p><b>Name of Agent (in block letters)</b></p>
<p>_____</p> <p><b>Agent's Code</b></p>	<p>_____</p> <p><b>Agent's Telephone Number</b></p>
<p>_____</p> <p><b>Name of Agency/Firm</b></p>	

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

**16. Conditions**

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

If you selected a **group retirement income fund** in section 1 of this application, you acknowledge and agree that your employer/plan sponsor is acting as agent for you and on your behalf for certain administrative purposes. You also acknowledge, nonetheless, that the ultimate responsibility concerning administration of the contract is that of Assumption Life. You hereby authorize Assumption Life to forward to your employer/plan sponsor (as your agent) all personal information required to carry out any necessary tasks. You understand that only Assumption Life may submit an application to modify your contract to the Canada Revenue Agency.



### Assumption Life Investment Fund Instructions

Company	Fund Name	Fund ID Code	FUNDSERV Order ID	Interest Rate (%)	Lump Sum Premium	PAD Premium		
Assumption Life	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						
		Fund ID			Lump Sum Premium		PAD Premium	
		Group TFSA and Series B No Load	Series C Back End Load	FUNDSERV Order ID	Group TFSA and Series B % or \$	Series C % or \$	Group TFSA and Series B % or \$	Series C % or \$
		Growth Portfolio	414	514				
		Balanced Growth Portfolio	415	515				
		Balanced Portfolio	420	520				
		Conservative Portfolio	421	521				
		SmartSeries Income Fund	441	541				
		SmartSeries 2020 Fund	433	533				
		SmartSeries 2025 Fund	434	534				
		SmartSeries 2030 Fund	435	535				
		SmartSeries 2035 Fund	436	536				
		SmartSeries 2040 Fund	437	537				
	SmartSeries 2045 Fund	438	538					
	SmartSeries 2050 Fund	439	539					
	SmartSeries 2055 Fund	440	540					
Louisbourg	Balanced Fund	140	202					
	Canadian Dividend Fund	107	207					
	Money Market Fund*	109	209					
	U.S. Equity Fund	166	205					
	Preferred Share Fund	431	531					
	Fixed Income Fund	152	204					
	Canadian Small Capitalization Equity Fund	144	206					
	Momentum Fund	129	229					
Fidelity	Canadian Opportunities Fund	146	230					
	True North® Fund	174	231					
	International Growth Fund	194	292					
	Europe Fund	185	283					
	American Disciplined Equity® Fund	404	504					
	NorthStar® Fund	409	509					
	Monthly Income Fund	408	508					
	Canadian Asset Allocation Fund	413	513					
	Far East Fund	419	519					
CI	Signature Corporate Bond Fund	426	526					
	Signature Canadian Bond Fund	179	277					
	Signature High Income Fund	412	512					
	American Value Fund	403	503					
	Cambridge Canadian Dividend Fund	425	525					
	Cambridge Canadian Asset Allocation Corporate Fund	422	522					
	Signature Global Resource Corporate Class Fund	427	527					
Signature Global Dividend Fund	428	528						

\* Please attach form 6239-00A for Dollar Cost Averaging.

### 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) Each new deposit and surrender not exceeding \$25,000.
- b) Fund switches within the same contract.
- c) Fund transfers from one Contract to another existing Contract with Assumption Life not exceeding a maximum of \$25,000 per transaction.
- 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 bank account 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.

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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/Applicant. 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