

F17A

Application

SAVINGS



F17A(15-11) PDF

iAG Savings and Retirement Plan

- Investments
- Savings
- Retirement Income

NOTE FOR THE AGENT

You must make sure that the three copies of the application are distributed as follows:

- The original white copy of all five parts of this application to the head office
- The yellow copy for your files
- The pink copy to the client

REQUIRED DOCUMENTS

If applicable, you must send the following documents with this application:

- The investor profile for each Applicant if Fund Units are credited to the Contract
- Copy of the transfer form (you must send the original directly to the other institution)
- For non-registered contracts, you must include any other mandatory document, if required. For example:
 - The F51-208A Confirmation of Identity form, if applicable (See section 7 for details)
 - Recent company resolution and confirmation of authorized signatories
 - Other documents required for a trust, mandate, guardianship, liquidation of estate, curatorship or administration

Contract No.

APPLICATION

NP
1- TYPE OF CONTRACT (If the Contract is held in a Nominee or Intermediary Account, it must be administered through the FundSERV network.)

 Held: ☐ in Client Name OR ☐ in a Nominee Account – Name of the Nominee: _____ Nominee Account Number _____
☐ in an Intermediary Account – Name of the Intermediary: _____ Intermediary Account number _____

2- TYPE OF REGISTRATION (• Must be completed for all Contracts. If the Contract is held in a Nominee or Intermediary Account, it is automatically non-registered at Industrial Alliance. However, please specify the type of registration with the Nominee or Intermediary below.)

- | | | | |
|------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Retirement Saving Plan (RSP) | <input type="checkbox"/> Retirement Income Fund (RIF)* | <input type="checkbox"/> Life Income Fund (LIF)* | *Subject to the terms of the applicable endorsement
**For locked-in funds under federal legislation only
***For Saskatchewan only |
| <input type="checkbox"/> Spousal RSP (complete section 4) | <input type="checkbox"/> Locked-In Retirement Account (LIRA)* | <input type="checkbox"/> Restricted Locked-In RSP** | |
| <input type="checkbox"/> Non-registered (complete sections 7, 8 and 9) | <input type="checkbox"/> Locked-In RSP* | <input type="checkbox"/> Restricted Life Income Fund (RLIF)** | |
| | | <input type="checkbox"/> Prescribed Retirement Income Fund (PRIF)*** | |

When applying for a LIRA, Locked-In RSP, Restricted Locked-In RSP, LIF, RLIF or PRIF ("Locked-In Contract"), you must attach supporting documentation in the following cases: transfer from another institution or a pension, death of spouse or marriage breakdown; also attach the spousal consent if required when transferring a LIRA to a LIF.

3- ANNUITANT (• The Annuitant is the Applicant for all registered Contract types. For a non-registered Contract, you must complete sections 7, 8 and 9. • If the Contract is held in a Registered Intermediary Account, the Annuitant is automatically the Registered Nominee or Intermediary Account holder.)

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

Mandatory for a Non-registered Contract

 Principal occupation (Be specific. Generic terms such as "manager" or "consultant" are not sufficient.): _____
 Date of birth _____ Social insurance number (SIN) _____ Gender: ☐ M ☐ F Language: ☐ E ☐ F

4- SPOUSAL CONTRIBUTION TO AN RSP OR RIF (Complete only if the Annuitant's spouse will be making or transferring contributions to this Contract.)

 First name _____ Last name _____
 Date of birth _____ Social Insurance Number (SIN) _____

5- BENEFICIARIES (Complete only if the Contract is held in client name or is held in a non-registered Nominee or Intermediary Account.)

Notwithstanding any other Beneficiary designation, for a Contract held in client name and if the Applicant acts as mandatory, trustee, tutor or guardian, the Beneficiary of the Contract is the legal heir. However, if the Contract is held in a Registered Nominee or Intermediary Account, the Beneficiary of the Contract is automatically the trustee of the Registered Nominee or Intermediary Account for the benefit of the holder of the Registered Nominee or Intermediary Account. For a Contract held in a Nominee or Intermediary Account (Registered or Non-Registered), any death benefit will be paid to the Nominee or Intermediary in trust for the Beneficiary or the estate.

First and last name	Gender	Date of birth	%	Type	Relationship
		Y Y Y Y M M D D			{ To the Applicant (residents of Quebec) To the Annuitant (residents outside Quebec)
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Rev. <input type="checkbox"/> Irrev.	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Rev. <input type="checkbox"/> Irrev.	_____

Notes: • 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.
 • Your spouse may be automatically entitled to benefits under a LIRA, a LIF or any other Locked-In Contracts (see Section 2) notwithstanding the Beneficiary designation.

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	Date of birth	%
		Y Y Y Y M M D D	
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

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.

6- 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

OR

Primary Agent code: _____ SU: _____

Secondary Agent code: _____ SU: _____

Primary agent (commissions and service): % of commissions: _____ %

Name of agent: _____

Email: _____

Office phone: _____ Extension: _____

Secondary agent (commissions only): % of commissions: _____ %

Name of agent: _____



F17A(15-11)

COPY 1: COMPANY COPY 2: AGENT COPY 3: CLIENT

 November 2015
PART 1 F17A(15-11) PDF

SECTIONS 7, 8, AND 9 APPLY TO NON-REGISTERED CONTRACTS ONLY

7- INFORMATION REQUIRED UNDER THE PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORIST FINANCING ACT AND REGULATIONS FOR A NON-REGISTERED CONTRACT
(Mandatory. You must answer all of the following questions before continuing to section 8.)

What is the purpose and intended nature of the business relationship? ☐ Retirement savings ☐ Savings for vehicle purchase ☐ Savings for real estate purchase
☐ Savings for commercial equipment ☐ Savings for other purposes (be specific): _____

Describe the source of funds used for this application: ☐ Employment income ☐ Business income ☐ Investments ☐ Pension ☐ Loan
☐ Savings ☐ Inheritance ☐ Other (be specific): _____

Is the Applicant or the Co-applicant (if any) a corporation, partnership, trust or other type of entity?
☐ NO ☐ YES If "YES", a duly completed F51-208A form must be signed and attached to this application.

Is the Applicant or the Co-applicant (if any) acting on behalf of a third party? (Examples: Are they acting on the instructions of an undisclosed individual or entity or will a third party contribute funds to this Contract?)
☐ NO ☐ YES If "YES", a duly completed F51-208A form must be signed and attached to this application.

Is there a lump sum payment of \$100,000 or more with this application?
☐ NO ☐ YES If "YES", a duly completed F51-208A form must be signed and attached to this application.

8- APPLICANT (If the Contract is held in a Registered Nominee or Intermediary Account, the Applicant is automatically the trustee of the Registered Nominee or Intermediary Account.)

Is the Applicant the same person as the Annuitant?
☐ YES If "YES", you must complete only sections 8b and 8c.
☐ NO If "NO", then for an individual Applicant you must complete sections 8a, 8b, and 8c. For an entity Applicant, you must complete section 8a, and a duly completed F51-208A form must be signed and attached to this application.

8a- INFORMATION ABOUT THE APPLICANT

☐ Individual ☐ Corporation ☐ Partnership ☐ Trust ☐ Not-for-profit organization ☐ Other (be specific): _____

First name _____ Last name or full name of entity: _____

Address (not only a P.O. box number): No. _____ Street _____ Apt. _____

City _____ Province _____ Postal code _____

Telephone: Home _____ Office _____ Extension _____

Email: _____ **Mandatory**

Principal occupation or business (Be specific. Generic terms such as "manager" or "holding company" are not sufficient.): _____

Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Social Insurance Number (SIN)

M	A	N	D	A	T	O	R	Y
---	---	---	---	---	---	---	---	---

 Gender: ☐ M ☐ F Language: ☐ E ☐ F

8b- CONFIRMATION OF IDENTITY OF INDIVIDUAL APPLICANT

▲ Mandatory. Refer to an original, unexpired passport, driver's licence or other government-issued identification. SIN card is not acceptable.

☐ Driver's licence ☐ Birth certificate ☐ Passport ☐ Other: _____

Document number: _____ Place of issue: _____ Expiry date (if applicable):

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

8c- FATCA STATUS OF INDIVIDUAL APPLICANT **▲ Mandatory. The following question is for the purpose of compliance with the U.S. Foreign Account Tax Compliance Act (FATCA).**

Is the Applicant a U.S. citizen or a U.S. resident for U.S. tax purposes? ☐ NO ☐ YES
 If "YES," provide a U.S. Tax Identification Number (TIN) or Social Security Number (SSN): _____

9- CO-APPLICANT (You must complete all information required for the Co-Applicant in sections 9a, 9b and 9c.)

Notes: 1. For all provinces and territories except Quebec: by designating a Co-Applicant, the Applicant and the Co-Applicant acknowledge and consent that the type of ownership is qualified as "joint ownership WITH rights of survivorship." Upon the death of the Applicant or the Co-Applicant, his/her rights and obligations pursuant to the Contract pass automatically to the other.
 2. For province of Quebec only: by designating a Co-Applicant, the Applicant and the Co-Applicant acknowledge and agree that they respectively designate each other as Subrogated Applicant of the Contract. Upon the death of the Applicant or the Co-Applicant, they understand that the deceased's rights and obligations pursuant to the Contract pass automatically to the Subrogated Applicant.

9a- INFORMATION ABOUT THE CO-APPLICANT

First name _____ Last name or full name of entity: _____

Address (not only a P.O. box number): No. _____ Street _____ Apt. _____

City _____ Province _____ Postal code _____

Telephone: Home _____ Office _____ Extension _____

Email: _____ **Mandatory**

Principal occupation or business (Be specific. Generic terms such as "manager" or "consultant" are not sufficient.): _____

Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Social Insurance Number (SIN)

M	A	N	D	A	T	O	R	Y
---	---	---	---	---	---	---	---	---

 Gender: ☐ M ☐ F Language: ☐ E ☐ F

9b- CONFIRMATION OF IDENTITY OF INDIVIDUAL CO-APPLICANT

▲ Mandatory, if there is a Co-Applicant. Refer to an original, unexpired passport, driver's licence or other government-issued identification. SIN card is not acceptable.

☐ Driver's licence ☐ Birth certificate ☐ Passport ☐ Other: _____

Document number: _____ Place of issue: _____ Expiry date (if applicable):

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

9c- FATCA STATUS OF INDIVIDUAL CO-APPLICANT

▲ Mandatory, if there is a Co-Applicant. The following question is for the purpose of compliance with the U.S. Foreign Account Tax Compliance Act (FATCA).

Is the Co-Applicant a U.S. citizen or a U.S. resident for U.S. tax purposes? ☐ NO ☐ YES
 If "YES," provide a U.S. Tax Identification Number (TIN) or Social Security Number (SSN): _____

10- 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.

11- INVESTMENT INSTRUCTIONS

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

☐ Proceeds from RSP Loan
 or Investment loan: \$ _____
 (requested amount)

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 19 for Electronic profile details).)

NOTES (Please use the table F13-1000 or the Prestige Series table for the investment fund numbers.) 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) 1 = No Sales charge (NSC) (CB, three (3) years) 3 = No Sales charge (NSC) (CB, five (5) years) 5 = Front-End Load (FEL, no sales charge)	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)

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 12. 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"/> _____ years	<input type="checkbox"/> Compound <input type="checkbox"/> Simple <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 (FOR NON-REGISTERED CONTRACTS) TYPE OF INTEREST PAYMENT OPTION

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

12- 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.

AIT on DIF Not applicable for Income Stage Funds of the FORLIFE Series	<input type="checkbox"/> FUNDS: <input type="checkbox"/> Same funds as instructions in Section 11.E		OR <input type="checkbox"/> Guaranteed Investments	
		%		%
		%		%

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) (RSP, LIRA AND Non-registered Contracts only. 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: _____⁽¹⁾

INITIAL MONEY MARKET FUND - \$300 MIN				Destination funds	Distribution % only ⁽¹⁾ 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.

14- INCOME PAYMENT (Complete section 15 to indicate the AWT (Automatic Withdrawal Term).)

 If the contract is held in a Nominee or Intermediary Account, specify if the income payments will be issued by the Dealer: ☐ No ☐ Yes (Default to "yes" if registered contracts)

TYPE OF INCOME PAYMENT	<input type="checkbox"/> REQUEST TO JOIN THE PERIODIC INCOME PROGRAM (PIP)	PERIODIC PAYMENT FOR RIF, LIF, RLIF OR PRIF		
		IMPORTANT AND MANDATORY		
TYPE OF REGISTRATION TYPE OF INCOME PAYMENT¹ <small>¹ When investments are made into the Income Stage Funds of the FORLIFE Series Stage Funds, the default type of income payment is FORLIFE Income.</small>	<input type="checkbox"/> FORLIFE Income ¹ <input type="checkbox"/> Level \$ _____	<input type="checkbox"/> FORLIFE Income ¹ <input type="checkbox"/> Minimum <input type="checkbox"/> Level \$ _____	<input type="checkbox"/> FORLIFE Income ¹ <input type="checkbox"/> Minimum <input type="checkbox"/> Maximum <input type="checkbox"/> Level \$ _____ <input type="checkbox"/> Temporary income (Available in Nova Scotia, Quebec, Newfoundland and Labrador. According to the province, the appropriate form must be attached to this form.) <input type="checkbox"/> Level \$ _____ <input type="checkbox"/> Maximum and lifetime	
AMOUNT² <small>² For FORLIFE income, the default is gross.</small>	<input type="checkbox"/> Gross ² <input type="checkbox"/> Net	<input type="checkbox"/> Gross ² <input type="checkbox"/> Net (default for the minimum) <input type="checkbox"/> Net of fees only	<input type="checkbox"/> Gross ² <input type="checkbox"/> Net (default for the minimum and maximum) (not available for LIFs with temporary income) <input type="checkbox"/> Net of fees only	
FREQUENCY³ <small>³ 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)	<input type="checkbox"/> Monthly (Day 1 to 28) Day: _____ <input type="checkbox"/> Last day of each month <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Day 1 to 28) Day: _____ <input type="checkbox"/> Last day of each month <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	
DATE OF FIRST PAYMENT  Mandatory	Y Y Y Y M M D D ⁴ _____	<input type="checkbox"/> Starting: Y Y Y Y M M D D _____	<input type="checkbox"/> Starting: Y Y Y Y M M D D _____	
CHANGE IN TAXES FOR THE ENTIRE PAYMENT⁵ <small>⁵ OPTIONAL - The minimum tax withholding rate must be observed. - Complete only if the client wants more tax withheld than the amount applicable according to the Canada Revenue Agency (CRA) standards and, if applicable, those of Revenu Québec.</small>		<input type="checkbox"/> Deduct Taxes on the total payment Federal <input type="checkbox"/> : \$ _____ or _____ % Provincial <input type="checkbox"/> : \$ _____ or _____ %		
For a RRIF/LIF/RLIF/PRIF, I elect minimum calculation based on: <small>⁶ If the calculation is based on the spouse's age, his/her signature is required in section 19 of PART 5 of this application.</small>		<input type="checkbox"/> My age <input type="checkbox"/> My spouse's age. ⁶ Please complete de following: Spouse's first name: _____ Spouse's last name: _____ Spouse's date of birth: _____ Y Y Y Y M M D D _____		

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.
15- 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).
☐ PIP ☐ RIF/LIF  **IMPORTANT: Total of percentages must be equal to 100%.**

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

16- 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.)

17- SPECIAL INSTRUCTIONS

18- PRE-AUTHORIZED CHEQUE PAYMENT/ELECTRONIC FUNDS TRANSFER (PAC/EFT) (Do not enclose a PAC payment with this application.)

! You must attach a "VOID" cheque or enclose a duly completed written confirmation from the financial institution.

A. Withdrawal Agreement: Variable

B. PAC/EFT Category: ☐ Personal ☐ Business (If both boxes are left unchecked, the PAC category will be deemed to be "Personal".)

C. PAC Information (Not available for Income Stage Funds of the FORLIFE Series.)

PAC TYPE	DATE ! Mandatory	PAC AMOUNT (\$)	FREQUENCY	INVESTMENT INSTRUCTIONS (min. \$25 per Fund)								
<input type="checkbox"/> Regular* PAC (AIT on PAC)	Starting on: Y Y Y Y M M D D 		<input type="checkbox"/> Monthly (Day 1 to 28) Day: _____ <input type="checkbox"/> Last day of each month <input type="checkbox"/> Weekly. Day: _____ (Monday to Friday) <input type="checkbox"/> Every 2 weeks. Day: _____ (Monday to Friday)	<input type="checkbox"/> Same as instructions in section 11E or <input type="checkbox"/> Other : <table border="1"> <tr> <td></td> <td>%</td> <td></td> <td>%</td> </tr> <tr> <td></td> <td>%</td> <td></td> <td>%</td> </tr> </table>		%		%		%		%
	%		%									
	%		%									
<input type="checkbox"/> One-time PAC	<input type="checkbox"/> Date of one time PAC: Y Y Y Y M M D D or <input type="checkbox"/> Immediately		Not applicable	<input type="checkbox"/> Same as instructions in section 11E or <input type="checkbox"/> Other : <table border="1"> <tr> <td></td> <td>%</td> <td></td> <td>%</td> </tr> <tr> <td></td> <td>%</td> <td></td> <td>%</td> </tr> </table>		%		%		%		%
	%		%									
	%		%									

D. BANKING INFORMATION Account Number (max. 12 digits) | | | | | | | | | | | | | | Transit Number (5 digits) | | | | | Financial Institution Number (3 digits) | | |

Financial institution name: _____ Name of account owner(s): _____

E. PAC/EFT STATEMENT / SIGNATURE

- By signing below, I, the bank account owner(s), confirm I have read, understand and agree to the information and provisions of the PAC/EFT Agreement in this Application.
- For a joint account, all required signatories must sign this PAC/EFT Agreement.
- For a Company, the PAC/EFT STATEMENT must be signed by an authorized signatory; attach a copy of the company's resolution stipulating the authorized signatories.

! _____ **X** _____ **X** _____
 Date Account owner's signature (as shown on bank records) Joint account owner's signature (if required)

19- STATEMENT/SIGNATURE (Annuitant, Applicant and Co-Applicant must read, consent to and sign this section.)

I, the Annuitant, the Applicant and/or the Co-Applicant, hereby:

- declare that all statements and answers made by me in this application are fully complete and true;
- acknowledge that the provisions enclosed in this application are an integral part of the Contract;
- confirm that I have requested that this application be drafted in the English language only. *Par les présentes, je confirme avoir demandé que la présente proposition soit rédigée en anglais uniquement;*
- consent to the collection, use and disclosure of my personal information by the Company in the ways and for the purposes identified in the "File and Personal Information" section of the Contract;
- acknowledge receipt of the IAG Savings and Retirement Plan Contract, the IAG Savings and Retirement Plan Information Folder describing the key features of the Contract and the Fund Facts booklet; and
- confirm that I have read, understand and agree to the Contractual Declarations in this Application.

Electronic Investor Profile

If Fund Units are to be credited to this Contract and if neither an Investor Profile form nor an Investor Profile Dealer form were attached to the present application, I confirm having completed electronic profile no. | | | | | | | | | | and profile no. | | | | | | | | | | with my life insurance agent.

Limited Trading Authorization (Must only be completed if the same parties have already signed a Limited Trading Authorization for an existing contract).

I hereby declare that I have already signed a Limited Trading Authorization for the existing contract no. | | | | | | | | | | authorizing the life insurance agent acting in this application to instruct the Company on my behalf. By specifying a contract number, I request that this Limited Trading Authorization also apply to the Contract issued with this application.

Request for registration: must be completed for RSP, RIF and any Locked-In Contracts.

If I selected Retirement Savings Plan in Section 2 I hereby request that this Contract be registered as a Registered Retirement Savings Plan (RRSP) under the Income Tax Act (Canada) and any applicable provincial legislation.
 If I selected Retirement Income Fund in Section 2 I hereby request that this Contract be registered as a Registered Retirement Income Fund (RRIF) under the Income Tax Act (Canada) and any applicable provincial legislation.

X _____ **X** _____ **X** _____
 Annuitant's signature Applicant's signature (if different from the Annuitant) Co-Applicant's signature

X _____ **X** _____ **X** _____
 Irrevocable Beneficiary's signature (if an Irrevocable Beneficiary is designated) Annuitant's spouse (Required in Ontario, Nova Scotia, Newfoundland and Labrador for LIF) Signature of an authorized signatory for the Nominee or the Intermediary (if applicable)

! All signed at _____ this _____ day of _____ 20 _____

Agent's Disclosure

By signing below, I, the life insurance agent, confirm the following:

- that I am a duly authorized licensed agent;
- that I have examined original, valid, government-issued identification documentation for the Applicant and the Co-Applicant (if any) and validated the Annuitant's date of birth;
- that I have witnessed all signatures;
- that I have provided a disclosure statement to the Applicant and the Co-Applicant (if any) which discloses:
 - the company or companies I represent and my relationship with them;
 - that I receive compensation (such as commissions) for the sale of life insurance and savings products and may receive other compensation such as bonuses, invitations to conferences or other incentives; and
 - any conflicts of interest that I may have with respect to this transaction.
- that if required by section 7, I have duly completed and signed a form F51-208A and I have attached it to this application.

If the Contract is held in a Nominee or Intermediary Account, I hereby:

- confirm to be the duly authorized agent of the Nominee or Intermediary;
- confirm that, if the Contract is issued to be held in a Registered Nominee or Intermediary Account, the Nominee or Intermediary is the duly authorized agent of the trustee of the Registered Nominee or Intermediary Account and that this Contract is an authorized investment for the Registered Nominee or Intermediary Account; and
- declare any conflicts of interest that I may have with respect to this transaction.

! For a non-registered contract, if you cannot determine whether the Applicant or Co-Applicant (if any) is acting on the instructions of an undisclosed individual or entity, but if you have reasonable grounds to suspect there is another party involved in this transaction, please describe your reasons in section 17 of this application.

! Mandatory Life insurance agent/Witness signature **X** _____ Date (YYYY-MM-DD) _____

CONTRACTUAL DECLARATIONS

I, the Annuitant, the Applicant and/or the Co-Applicant 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;
- if the Contract is held in a Nominee or Intermediary Account, authorize the Company to deliver the Contract and any other documents or correspondence to the Nominee/Intermediary and to accept instructions from the Nominee/Intermediary in order to execute financial and non-financial transactions including but not limited to subscription to an annuity contract and purchases, surrenders and transfers of investment vehicles in accordance with my instructions and Contract provisions;
- if the Contract is held in a Nominee or Intermediary Account, authorize the Company to accept Premiums for investment in this Contract and to pay partial and total surrender amounts requested by the Nominee/Intermediary directly to the Nominee/Intermediary;
- understand that this application and the conditions thereof form an integral part of the Contract between the Company and both the Applicant and the Co-Applicant;
- understand that the Company shall not be liable for instructions provided by the Nominee/Intermediary;
- 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.

Transfer of ownership

I, the Applicant and the Co-Applicant hereby:

- understand that joint ownership of this Contract, if applicable, in a province or territory other than Quebec is **with a right of survivorship**. It is the Applicant's and Co-Applicant's express intention that all rights and obligations pursuant to the Contract are owned by both of them indivisibly. Upon the death of the Applicant or Co-Applicant, **these rights and obligations will pass automatically and absolutely to the other;**
- understand that joint ownership of this Contract, if applicable, in the province of Quebec is **without right of survivorship**. However, by designating a **Subrogated Applicant**, the Applicant and the Co-Applicant understand and it is their express intention that **all rights and obligations pursuant to the Contract will pass automatically to this Subrogated Applicant** upon the Applicant's or Co-Applicant's death, whichever is first.

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 5, section 18 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 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 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.

Agency code	Agent code	S.U.	Agent	Agent's telephone number	Extension
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Contract no.	Annuitant's first and last name			FundServ Contract	
<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>			<div style="border: 1px solid black; width: 50px; height: 20px;"></div> Dealer code <div style="border: 1px solid black; width: 50px; height: 20px;"></div> Intermediary code	

For a new application (if required by section 7 of a F17A application) or for a transfers of ownership, this form is mandatory for:

- (a) Non-registered Individual Variable Annuity Contract
- (b) Single Premium Immediate Annuities (SPIAs)
- (c) Universal Life Insurance (UL) (including term conversions to UL and dissociations of UL)

IF THERE IS MORE THAN ONE APPLICANT/OWNER, COMPLETE THIS FORM FOR EACH ONE.

- ☐ For individuals, complete sections 1, 2, 4, 6, and 7. If there is a lump sum payment of \$100,000 or more, also complete section 3.
- ☐ For corporations or other entities, complete sections 1, 4, 5, 6, and 7. If an individual is paying the premium and it is a lump sum payment of \$100,000 or more, also complete section 3.
- ☐ For future lump sum payments of \$100,000 or more, made by or on behalf of an individual, paid subsequent to an event listed at (a), (b) or (c) above, complete only the following sections: 1.a (i) and (ii), 3., 4., and 7.d. Please submit this form with the premium payment.

1. COMPLETE THIS SECTION

a. Information about the applicant/owner

(i) Name of applicant/owner: _____ (ii) Date of birth:

Y	Y	Y	Y	M	M	D	D

Address (not only a P.O. box number): _____

Principal occupation or business (Be specific. One word generic terms such as "manager" or "holding company" are **not** sufficient.): _____

To be answered by an individual applicant/owner only. The following question is for the purpose of compliance with the U.S. Foreign Account Tax Compliance Act (FATCA) regarding status:

Is the applicant/owner a U.S. citizen or a U.S. resident for U.S. tax purposes? ☐ No ☐ Yes

If "yes," please provide a U.S. Tax Identification Number (TIN) or Social Security Number (SSN): _____

b. Person paying the premium

Is the person paying the premium different from the applicant/owner? ☐ No ☐ Yes (If "yes," provide the following information.)

Name of person paying the premium: _____

c. Third Party Determination

Is the applicant/owner acting on the instructions of an undisclosed individual or entity? ☐ No ☐ Yes
 (If "yes," collect the following information.)

Instructions are provided by: ☐ an individual ☐ a corporation ☐ another type of entity (please specify): _____

Name of third party: _____ Date of birth:

Y	Y	Y	Y	M	M	D	D

Relationship to applicant/owner: _____

Address (not only a P.O. box number): _____

Principal occupation or business (be specific): _____

If a corporation is the third party, provide: Incorporation number: _____ Place of incorporation: _____

d. For individual savings and retirement only – Purpose and intended nature of the business relationship

☐ Retirement savings ☐ Savings for vehicle purchase ☐ Savings for real estate purchase ☐ Savings for commercial equipment

☐ Savings for other purposes (be specific): _____

2. CONFIRMATION OF IDENTITY FOR INDIVIDUAL APPLICANT/OWNER

Refer to an original, unexpired passport, driver's licence or other government-issued identification. SIN card is not acceptable.

Record the following: Type of identification document: _____ Document number: _____

Place of issue: _____ Expiry date:

Y	Y	Y	Y	M	M	D	D



3. POLITICALLY EXPOSED FOREIGN PERSONS (PEFPs)

(Complete if there is a lump-sum payment of \$100,000 or more and the applicant/owner is an individual or the premium is paid by an individual.)

Does the applicant/owner or the person paying the premium, or any close relative*, now hold, or have they ever held, any of the following senior positions on behalf of a country other than Canada? ☐ No ☐ Yes

- | | | |
|--------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------|
| 1. head of state or head of government | 5. president of a state-owned company or state-owned bank | 8. military officer with rank of general or above |
| 2. member of the executive council of government | 6. ambassador or attaché or counselor to an ambassador | 9. leader or president of a political party represented in a legislature |
| 3. member of a legislature | 7. head of a government agency | 10. judge |
| 4. deputy minister or equivalent | | |

*Note: A close relative of the applicant/owner or the person paying the premium means: • mother or father • child • spouse or common-law partner • spouse's or common-law partner's mother or father • brother, sister, half-brother, half-sister, step-brother or step-sister.

! If the above answer is "yes," then the applicant/owner or the person paying the premium is a PEF and the following must be completed:

	If the applicant/owner or the person paying the premium holds, or held, one of the positions listed above, provide the following information:	If the applicant/owner or the person paying the premium has a close relative who holds, or held, one of the positions listed above, provide the following information about the close relative:
Name of close relative:	N/A	
Relationship of close relative to applicant/owner or the person paying the premium:	N/A	
Position(s) held (indicate all applicable numbers from list above):		
Country for which position(s) held:		

4. SOURCE OF FUNDS

Describe the source of funds used for this transaction:

☐ Employment income ☐ Business income ☐ Investments ☐ Pension ☐ Loan ☐ Savings ☐ Inheritance

☐ Other (provide details): _____

5. COMPLETE THIS SECTION FOR CORPORATIONS OR OTHER ENTITIES THAT ARE APPLICANTS/OWNERS

a. Information about the applicant/owner

Type of entity: ☐ Corporation ☐ Partnership ☐ Trust ☐ Not-for-profit organization ☐ Other (be specific): _____

b. Verify the existence of the corporation or non-corporate entity

Please confirm the existence of the corporation or non-corporate entity by attaching a recent copy (not more than 24 months old) of a certificate of corporate status or another recent document that confirms the entity's existence.

c. Verify the identity of the individual(s) conducting the transaction on behalf of the corporation or non-corporate entity. If there is more than one individual, verify the identity of each and attach a separate sheet of paper.

Refer to an original, unexpired passport, driver's licence or other government-issued identification. SIN card is not acceptable.

Record the following:

Name: _____ Date of birth:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Residential address (not only a P.O. box number): _____

Type of identification document: _____ Document number: _____

Place of issue: _____ Expiry date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

d. The following questions are for the purpose of compliance with the U.S. Foreign Account Tax Compliance Act (FATCA) regarding classification for an entity:

1. Is the corporation or partnership organized in the U.S. or a U.S. state?

☐ No Continue with question 2.

☐ Yes Please provide an Employer Identification Number (EIN) and continue with question 5e: _____

2. Is the entity a Foreign Financial Institution from the U.S.?

☐ No Continue with question 3.

☐ Yes Continue with question 5e.

3. Do more than 50% of the entity's earning revenues come from passive investments (interest, dividends, rent, capital gains, etc.)?

☐ No Continue with question 5e.

☐ Yes You must provide the information required for each individual identified (if any) in section 5e for a corporation or partnership or 5g for a trust.

- e. **Record the name and address of each individual who owns or controls, directly or indirectly, 25% or more of the shares of the corporation or 25% or more of the non-corporate entity:**

	Shareholder/owner no. 1	Shareholder/owner no. 2	Shareholder/owner no. 3	Shareholder/owner no. 4
Full name:				
Complete residential address: (not only a P.O. box number)				
FATCA STATUS If you have answered "yes" to question 5.d.3, you must provide an answer to the following for each of these individuals.	Is the individual a U.S. citizen or a U.S. resident for U.S. tax purposes?			
	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:

- f. **Record the names of all directors of the board in the case of a corporation or a not-for-profit organization. Please attach a separate sheet of paper if needed.**

	Director	Director	Director	Director
Full name:				

- g. **In the case of a trust, record the names addresses and FATCA status of all trustees, all known beneficiaries, and all settlors. [Note: A settlor is an individual or entity who established the trust.] Please attach a separate sheet of paper if needed.**

	Trustee	Trustee	Beneficiary	Beneficiary	Settlor
Full name:					
Complete residential address: (not only a P.O. box number)					
FATCA STATUS You must provide an answer to the following for each of these individuals.	Is the individual a U.S. citizen or a U.S. resident for U.S. tax purposes?				
	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:	<input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," please provide a TIN or SSN:

- h. **Describe and/or attach documents establishing the ownership, control and structure of the entity*:**

***Note:** It needs to be clear who has ultimate ownership and control of the entity (including any natural person(s) that has ultimate control) and what the organizational structure is. An org chart is to be attached for more complex structures.

- i. **Not-for-profit organizations must also answer the following:**

- Is the applicant/owner a charity registered with the Canada Revenue Agency? ☐ No ☐ Yes
- If "no," does the applicant/owner solicit charitable donations from the public? ☐ No ☐ Yes

FOR CORPORATIONS AND OTHER ENTITIES, BE SURE TO COMPLETE SECTIONS 1, 4, 5, 6, AND 7. IF AN INDIVIDUAL IS PAYING THE PREMIUM AND THERE IS A LUMP SUM OF \$100,000 OR MORE, ALSO COMPLETE SECTION 3.

6. APPLICANT’S/OWNER’S CONFIRMATION – THIS CONFIRMATION MUST BE SIGNED AND DATED BY THE APPLICANT/OWNER

I confirm that the information I have provided and which is set out above is accurate and complete.

If I am acting on behalf of a corporation or other entity, I also confirm that I have been duly authorized to sign on behalf of such corporation or other entity and that the documents I have provided, including those attached to this form, are accurate, current and complete. I agree to immediately notify the Company of any errors, omissions or changes in the information provided in this form. This includes any changes to an entity’s FATCA classification and any change in U.S. residency or citizenship status of any individual who owns or controls, directly or indirectly, 25% or more of an entity that will own this policy or annuity.

Name of applicant/owner or authorized signatory(ies)

X

Signature of applicant/owner or authorized signatory(ies)

Y	Y	Y	Y	M	M	D	D

Name(s) of authorized signatory(ies)

X

Signature(s) of authorized signatory(ies)

Y	Y	Y	Y	M	M	D	D

7. LIFE INSURANCE AGENT’S CONFIRMATION – THIS CONFIRMATION MUST BE SIGNED AND DATED BY THE LIFE INSURANCE AGENT

I confirm that:

a.

for each applicant/owner that is an individual, I met with them and I verified their identity by reviewing their original, valid identification document;

b.

for each applicant/owner that is a corporation or non-corporate entity, I met with the individual(s) conducting the transaction and I verified their identity by reviewing their original, valid identification document;

c.

I have taken reasonable measures to determine if the applicant/owner is acting on behalf of a third party; and

d.

in cases where there is a lump sum payment of \$100,000 or more for a non-registered annuity contract or for a universal life insurance policy, if the premium is paid by an individual or if the applicant/owner is an individual, I have taken reasonable measures to determine if they are politically exposed foreign persons;

☐

I cannot determine if the applicant/owner is acting on the instructions of an undisclosed individual or entity, but I have reasonable grounds to suspect there is another party involved in this transaction. My reasons are:

Name of life insurance agent:

Signature of life insurance agent: X

Y	Y	Y	Y	M	M	D	D



F17A

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:

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

INVESTED IN YOU.