

Application for a retirement income fund (RIF) and life income fund (LIF) rider for a Registered Investment Account

NOTICE

- 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/Annuitant 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/Annuitant is the spouse, common-law partner or former spouse or former common-law partner of an annuitant or former annuitant 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 annuitant or former annuitant was 10 years or less from his or her retirement date.
- For an **Ontario** LIF, the Owner/Annuitant 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/Annuitant 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/annuitant 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/annuitant 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/Annuitant 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.



Registered Investment Account Application

RIF and LIF
INDIVIDUAL ANNUITY CONTRACT

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. 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			Last Name						
Date of Birth:	Day	Month	Year	Social Insurance Number					

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.gs.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 three 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 three 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 RSPs.)

Life Income Fund (LIF) Manitoba only – Check (✓) one box only
 I ceased to be an active annuitant 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 an annuitant 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 an annuitant 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)

2. Owner/Annuitant

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

Date of Birth _____
Day Month Year

Address _____

Marital Status: Single Married Common-law

Social Insurance Number _____

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)** _____

3. Owner/Annuitant'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 **Social Insurance Number** _____

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)** _____

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

Primary beneficiaries				Revocable or Irrevocable*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner/annuitant
				<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 (Except in Québec): _____

The trust will terminate once the beneficiary is of age of majority and has legal capacity to give a valid discharge. The owner/annuitant can 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*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner/annuitant
				<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 (Except in Québec): _____

The trust will terminate once the beneficiary is of age of majority and has legal capacity to give a valid discharge. The owner/annuitant can 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.

For a LIF and a PRIF, the applicable legislation requires that the death benefit be paid to the Owner/Annuitant's spouse or common-law partner, as the case may be. If at the time of the Owner/Annuitant'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.

5. Successor Owner/Annuitant

I hereby designate my spouse or common-law partner listed below as successor Owner/Annuitant of my contract upon my death. *(Please note that upon your death, the successor Owner/Annuitant, if living, will become the owner/member of your contract. Your contract shall not terminate. 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 No.: _____
Residence/Mobile Business

Email

6. 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 Registered Investment Account Guide for the definitions of the guarantee options.

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 funds with no-load funds. A separate application is required.

EXTERNAL SOURCES

Source of External Investment	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			
Total of external investments			

INTERNAL SOURCE

Source of Internal Investment (Assumption Life)*	Contract/Policy or Certificate No. (Please specify)	Client or Reference No.	If transfer from a segregated fund or investment account, please check one of the following	Estimated Amount of Transfer
<input type="checkbox"/> Segregated Funds			<input type="checkbox"/> No Load <input type="checkbox"/> Back-End Load (DSC) <input type="checkbox"/> No Load/Trail Only	
<input type="checkbox"/> Investment Account (RIA)			<input type="checkbox"/> No Load <input type="checkbox"/> Back-End Load (DSC) <input type="checkbox"/> No Load/Trail Only	
<input type="checkbox"/> Guaranteed Interest Account				
Total of internal investments				

*Unless otherwise stated, any internal transfer of a contract made under this application will void the indicated contract.

Guidelines for internal deposit transfers only

Segregated funds

For all internal deposit transfers from a segregated funds contract, please complete the **fund code annex**.

Investment Accounts

All internal deposit from Investment Accounts shall remain invested in the same Investment Accounts.

Guaranteed Interest Account

For Guaranteed Interest Accounts that have reached maturity at the time of the transfer, please complete the **fund code annex**. Any other internal deposit from a Guaranteed Interest Account retains its investment term and its interest rate.

Should you prefer an investment option other than the one indicated above, please complete the **fund code annex**.

8. Investment deposit instructions

Deposit enclosed with application \$ _____

Lump sum deposits or transfers

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

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

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

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

GIA: Lump-sum deposit

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

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

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

9. Special instructions

10. Details of payment to be made to the owner/annuitant

For minimum payment calculation:

(Payments will be made on a pro rata basis between the market value of your investment accounts and the market value of your GIA's. See Investment Account Guide for more information.)

I choose my age. (Mandatory for the New Brunswick LIF)

I choose the age of my spouse or common-law partner, who is younger than I am. This choice is irrevocable even in case of marriage breakdown, separation or death of spouse or common-law partner.

Verification of Identity and Date of Birth of spouse or common-law partner by means of an original document.

Name _____ Last Name _____

Date of Birth: _____
Day Month Year

Check (✓) one box:

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

Reference number _____ Province or Country of issue _____

Method of payment: Net Gross

I. minimum maximum (for LIF only) fixed payment* \$ _____

I. monthly quarterly semi-annually annually

III. Date of first payment: immediately other _____ (1st to 28th day of the month)
Day Month Year

* 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.

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

11. Direct deposit of payments

Your payments **will be deposited directly to your bank account** indicated on your personalized "VOID" cheque. 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

12. 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 _____ Date: _____
Spouse or common-law partner's signature Signed In Day Month Year

13. Declaration of Owner/Annuitant

- a. I have requested that this application be in English, and I request that all other related documents be in English also.
- b. For all owners: I confirm that I am a resident of Canada.
- c. 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.
- d. I confirm that all information and answers given in this application and in any related document are complete and true, and I acknowledge that they form the basis of this contract.
- e. 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.
- f. 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.

g. 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.

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.

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

j. I confirm:

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

14. Agent's Declaration

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

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

Please check (✓) one box only:

SALE IN PERSON

The agent confirms having verified the identity and date of birth of the owner/annuitant, as well as the identity and date of birth of his or her spouse or common-law partner if the spouse or common-law partner age has been chosen for the minimum payment of the annuity from a Registered Fund (RRIF or LIF) with an original and unexpired identification document with photo.

DISTANCE SELLING

If the agent was not present at the time the application was signed, the agent confirms that the identity and date of birth of the owner/annuitant, and the identity and date of birth of his or her spouse or common-law partner, if his or her age has been chosen for the minimum payment of the annuity from a Registered Fund (RRIF or LIF), hereafter the signatories, have been verified, respectful of one of the following criteria:

- **For this transaction (Obtaining a copy of a photo ID):** During this transaction, the agent confirms having received and kept, with the consent of the signatories, a copy of a photo ID, valid and not expired, bearing a visible signature.
- **For this transaction (verification by video conference):** During this transaction, the agent made sure to see on the screen a photo ID that seemed legitimate and valid to him and that he noted the information contained on this identity document in his file.
- **Previous transaction in person or by video conference:**
 - I. During a previous transaction in person or by video conference, the agent confirms having seen a photo ID of the signatories and that he has noted this information in his file; and
 - II. The agent also confirms, for this transaction, having received a copy of an official document recently dated (no more than 3 months) (statement from a financial institution or document issued by a federal, provincial or municipal government), which confirms that the signatories still reside at the same address and that they have not changed their names. The agent confirms having received the signatories' consent to keep a copy of this document in his files.

15. 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 annuity contract and other pertinent documents be posted on my online account. (Instead of being mailed to me at my home address.) Yes No

16. Signatures

X

Signature of Owner/Annuitant

Signed In (city/province)

X

Signature of the Spouse/Common-law partner

Signed In (city/province)

(For any spousal RIF or if the age of the spouse has been chosen)

X

Agent's Signature

Signed In (city/province)

X

Name of Agent (in block letters)

Agent's Code

Agent's Telephone No.

Name of Agency/Firm

Signed on (date)

Day

Month

Year

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

Distributed in collaboration with:



Contract issued and administered by:



REGISTERED INVESTMENT ACCOUNT CODES

(AS OF MARCH 1ST, 2021)

Account Name	75/75 (Maturity & Death Benefit)			75/100 (Maturity & Death Benefit)		
	No Load (Series D)	No Load / Trail Only (Series E)	DSC (Series D)	No Load (Series G)	No Load / Trail Only (Series G)	DSC (Series G)
TARGET RISK (PORTFOLIOS)						
Assumption Conservative (Assumption Life)	603	703	903	1803	1703	1903
Assumption Balanced (Assumption Life)	602	702	902	1802	1702	1902
Assumption Balanced Growth (Assumption Life)	601	701	901	1801	1701	1901
Assumption Growth (Assumption Life)	600	700	900	1800	1700	1900
Assumption Life Select Defensive	624	724	924	1824	1724	1924
Assumption Life Select Moderate	625	725	925	1825	1725	1925
Assumption Life Select Balanced	626	726	926	1826	1726	1926
Assumption Life Select Growth	627	727	927	1827	1727	1927
Assumption Life Select Enhanced Growth	628	728	928	1828	1728	1928
TARGET DATE (SMARTSERIES)						
SmartSeries Income (Assumption Life)	604	704	904	1804	1704	1904
SmartSeries 2020 (Assumption Life)	605	705	905	1805	1705	1905
SmartSeries 2025 (Assumption Life)	606	706	906	1806	1706	1906
SmartSeries 2030 (Assumption Life)	607	707	907	1807	1707	1907
SmartSeries 2035 (Assumption Life)	608	708	908	1808	1708	1908
SmartSeries 2040 (Assumption Life)	609	709	909	1809	1709	1909
SmartSeries 2045 (Assumption Life)	610	710	910	1810	1710	1910
SmartSeries 2050 (Assumption Life)	611	711	911	1811	1711	1911
SmartSeries 2055 (Assumption Life)	612	712	912	1812	1712	1912
FIXED INCOME						
Canadian Bond (Louisbourg)	618	718	918	1818	1718	1918
CANADIAN EQUITY						
Preferred Share (Louisbourg)	619	719	919	1819	1719	1919
Canadian Equity (Louisbourg)	615	715	915	1815	1715	1915
Canadian Small Cap (Louisbourg)	616	716	916	1816	1716	1916
Momentum Canadian Equity (Louisbourg)	617	717	917	1817	1717	1917
Canadian Core Equity (Fidelity)	620	720	920	1820	1720	1920
FOREIGN EQUITY						
U.S. Equity (Louisbourg)	613	713	913	1813	1713	1913
International Equity (Louisbourg)	614	714	914	1814	1714	1914
U.S. Focused Stock (Fidelity)	623	723	923	1823	1723	1923
International Growth (Fidelity)	621	721	921	1821	1721	1921
Global Leaders (CI/Black Creek)	622	722	922	1822	1722	1922

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.