

TFSA

IAG Savings and Retirement Plan

# F17A-1

Application



F17A-1(15-11) PDF

# TFSA

Tax-Free Savings Account

### IMPORTANT

- You must:
- Print 3 copies of this application
  - Give a copy to the client
  - Send the original copy to head office
  - Keep a copy for your files



November 2015

Contract No.

APPLICATION **NP**

**1- TYPE OF REGISTRATION**

Tax-Free Savings Account (TFSA)

**2- HOLDER/ANNUITANT** *(The Holder must be 18 years old when he/she signs the application)*

First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Address (not only a P.O. box number): No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
 Telephone: Home (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) Office (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) Extension (\_\_\_\_)  
 Email: \_\_\_\_\_  
 Principal occupation: \_\_\_\_\_

Date of birth 

Y	Y	Y	Y	M	M	D	D

 Social insurance number (SIN) 

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 Gender:  M  F Language:  E  F

**3- BENEFICIARIES** *(Notwithstanding any other designation as Beneficiary, if the Holder acts as mandatory, trustee, tutor or guardian, the Beneficiary of the Contract is the Legal Heir.)*

First and last name	Gender	Date of birth	%	Type	Relationship <sup>(1)</sup>																
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	Y	Y	Y	Y	M	M	D	D											
Y	Y	Y	Y	M	M	D	D														
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									_____	<input type="checkbox"/> Rev. <input type="checkbox"/> Irrev.	_____								
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<sup>(1)</sup>Quebec residents: if you name your spouse or civil union spouse as Beneficiary, the designation is considered irrevocable unless you check the box indicating that it is to be revocable.

**Contingent Beneficiary**

The rights of a Contingent Beneficiary (Subrogated Beneficiary in Quebec) become in force only in the event that all primary beneficiaries have died before the Annuitant or if they have renounced to their rights as primary beneficiaries. A Contingent Beneficiary (Subrogated Beneficiary in Quebec) remains revocable.

First and last name \_\_\_\_\_ Gender  M  F Date of birth 

Y	Y	Y	Y	M	M	D	D

 \_\_\_\_\_ % \_\_\_\_\_ Relationship \_\_\_\_\_

**Trustee for minor Beneficiary** (Not applicable where Quebec laws apply):  
 Name of minor Beneficiary \_\_\_\_\_ Date of birth \_\_\_\_\_ Name of trustee \_\_\_\_\_ Relationship to minor \_\_\_\_\_

If a trustee is appointed above, any death benefit to be paid under the Contract to the minor Beneficiary who, at the time payment is to be made, is a minor, will be paid to the trustee, in trust for the minor Beneficiary. The trust for any minor Beneficiary will terminate once the Beneficiary is of age of majority. Before completing the section above, please consult your legal advisor.

**4- LIFE INSURANCE AGENT**

Agency code:  Name of district or agency: \_\_\_\_\_

**IMPORTANT – Active Agent Code**

FundSERV* Code, Dealer: _____ Sales rep.: _____ *Only one agent for contract administered through FundServ network	<b>Primary agent</b> (commissions and service): % of commissions: _____ % Name of agent: _____ Email: _____ Office phone: _____ Extension _____
<b>OR</b>	
IA Primary Agent code: <input type="text"/> SU: <input type="text"/>	<b>Secondary agent</b> (commissions only): % of commissions: _____ % Name of agent: _____
IA Secondary Agent code: <input type="text"/> SU: <input type="text"/>	



**5- GUARANTEE MATURITY DATE FOR THE ECOFLEX SERIES 100/100** *((Only if a Premium is invested in the Ecoflex Series 100/100 and the Annuitant is less than 56 years old.))*

The Guarantee Maturity Date must be at least fifteen (15) years from the date Ecoflex Series 100/100 Fund Units are credited for the first time to the Contract and must be between the Annuitant's 60th and 71st birthdays.

Y	Y	Y	Y	M	M	D	D

If the Guarantee Maturity Date is not specified or is not well established, this date is automatically established by the Company at the Annuitant's 71st birthday. Please refer to the Contract if the Annuitant is age 56 or over; the Guarantee Maturity Date shall be set at exactly fifteen (15) years from the Initial Investment Date of Ecoflex Series 100/100.

**6- INVESTMENT INSTRUCTIONS**

A -  Premium paid with this application: \$ \_\_\_\_\_  
(Cheque enclosed, **minimum \$100**)

B -  Internal transfer: \$ \_\_\_\_\_  
From Contract no. \_\_\_\_\_

C -  Transfer from another institution:  
Company (Attach transfer form.) Approximate amount

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

D -  FundSERV trade: \$ \_\_\_\_\_

**E – INVESTMENT FUNDS (For segregated funds, you must attach a copy of an investor profile (see section 14 for Electronic profile details).)**

NOTES (Please use the table F13-1000 or the Prestige Series for the investment fund numbers.)	Fund no. (1) (2) (3) (5-digit number)	If front-end load, % of premiums	<input type="checkbox"/> % or <input type="checkbox"/> \$ (Min \$25 per Fund) Total must equal 100% of the Premium.	Wire order no. (Contract administrated via FundSERV only)
For fund numbers with five digits: (1) First digit refers to the Series 3 = Series 75/100 Funds or Series 75/100 Prestige 4 = Classic Series 75/75 Funds or Classic Series 75/75 Prestige 5 = Ecoflex Series 100/100 Funds 7 = FORLIFE Series Funds				
(2) Three (3) middle digits refer to the Fund (e.g. 660 for the Money Market Fund)				
(3) Last digit refers to the Sales Charge: Prestige Series Sales Charge 0 = Deferred Sales Charges (DSC, client's sales charge) 7 = DSC Prestige 1 = No Sales charge (NSC) (CB, three (3) years) 2 = CB3 years Prestige 3 = No Sales charge (NSC) (CB, five (5) years) 4 = CB3 years Prestige 5 = Front-End Load (FEL, no sales charge) 6 = FEL Prestige				

**PRESTIGE SERIES:** The total market value of the Applicant's contract(s) must be \$300,000+. Certain conditions apply.

**F – DAILY INTEREST FUND**

**!** To keep all investments in DIF, no AIT instructions must be given in Section 7. DIF:  D050  % or  \$:

**G – GUARANTEED INVESTMENTS**

GUARANTEED INVESTMENTS (Minimum \$500)	Amount (\$)	Rate (%)	Term	Type of Interest payment option
			<input type="checkbox"/> One month or <input type="checkbox"/> _____ years	<input type="checkbox"/> Compound <input type="checkbox"/> Simple
			<input type="checkbox"/> _____ years	<input type="checkbox"/> Compound <input type="checkbox"/> Simple

**INSTRUCTIONS FOR INVESTMENTS AT MATURITY:** If no boxes are checked, the option will be deemed to be Transfer to Daily Interest Fund, which will be invested as per Automatic Investment Term on DIF instructions, if any.

same term or:  
 other instructions, please specify: \_\_\_\_\_

**INSTRUCTIONS FOR SIMPLE TYPE OF INTEREST PAYMENT OPTION**

Paid annually or  Paid monthly by  Direct deposit (Attach copy of personalized void cheque.)  
 Cheque

**7- AUTOMATIC INVESTMENT TERM (AIT)** If no AIT instructions are received by the Company, all Premiums will be invested, according to the applicable terms of the Contract, in the Daily Interest Fund (DIF) or in the Money Market Fund and they will stay in the DIF or Money Market Fund until the Applicant's instructions have been received by the Company.

<b>AIT on DIF</b> Not applicable for Income Stage Funds of the FORLIFE Series	<input type="checkbox"/> FUNDS: <input type="checkbox"/> Same funds as instructions in Section 6.E	<input type="checkbox"/> OR <input type="checkbox"/> Guaranteed Investments														
	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </table>									<table border="1"> <tr> <th>Minimum amount</th><th>Term</th><th>Type of Interest payment option</th></tr> <tr> <td><input type="checkbox"/> \$500 (default) or <input type="checkbox"/> \$1,000</td><td> </td><td><input type="checkbox"/> Compound <input type="checkbox"/> Simple</td></tr> </table>	Minimum amount	Term	Type of Interest payment option	<input type="checkbox"/> \$500 (default) or <input type="checkbox"/> \$1,000		<input type="checkbox"/> Compound <input type="checkbox"/> Simple
Minimum amount	Term	Type of Interest payment option														
<input type="checkbox"/> \$500 (default) or <input type="checkbox"/> \$1,000		<input type="checkbox"/> Compound <input type="checkbox"/> Simple														

**13- INSTRUCTIONS FOR DOLLAR COST AVERAGING (DCA) (Not applicable for Income Stage Funds of the FORLIFE Series.)**

I request that the Company process the requested monthly transfer, starting on the day of the transfer until the depletion of all the Premiums initially invested in the Money Market Fund (DCA) distributed over the number of months indicated below:

Date of monthly transfer: [ ] (1 to 28) Duration of the transfer (minimum 6 months, maximum 12 months): Number of months: [ ]

INITIAL MONEY MARKET FUND - \$300 MIN				Destination funds	Distribution % only <sup>(1)</sup> Total of destination must equal 100% of the Premium.
Fund no.	If front-end load % of premiums	<input type="checkbox"/> % or <input type="checkbox"/> \$ (Min of \$25 per fund)	Wire order no. (Contract administrated via FundSERV network only)		

(1) The transfer will be made on the date of transfer indicated above or on the next business day. If no date of transfer is indicated, said date is deemed to be the date this request is received. The transfer will be in effect until the first of the following events: the end of the "Duration of the transfer" period indicated above or the total depletion of all the Premiums initially invested in the Money Market Fund (DCA) indicated above. If no duration of transfer is indicated, said duration is automatically established at 12 months.

**9- INCOME PAYMENT (Complete section 10 to indicate the AWT (Automatic Withdrawal Term).)**

TYPE OF INCOME PAYMENT	<input type="checkbox"/> REQUEST TO JOIN THE PERIODIC INCOME PROGRAM (PIP)																		
TYPE OF REGISTRATION	<b>TFSA</b>																		
TYPE OF INCOME PAYMENT <sup>1</sup> <small><sup>1</sup> When investments are made into the Income Stage Funds of the FORLIFE Series, the default type of income ayment is FORLIFE Income.</small>	<input type="checkbox"/> FORLIFE Income <sup>1</sup> <input type="checkbox"/> Level \$ _____																		
AMOUNT <sup>2</sup> <small><sup>2</sup> For FORLIFE income, the default is gross.</small>	<input type="checkbox"/> Gross <sup>2</sup> <input type="checkbox"/> Net																		
FREQUENCY <sup>3</sup> <small><sup>3</sup> If the market value of the account at the time the request is received is less than \$5,000, the only authorized frequency is annual.</small>	<input type="checkbox"/> Monthly Day: _____ (Day 1 to 28; minimum \$100) <input type="checkbox"/> Last day of each month (minimum \$100) <input type="checkbox"/> Annual (Minimum \$1,000)																		
DATE OF FIRST PAYMENT <b>▲ Mandatory</b>	<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td><td><sup>4</sup></td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <small><sup>4</sup> 1st to the 6th not available for the FORLIFE Income.</small>	Y	Y	Y	Y	M	M	D	D	<sup>4</sup>									
Y	Y	Y	Y	M	M	D	D	<sup>4</sup>											
<b>DIRECT DEPOSIT ONLY FOR INCOME PAYMENT – Provide a blank, personalized cheque bearing the Applicant's name marked void or a duly completed written confirmation from the financial institution.</b>																			

**10- INSTRUCTIONS FOR AUTOMATIC WITHDRAWAL TERM (AWT) – Please indicate the percentage according to which the Funds will be redeemed, including the DIF and guaranteed investments, if applicable (mandatory for the PIP).**

**▲ IMPORTANT:** Total of percentages must be equal to 100%.

Fund no.	%	Fund no.	%	Fund no.	%

**11- CONTRIBUTION IN THE EVENT OF THE INSURED'S DISABILITY (CID)**

I do not want the CID benefit.  I want the CID benefit (complete form F1A). (The CID premium must not be included in the cheque attached to this application.)

**12- SPECIAL INSTRUCTIONS**

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**CONTRACTUAL DECLARATIONS**

I, the Holder hereby:

- declare that the written and/or electronic information provided with respect to the application for this product is complete and accurate and is the basis for the issuance of this Contract;
- **understand that I should contact my life insurance agent if notice of confirmation has not been received within fifteen (15) days of paying a Premium;**
- give the Company the right to correct any errors or omissions on this application through an amendment letter;
- understand that this application and the conditions thereof form an integral part of the Contract between the Company and me;
- declare that I have been directed by my agent to the Funds I am investing in;
- request that the Company advise me of any offer or possibility, including any credit possibility that may be of interest to me and for which I am eligible.

**PRE-AUTHORIZED CHEQUE PAYMENT/ELECTRONIC FUNDS TRANSFER (PAC/EFT) AGREEMENT**

In this PAC/EFT Agreement, each owner is referred to as "I" and makes the following statements in respect to himself or herself:

- I authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or one-time payments from time to time for payment of all premiums, deposits, instalments and charges arising from the Contract;
- Regular payments will be debited by the date and/or at the frequency I have chosen, whereas one-time payments from time to time can be debited from my account on any date. Regular and/or one-time payments will be debited in accordance with the banking information provided in this application;
- I agree that, for the purpose of this PAC/EFT Agreement, all PACs from my account will be treated either as Personal or Business\* depending on the choice I have made in PART 4, section 13 of this application;
- **I waive the right to receive pre-notification of an increase or decrease in the amount to be debited or a change in the date and/or frequency of these payments;**
- I agree that the Company is not required to provide me with written notice of a change in a PAC amount that is made as a result of my request;
- If a PAC is dishonoured for any reason such as, but not limited to, insufficient funds ("NSF"), stop payment or account closed, the Company is authorized to re-submit the payment. **Any charges incurred by the Company as a result of a dishonoured PAC will be charged within the Contract as per last PAC investments;**
- I may cancel or modify this PAC/EFT Agreement at any time, subject to providing the Company thirty (30) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel the PAC/EFT Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca) regarding Rule H1- Pre-authorized debits (PADs);
- Any cancellation of this PAC agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided by an alternate method;
- **The Company will not assign this PAC/EFT Agreement without providing, any time prior to the next PAC/EFT, written notice to me of the assignment;**
- I have certain recourse rights if any PAC does not comply with this PAC Agreement. For example, I have the right to receive reimbursement for any PAC that is not authorized or is not consistent with this PAC Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca) regarding Rule H1- Pre-authorized debits (PADs);
- Before the Company debits the first PAC/EFT payment, it must receive all required documents, duly completed, and be allowed a reasonable period of time to complete its administrative processes.

\*Business PAC means a PAC for the payment of goods or services related to a business or commercial activity of the payor.



# F17A-1

## Application

### About iA Financial Group

Founded in 1892, iA Financial Group offers life and health insurance products, mutual and segregated funds, savings and retirement plans, RRSPs, securities, auto and home insurance, mortgages and car loans and other financial products and services for both individuals and groups. It is one of the four largest life and health insurance companies in Canada and one of the largest publicly traded companies in the country. iA Financial Group stock is listed on the Toronto Stock Exchange under the ticker symbol IAG.

### Customer Service contact information - Individual Savings and Retirement:

<b>Telephone number: 1-844-4iA-INFO (1-844-442-4636) Information: <a href="mailto:savings@ia.ca">savings@ia.ca</a></b>		
<b>Quebec:</b> 1080 Grande Allée West PO Box 1907, Station Terminus Quebec City, QC G1K 7M3 Fax: 418-684-5161	<b>Toronto:</b> 522 University Ave., Suite 400 Toronto, ON M5G 1Y7 Fax : 1-800-810-0197	<b>Vancouver:</b> 2165 Broadway West PO Box 5900 Vancouver, BC V6B 5H6 Fax: 604-689-9682

INVESTED IN YOU.