

**Application for Fixed and Life Annuity
 For registered and non registered contract**

1. Type of Contract

You are requesting that the contract be registered as an RSP (Registered Savings Plan) pursuant to the *Income Tax Act* (Canada).

Yes (RSP) No (non-registered contract)

Do the funds used to purchase the annuity originate directly or indirectly from a pension plan? Yes No

If yes, which jurisdiction applies? Federal or Provincial. Do you have a spouse as defined in the applicable legislation? Yes No

If yes, please also complete section « 3. Spouse – Successor Annuitant ».

2. Annuitant

For any registered annuity contract, the annuitant is also the owner of the annuity contract and owns all rights to the contract.

For any non registered contract, the annuitant is the person to whom the annuity is payable, unless a grantee of annuity is designated.

Name: _____ Last Name: _____ Sex: M F

Address: _____

Date of Birth (proof of age required)
 (Day/Month/Year)

Social Insurance Number
 | | | | | | | | | |

Marital Status:
 Single Married Common-law
 Civil union (Quebec)

Telephone No. Residence: _____

Business: _____

E-mail: _____

Occupation: _____

Verification of Identity 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. Spouse – Successor Annuitant (complete this section if funds are locked in or in the case of a joint and last survivor annuity)

Name: _____ Last Name: _____ Sex: M F

Address: _____

Date of Birth (proof of age required)
 (Day/Month/Year)

Social Insurance Number
 | | | | | | | | | |

Marital Status:
 Single Married Common-law
 Civil union (Quebec)

Telephone No. Residence: _____

Business: _____

E-mail: _____

Occupation: _____

Verification of Identity by means of an original document. Check one box:

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

Reference number: _____ Place of issue (province/country): _____

If you choose a joint and last survivor annuity, upon the death of the annuitant the annuity is payable to the annuitant's spouse as successor annuitant, in the amounts specified, until his/her death. The surviving spouse then becomes the owner and successor annuitant and acquires all the owner's rights under the contract.

If the funds are locked in and no joint and last survivor annuity has been chosen, please include any waiver of entitlement to the joint and last survivor annuity, signed by the spouse, as required by the applicable legislation.

4. Owner (Applies only to non-registered annuity contract)

Is the owner the annuitant? Yes No If **no**, please complete the following:

If the owner is a Body Corporate (corporation, partnership, association, etc.) please complete and submit form 6119-00A (Information on the identity of a Legal Person) which is available on our Website, under Producer's Corner. If the owner is an individual please complete the following:

Name: _____ Last Name: _____ Sex: M F

Address: _____

Date of Birth (proof of age required) _____ Social Insurance Number _____ Marital Status: _____
(Day/Month/Year) Single Married Common-law
 Civil union (Quebec)

Telephone No. Residence: _____ Business: _____

E-mail: _____ Occupation: _____

Verification of Identity 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. Grantee of Annuity (Person designated to receive annuity payments instead of the annuitant. Applies only to non-registered contracts.)

By completing this section, you are requesting that the annuity be payable to the grantee of annuity instead of to the annuitant.

Is the grantee the owner? Yes No If **no**, please complete the following:

Name: _____ Last Name: _____ Sex: M F

Address: _____

Date of Birth (proof of age required) _____ Social Insurance Number _____ Marital Status: _____
(Day/Month/Year) Single Married Common-law
 Civil union (Quebec)

Telephone No. Residence: _____ Business: _____

E-mail: _____ Occupation: _____

Verification of Identity by means of an original document. Check one box:

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

Reference number: _____ Place of issue (province/country): _____

6. Beneficiary (Applies only to annuities with a guaranteed period, fixed annuities, or deferred annuities)

PRIMARY

First Name	Last Name	Age	%	Revocable or Irrevocable *		Relationship to Annuitant (in Quebec, relationship to Owner)
				<input type="checkbox"/> Rev.	<input type="checkbox"/> Irrev.	
				<input type="checkbox"/> Rev.	<input type="checkbox"/> Irrev.	

CONTINGENT (Applies only if the above-named primary beneficiary dies before the annuitant.)

First Name	Last Name	Age	%	Revocable or Irrevocable *		Relationship to Annuitant (in Quebec, relationship to Owner)
				<input type="checkbox"/> Rev.	<input type="checkbox"/> Irrev.	
				<input type="checkbox"/> Rev.	<input type="checkbox"/> Irrev.	

* 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 beneficiary changes.

7. Annuity Details

Type of annuity:

- Fixed annuity payable for ____ years (For any registered contract, the duration of the fixed annuity is equal to 90 years minus the annuitant's age or his/her spouse's age, as chosen by the owner.)
- Life annuity with no guaranteed period. (You accept that upon the annuitant's death, annuity payments will terminate; no death benefit is payable.)
- Life annuity with a guaranteed period of ____ years.
- Joint and last survivor life annuity (successor annuitant) at ____% (You accept that upon the death of the annuitant and his/her spouse, annuity payments will terminate; no death benefit is payable.)
- Joint and last survivor life annuity (successor annuitant) at ____% with a guaranteed period of ____ years. (You accept that upon the death of the annuitant and his spouse, annuity payments will terminate; no death benefit is payable unless the death of the annuitant and his/her spouse occurs before the expiry of the guaranteed period.)

When the amounts are registered under the Income Tax Act (Canada), the annuity can only be a joint and last survivor annuity payable to the spouse, pursuant to the applicable legislation. If the amounts are registered, the first annuity payments must begin, at the latest, by December 31 of the year in which the owner and annuitant reaches 71 years of age.

Amount of single premium and method of payment:

If the owner is an individual and the total lump-sum premium is at least \$100 000, please attach a **Politically Exposed Person** verification form, available on our Website, under Producer's Corner.

a) Amount of single premium: \$ _____

b) Amount of annuity payment: \$ _____

c) Frequency of annuity payment: weekly bi-weekly monthly quarterly semi-annually annually

d) Date of first payment: ____ / ____ / ____ (1st to 28th day of the month)
 day month year

Tax deduction:

Minimum Percentage* _____% Fixed amount* \$ _____

* Subject to the minimum required under the *Income Tax Act (Canada)*.

8. Source of Single Premium

Is the source of funds from a registered plan? Yes No

If funds are from an internal or external transfer, complete the following. All transferred amounts are estimates. The correct amount will be confirmed in the Policy 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.

Name of Financial Institution	Type of Product	Contract, Policy or Account Number	Estimated Amount of Transferred Deposit
Total			

If funds are from an Assumption Life product, the annuity contract to be issued constitutes an additional contract that is added to and forms an integral part of the above-mentioned policy. In case of conflict between the above-mentioned policy and the annuity contract to be issued, the annuity contract to be issued will have precedence.

9. Direct Deposit of Payments

Your payments **will be deposited directly to your bank account** indicated on the personalized « VOID » cheque or on the “Non-Financial Transaction Request form” if a sample cheque is not available, if the payer’s name is not preprinted or if this is a savings account. This form can be found on our Web site, under Producer’s Corner.

« void » cheque enclosed Non-Financial Transaction Request form enclosed

10. Declaration of Annuitant and Owner

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

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 request that Assumption Life apply for registration of this contract as a Registered Retirement Savings Plan pursuant to the Income Tax Act (Canada) and any other applicable tax legislation if the source of funds used to purchase a life annuity is from a registered plan. I understand that pursuant to this registration, any benefit payable to me, my spouse or any beneficiary according to the option chosen will be taxable.

I UNDERSTAND AND ACCEPT THAT:

- a. Annuity payments and any amount payable upon the annuitant’s death, based on the type of annuity chosen, are subject to the *Income Tax Act* (Canada) and any other applicable tax legislation.
- b. The annuity contract may not be surrendered. For any registered contract, I also understand that the contract may not be assigned.
- c. 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 it.
- d. 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.
- e. In order to ensure the confidentiality of my personal information, Assumption Life will establish and retain a file 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. Only those employees or agents 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 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.

11. Signatures

X _____
Signature of Annuitant

X _____
Signature of Owner*

* If the Owner is a Body Corporate, the signature of the authorized individuals with their title is required.

X _____
Signature of Authorized Person (1)

X _____
Signature of Authorized Person (2)

X _____
Signature of Authorized Person (3)

X _____
Signature of Authorized Person (4)

By signing below, the agent confirms that he/she has verified the identity of the owner, the annuitant and the grantee of annuity, if applicable, and the date of birth of the annuitant, by consulting the documents specified in this application for such purposes. The agent also confirms having provided and explained to the client an *Advisor 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.

X _____
Agent's Signature

X _____
Name of Agent (in Block Letters)

Agent's Code

Agent's Telephone Number

Name of Agency/Firm

Signed at _____ this _____ day of _____ 20 _____