



Segregated Fund Application

Non-Registered INDIVIDUAL VARIABLE ANNUITY CONTRACT

FOR FUNDSERV TRANSACTIONS ONLY

Dealer Code, Rep Code, Contract number, Client number, Dealer Support (FUNDSERV), Client Services contact info.

1. Annuitant (cannot be a company)

Name, Last Name, Sex, Date of Birth, Address, Marital Status, Social Insurance Number, Telephone No., Email, Occupation, Verification of Identity and Date of Birth by means of an original document.

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.

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 or Other (complete below), Name, Last Name, Sex, Date of Birth, Address, Marital Status, Social Insurance Number, Telephone No., Email, Occupation.

4395-00A-APR21

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)**

Sex:  M  F

Name \_\_\_\_\_ Last Name \_\_\_\_\_

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) \_\_\_\_\_

**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)

<b>Contingent owner for Owner 1:</b>	<b>Contingent owner for Owner 2:</b>
<input type="checkbox"/> the Annuitant <input type="checkbox"/> Other (complete the following):	<input type="checkbox"/> the Annuitant <input type="checkbox"/> Other (complete the following):
_____ Name	_____ Name
_____ Relationship	_____ 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	
First name	Last name	Age	%	Rev.	Irrev.	Outside Quebec	In Quebec
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total (must be equal to 100%)</b>			100				

If the beneficiary is a minor, a trustee must be appointed (Except for 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	
First name	Last name	Age	%	Rev.	Irrev.	Outside Quebec	In Quebec
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
<b>Total (must be equal to 100%)</b>			100				

If the beneficiary is a minor, a trustee must be appointed (Except for Quebec): \_\_\_\_\_

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

The designation of an irrevocable beneficiary limits your rights under the contract, and his/her consent will be required for all future transactions including withdrawals 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.

### Segregated Funds

Before choosing the 'No load' option or 'Back-end load' option, please note that the 'Back-end load' option has exit fees for any surrender and transfer made within the first six years from the deposit investment date. The 'No load' option has no exit fees but higher management fees than those provided for under the 'Back-end load' option.

ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE OWNER'S RISK AND MAY INCREASE OR DECREASE IN VALUE.

## 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 \_\_\_\_\_ (1<sup>st</sup> to 28<sup>th</sup> 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](http://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](http://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

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## 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.

<b>Name of Grantee of the annuity</b>			<b>Address</b>
<b>Date of Birth:</b>			<b>Relationship to Owner</b>
Day	Month	Year	

## 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 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.
- d. I confirm having read and understood section 14 hereinafter "Conditions" and acknowledge that said conditions are an integral part of the contract.
- e. 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.
- f. **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.

### 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 as result of my death. 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. If the owner is a body corporate (corporation, partnership, association), it agrees to provide Assumption Life, upon request, with proof of the status of the body corporate and also provide proof of the name and occupation of all directors of the entity who directly or indirectly own or control 25% or more of the body corporate. 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.

- h. 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.  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.

- j. **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.
- k. 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.

## 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 \_\_\_\_\_ 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.

## 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 15<sup>th</sup> 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 105<sup>th</sup> 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 90<sup>th</sup> 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.



## SEG FUNDS CODES

(AS OF MARCH 1<sup>ST</sup>, 2021)

Account Name	75/75 (Maturity & Death Benefit)			75/100 (Maturity & Death Benefit)		
	No Load (Series H)	No Load Trailer Only (Series H)	DSC (Series H)	No Load (Series B)	No Load Trailer Only (Series B)	DSC (Series C)
<b>TARGET RISK (PORTFOLIOS)</b>						
Assumption Life Conservative Portfolio	2800	2700	2900	421	3700	521
Assumption Life Balanced Portfolio	2801	2701	2901	420	3701	520
Assumption Life Balanced Growth Portfolio	2802	2702	2902	415	3702	515
Assumption Life Growth Portfolio	2803	2703	2903	414	3703	514
Assumption Life Select Defensive Portfolio	2840	2740	2940	442	3740	542
Assumption Life Select Moderate Portfolio	2841	2741	2941	443	3741	543
Assumption Life Select Balanced Portfolio	2842	2742	2942	444	3742	544
Assumption Life Select Growth Portfolio	2843	2743	2943	445	3743	545
Assumption Life Select Enhanced Growth Portfolio	2844	2744	2944	446	3744	546
<b>TARGET DATE (SMARTSERIES)</b>						
Assumption Life SmartSeries Income Fund	2804	2704	2904	441	3704	541
Assumption Life SmartSeries 2020 Fund	2805	2705	2905	433	3705	533
Assumption Life SmartSeries 2025 Fund	2806	2706	2906	434	3706	534
Assumption Life SmartSeries 2030 Fund	2807	2707	2907	435	3707	535
Assumption Life SmartSeries 2035 Fund	2808	2708	2908	436	3708	536
Assumption Life SmartSeries 2040 Fund	2809	2709	2909	437	3709	537
Assumption Life SmartSeries 2045 Fund	2810	2710	2910	438	3710	538
Assumption Life SmartSeries 2050 Fund	2811	2711	2911	439	3711	539
Assumption Life SmartSeries 2055 Fund	2812	2712	2912	440	3712	540
<b>FIXED INCOME</b>						
Louisbourg Money Market Fund	2813	2713	2913	109	3713	209
Louisbourg Fixed Income Fund	2814	2714	2914	152	3714	204
CI Canadian Bond Fund	2815	2715	2915	179	3715	277
CI Corporate Bond Fund	2816	2716	2916	426	3716	526
<b>BALANCED</b>						
Louisbourg Balanced Fund	2817	2717	2917	140	3717	202
Fidelity Canadian Asset Allocation Fund	2818	2718	2918	413	3718	513
Fidelity Monthly Income Fund	2819	2719	2919	408	3719	508
Fidelity NorthStar Balanced Fund	2820	2720	2920	430	3720	530
CI High Income Fund	2821	2721	2921	412	3721	512
CI Canadian Asset Allocation	2822	2722	2922	422	3722	522



Account Name	75/75 (Maturity & Death Benefit)			75/100 (Maturity & Death Benefit)		
	No Load (Series H)	No Load Trailer Only (Series H)	DSC (Series H)	No Load (Series B)	No Load Trailer Only (Series B)	DSC (Series C)
<b>CANADIAN EQUITY</b>						
Louisbourg Canadian Dividend Fund	2823	2723	2923	107	3723	207
Louisbourg Canadian Small Capitalization Equity Fund	2824	2724	2924	144	3724	206
Louisbourg Momentum Fund	2825	2725	2925	129	3725	229
Fidelity Canadian Opportunities Fund	2826	2726	2926	146	3726	230
Assumption/Fidelity True North® Fund	2827	2727	2927	174	3727	231
CI Canadian Dividend Fund	2828	2728	2928	425	3728	525
Louisbourg Preferred Share Fund	2829	2729	2929	431	3729	531
<b>FOREIGN EQUITY</b>						
Louisbourg U.S. Equity Fund	2830	2730	2930	166	3730	205
Fidelity American Disciplined Equity	2831	2731	2931	404	3731	504
Fidelity North Star® Fund	2832	2732	2932	409	3732	509
Fidelity Far East Fund	2833	2733	2933	419	3733	519
Fidelity International Growth Fund	2834	2734	2934	194	3734	292
Fidelity Europe Fund	2835	2735	2935	185	3735	283
Fidelity Emerging Markets	2836	2736	2936	429	3736	529
CI U.S. Stock Selection Fund	2837	2737	2937	403	3737	503
CI Global Dividend Fund	2838	2738	2938	428	3738	528
CI Global Resource	2839	2739	2939	427	3739	527

**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 77<sup>th</sup> 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.