

FOR FUNDSERV TRANSACTIONS ONLY	
DEALER CODE: _____	REP CODE: _____
<b>Client Services</b>	<b>Dealer Support (FUNDSERV)</b>
Tel: 506-853-6040/1-888-577-7337	Tel: 506-853-6040/1-855-577-3863
Fax: 506-853-9369/1-855-430-0588	Fax: 506-853-9369/1-855-430-0588
Email: <a href="mailto:investments.retirement@assumption.ca">investments.retirement@assumption.ca</a>	Email: <a href="mailto:fundserv.support@assumption.ca">fundserv.support@assumption.ca</a>

**Registered application for a variable annuity contract and a Group Savings Plan**

**1. Type of contract**

Check  one box only

Individual       Group (Name of group/Plan Sponsor): \_\_\_\_\_ No. \_\_\_\_\_

**2. Products**

By choosing one of the contracts below, the owner/member is requesting that Assumption Life apply to register the contract as a **Registered Retirement Savings Plan** under Section 146 of the *Income Tax Act* (Canada) and any provincial income tax act, if applicable.

**Retirement Savings Plan** - Check  one box only

Retirement Savings Plan (RSP)

Spousal Retirement Savings Plan (Spousal RSP) (Complete the following):

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

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

**Locked-in Retirement Account - Locking-in confirmation form 4632-00A is required for all Locked-in fund transfers**

Locked-in Retirement Account (LIRA)

Locked-in Retirement Account (LIRA) (**Alberta Only**) - Check  one box only

The owner/member 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.)*

Locked-in Retirement Account (LIRA) (**Manitoba Only**) - 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 LIRA 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 LIRA 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;*

**Locked-in Retirement Savings Plan- Locking-In confirmation form 4632-00A is required for all Locked-in fund transfers**

Locked-in Retirement Savings Plan (LRSP) (Federal only)

Restricted Locked-in Savings Plan (RLSP) (Federal only)

**3. Owner/Member (The Owner/Member is also the annuitant)**

When the contract is registered, the Owner/Member is also the annuitant. The annuitant is also the contributor, except if it's a spousal RSP.

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

Address \_\_\_\_\_

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

Telephone No.: Residence \_\_\_\_\_ 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: \_\_\_\_\_ Place of issue (Province/Country): \_\_\_\_\_

**4. Beneficiary (upon the owner/member's death)**

Upon the owner/member'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/member's estate. Certain restrictions apply to Locked-in funds. The death benefit is payable to the surviving spouse or common-law partner as provided for in the applicable legislation.

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)

Contingent 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			

\* 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. Investment instructions (Please complete page 7 - Assumption Life Investment Fund Instructions)**

Premium enclosed with application \$ \_\_\_\_\_

Total transfer \$ \_\_\_\_\_ (Approximate premium amount transferred)

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 premium** in GIAs, DIAs, or segregated funds is equal to the premium amount enclosed with the application and the total transfer.

**Intended use of funds**

- Short-term savings (less than 5 years)
- Medium- or long-term savings (10 years or more)

**GIA: Lump-sum premium**

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 premium 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**

**Lump sum premium:**

The initial minimum premium required is as follows: \$500 in no load funds and \$1,000 in back-end load funds.

*Before choosing the ‘No load-Series B’ option or ‘Back-end load-Series C’ 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 premium investment date. The ‘No load’ option has no exit fees but has higher management fees than those provided for by 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.**

**6. Special instructions**

**7. Preauthorized debit agreement (PAD)**

For **Group Retirement Savings Plans**, you must complete this section only if you want to make regular additional payments from your personal bank account in excess of amounts that will be deducted by your employer from your salary.

**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

**Withdrawal Arrangements**

This preauthorized debit agreement is considered a variable one.

Amount of periodic premium\* \$ \_\_\_\_\_ **PAD**

\*The minimum premium required per transaction is as follows:

- \$500 for each guaranteed interest account (GIA) -- *If premium 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 for the daily interest account (DIA)
- \$25 per fund, for all our funds

Frequency of withdrawals: single debit monthly weekly every two weeks  
quarterly semi-annually annually twice monthly \_\_\_ and \_\_\_

Date of the first periodic premium \_\_\_/\_\_\_/\_\_\_ (1st to 28th day of each month or next business day)  
Day/Month/Year

1. I authorize Assumption Life to begin deductions as per my instructions for regular recurring payments according 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 Payment

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.

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## 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).

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## Exclusive Rights

All amounts transferred from the preauthorized bank account for the premium payment are for the exclusive benefit of the owner/member of the annuity contract.

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## 8. Disclosures of owner/member

### For all Individual Retirement Savings Plan and Group Retirement Savings Plan

- 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/members: I confirm that I am a resident of Canada
- c. I understand that I have access to the Fund Facts and to 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. For any Manitoba LIRA, the owner/member agrees that the terms and conditions of the LIRA Rider together with the terms and conditions of the RRSP contract to which it will be attached will form the LIRA contract.
- e. I acknowledge having read and understood section 12 hereinafter « Conditions » and acknowledge that said conditions are an integral part of the contract.
- f. I acknowledge that all information and answers given in this application and in any related document are complete and true, and I acknowledge that they form the basis of the contract.
- g. I UNDERSTAND AND ACCEPT THAT:  
  
No insurance agent "advisor" or person other than Assumption Life is authorized to modify, cancel or waive a question or provision of this application, nor a provision of the contract or of any rider or other document that is part of the contract.  
  
Any notice to or knowledge of an insurance agent « advisor » is not notice to or knowledge of Assumption Life unless stated in writing and made part of this application.
- h. **PRIVACY 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 a 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. 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. For any group retirement savings plan, 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.
- j. 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.
- k.  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.
- l. **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.

**Applicable for all Individual Retirement Savings Plans only**

m. 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 Savings Plan only**

n. Payroll deductions: I hereby authorize my employer to make deductions from my pay under the terms of the group retirement savings plan in force or to collect from my pay any additional amount or inferior amount according to the instructions I will give him from time to time.  
o. 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 savings plan and segregated funds and that it is important to read these documents before making my investments choices in segregated funds.

**9. Agent's Declaration**

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 Address:

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 \_\_\_\_\_.

x \_\_\_\_\_

**Third party signature**

**Date**

**Place of signature**

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.

**10. 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

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: \_\_\_\_\_

**11. 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 \_\_\_\_\_

**Signature of Owner/Member**

x \_\_\_\_\_

**Signature of Contributor (for Spousal RSP only)**

x \_\_\_\_\_

**Agent's Signature**

\_\_\_\_\_

**Name of Agent (in block letters)**

\_\_\_\_\_  
**Agent's Code**

\_\_\_\_\_  
**Agent's Telephone Number**

\_\_\_\_\_  
**Name of Agency/Firm**

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

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

**12. Conditions**

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

The owner may request a transfer or a partial or full surrender of a premium from a **redeemable** guaranteed interest account before the end of its investment term, provided that the contract is not registered as a locked-in retirement account (LIRA) or a locked-in RSP. However, no interest is credited on any amounts surrendered or transferred within 90 days from the date the premium 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 premiums 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 premiums at the time of reinvestment.

You are not required to keep the invested amounts in the daily interest account for a fixed term. Subject to the applicable LIRA and locked-in RSP limitations, you may, at any time, make surrenders or transfers from the daily interest account, without fees or penalties.

If you selected a group **retirement savings plan** in section 1 of this application, you acknowledge and agree that your employer 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 (as your agent) all personal information required to carry out any necessary tasks such as making the payroll deductions for premium payment purposes as per your instructions. You understand that only Assumption Life may submit an application to modify your contract to the Canada Revenue Agency.

The effective date of the contract is the date upon which Assumption Life receives the first premium payment at its head office along with this application duly completed, signed and dated.

If you have chosen to make your periodic premium 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 6 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 premium amount or make any other changes to your PAD plan.

**Taxation**

Subject to the restrictions of your contract, any surrender or payment is taxable for the year during which the transaction is completed.

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 premium 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.

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 date corresponding to the last business day of the year in which the annuitant reaches the age of 71. However, for the purpose of calculating the guarantee at maturity, we consider the last business day of the year in which the annuitant reaches age

69 to be the applicable date for the guarantee at maturity, provided that the contract has been in force for a minimum of 15 years. No guarantees are applicable for group retirement savings plans.

**Annuity payment options**

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 be beyond December 31 of the year in which the annuitant reaches age 71. If the maturity date chosen is before December 31 of the year in which the annuitant reaches age 69, you give up the guarantee at maturity.

At the maturity date we will convert your annuity contract into a fixed monthly annuity payable until the annuitant's 90th birthday, unless the owner has provided us with other specific instructions with regard to the payment terms of the annuity. 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.

## 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						
		<b>Fund ID</b>			<b>Lump Sum Premium</b>		<b>PAD Premium</b>	
		<b>Group RSP and Series B No Load</b>	<b>Series C Back-End Load</b>	<b>FUNDSERV Order ID</b>	<b>Group RSP and Series B % or \$</b>	<b>Series C % or \$</b>	<b>Group RSP and Series B % or \$</b>	<b>Series C % or \$</b>
		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					
	Emerging Markets Fund	429	529					
	NorthStar® Balanced Fund	430	530					
CI	Signature Corporate Bond Fund	426	526					
	Signature Canadian Bond Fund	179	277					
	Harbour Growth & Income Fund	182	280					
	Signature High Income Fund	412	512					
	American Value Fund	403	503					
	Cambridge Canadian Dividend Fund	425	525					
	Global Small Companies Fund	411	511					
	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/Member. I consent to abide by and respect the terms of this Authorization. I understand and agree to fully indemnify and hold harmless the Company from and against any loss, claims or demands of any kind which the Company may suffer or incur as a result of the Company acting or relying on this Authorization.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date