

My Education+

Diploma

F38A

Application



Education Savings Plan

- My Education+ Individual Plan
- My Education+ Family Plan
- Diploma Individual Plan

Subscriber (Annuitant)

Complete this section if the Subscriber is an **Individual**.

Verify that the first name, last name and Social Insurance Number (SIN) correspond to those on the document or letter confirming the SIN.

The Subscriber must be 18 years of age or older.

First name: _____ Last name: _____

SIN (mandatory): _____

Date of birth: _____
(ex.: 1981JAN01)

Gender: Female Male Language: English French

Tel. (home): _____ Email: _____

Tel. (office): _____, ext. _____ Cell: _____

Address: _____
Number, street Apt., PO Box

City Province Postal code

Complete this section if the Subscriber is a **Child Care Agency**.

Name of agency: _____

Name of agency representative: _____

Business number: _____ Language: English French

Tel. (office): _____, ext. _____ Email: _____

Address: _____
Number, street Apt., PO Box

City Province Postal code

Joint Subscriber**Optional**

The Joint Subscriber must be the spouse or common-law partner of the Subscriber.

Verify that the first name, last name and SIN correspond to those on the document or letter confirming the SIN.

The Joint Subscriber must be 18 years of age or older.

First name: _____ Last name: _____

SIN (mandatory): _____

Cell: _____

Date of birth: _____
(ex.: 1981JAN01)

Email: _____

Gender: Female Male

Replacing Subscriber**Optional**

On the Subscriber's and Joint Subscriber's death, the replacing subscriber becomes the Subscriber and the Annuitant.

The designation of a replacing subscriber is subject to his/her acceptance and to its validity pursuant to the terms of the Plan, the Contract and applicable laws.

First name: _____ Last name: _____

Date of birth: _____
(ex.: 1981JAN01)

Gender: Female Male

Product**Specify the product for which you are applying:**

Family plan:

– Beneficiaries must be **brothers or sisters** to be eligible for an Additional Canada Education Savings Grant (CESG), Canada Learning Bond (CLB) or designated provincial program grant.

– All beneficiaries must be **related by blood or adoption** to the Subscriber, Joint Subscriber if applicable and replacing subscriber if applicable (children, grandchildren).

My Education+ Individual Plan

My Education+ Family Plan

Diploma (**Individual Plan only**)



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F38A(16-12)

Plan Beneficiary (Person to receive Education Assistance Payments)

Verify that the first name, last name and SIN correspond to those on the document or letter confirming the SIN.

The Plan Beneficiary's address is not required if same as Subscriber.

Diploma – Plan Beneficiary must be under 15 years of age.

My Education+:

- Individual Plan: No age limit
- Family Plan: Plan Beneficiaries must be under 21 years of age.

To be eligible for the CESG and the various provincial incentives, beneficiaries:

- Must comply with certain rules if they are 16 or 17 years of age.
- Must not reach 18 years of age during the current year.

First name: _____ Last name: _____

SIN (mandatory):

Date of birth:
(ex.: 1981JAN01)

Gender: Female Male Relationship to Subscriber: _____

Address: _____
Number, street Apt., PO Box

City Province Postal code

My Education+

Mandatory for **Family Plan**

– Specify % of premium for beneficiary designated above: _____%.

– Complete the section entitled "Appendix – My Education+ Family Plan" if more than one beneficiary.

Primary Caregiver

Individual who is primarily responsible for the care of the child and is eligible for the Canada Child Tax Benefit (CCTB), and whose name appears on the CCTB payments and annual notice.

OR

Department, Agency or Institution that receives the allowance payable under the *Children's Special Allowances Act*.

Subscriber Joint Subscriber → **Go to "Custodial Parent/Legal Guardian" section**

Other → **1. Please complete Form SDE 0093 – ANNEX B – Primary Caregiver and/or Custodial Parent/Legal Guardian; and**

2. Go to "Custodial Parent/Legal Guardian" section

Custodial Parent/Legal Guardian

Individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests.

Subscriber Joint Subscriber → **Go to appropriate section:** – My Education+; or
– Diploma

Other → **1. Please complete:**
– The applicable subsection below; and
– Form SDE 0093 – ANNEX B – Primary Caregiver and/or Custodial Parent/Legal Guardian; and
2. Go to appropriate section: – My Education+; or
– Diploma

Complete this subsection if the custodial parent or legal guardian is an **Individual**.

First name: _____ Last name: _____

Gender: Female Male Language: English French

Address: _____
Number, street Apt., PO Box

City Province Postal code

Complete this subsection if the legal guardian is a **Department, Agency or Institution**.

Name of agency: _____

Name of agency representative: _____

Language: English French

Address: _____
Number, street Apt., PO Box

City Province Postal code

Investment instructions

For payment by pre-authorized cheque (PAC), please complete the section entitled "Pre-Authorized Cheque Payment/Electronic Funds Transfer (PAC/EFT) Agreement".

For transfers from another RESP, the *Registered Education Savings Plan (RESP) Transfer Form – SDE 0088* is required, as well as form TP-1029 – *Transfer Between Registered Education Savings Plans (RESP)* for Quebec residents.

- PAC (Do not send first payment by cheque.)
- Client cheque (minimum \$100): \$ _____
- Transfer from another RESP (iA or other institution)
- Internal transfer from iA contract (other than RESP) No.: _____ Amount: \$ _____

If different investment instructions are required for different types of contributions, please complete the "Additional Instructions" subsection below.

The Investor Profile is required if Premiums are invested in segregated Funds.

* Last digit refers to sales charge:

- 0 = Deferred sales charge (DSC, client's sales charge)
- 1 = No sales charge (CB, 3 years)
- 3 = No sales charge (CB, 5 years)
- 5 = Front-end load (FEL, no withdrawal fees)

** Minimum of \$25 per Fund and total must equal 100% of the Premiums invested in the Funds.

*** Contracts administrated via FundSERV only

- High Interest Account: _____ % or \$
- Investment funds (segregated funds): _____ % or \$ (Complete table below.)

Fund no.*	If FEL, % of premiums	<input type="checkbox"/> % or <input type="checkbox"/> \$**	Wire order no.***

Additional Instructions

*The transfer will be made on the date of transfer indicated 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 number of months indicated or the total depletion of all the Premiums initially invested in the Money Market Fund (DCA).

If no duration of transfer is indicated, said duration is automatically established at 12 months.

- PAC One-time PAC Cheque Transfer from RESP Internal transfer
- Dollar Cost Averaging (DCA)* – Date of monthly transfer: [] [] Number of months: [] []

- High Interest Account: _____ % or \$
- Investment funds (segregated funds): _____ % or \$ (Complete table below.)

Fund no.	If FEL, % of premiums	<input type="checkbox"/> % or <input type="checkbox"/> \$	Wire order no.

Additional contributions

For transfers from another RESP, the *Registered Education Savings Plan (RESP) Transfer Form – SDE 0088* is required, as well as form TP-1029 – *Transfer Between Registered Education Savings Plans (RESP)* for Quebec residents.

- Client cheque (minimum \$100): \$ _____
- Transfer from another RESP (iA or other institution)
- Internal transfer from iA contract (other than RESP) No.: _____ Amount: \$ _____

Guarantee Maturity Date

The Guarantee Maturity Date:

- Must be at least 10 years from the date the first Premium is invested; and
- Must not exceed December 31 of the year of the 35th anniversary of the Plan.
- If no date is specified or if the date indicated does not meet the above criteria, the Guarantee Maturity Date will be set at 10 years from the date the first Premium is invested.

- Beneficiary's 18th birthday
- December 31 of the 35th year after the year the Plan is established
- 10 years from the date the first Premium is invested
- Date determined by client:

Y	Y	Y	Y	M	M	M	D	D

(ex.: 1981JAN01)

Contribution in the event of the Insured's Death (CIDE) / Contribution in the event of the Insured's Disability (CID)

For CIDE or CIDE/CID insurance coverage, please complete form F51-298A.

For contracts with a Joint Subscriber, both the Subscriber and Joint Subscriber must elect to purchase the same coverage.

The premium for this insurance must not be included with the amount enclosed with this application.

- I would like to purchase CIDE and CID insurance coverage.
- I would like to purchase CIDE insurance coverage, but waive the CID coverage.
- I hereby waive the CIDE and CID insurance coverage.

Pre-Authorized Cheque Payment/Electronic Funds Transfer (PAC/EFT) Agreement – Mandatory

Must make monthly contributions by PAC until December 31 of the year the beneficiary reaches 17 years of age.

Do not send first payment by cheque.

Attach a "VOID" cheque or enclose a duly completed written confirmation from the financial institution.

- Frequency: Monthly – Mandatory PAC amount: \$ _____
- Date of first PAC:

Y	Y	Y	Y	M	M	M	D	D

(ex.: 1981JAN01)

A period of three business days following reception at the service centre is required for PAC activation.

- One-time PAC (immediate) One-time PAC amount: \$ _____
- Does not constitute beginning of Diploma commitment**

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

Transit:

--	--	--	--	--

 Institution:

--	--	--	--

 Bank account no.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of account owner(s): _____

– By signing below, I, the bank account owner, 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.

X _____
Bank account owner's signature

X _____
Joint account owner's signature (if required)

Date:

Y	Y	Y	Y	M	M	M	D	D

(ex.: 1981JAN01)

Special instructions

Contribution deadline and Plan termination date

The contribution deadline is December 31 of the 31st year following the year in which the Plan is entered into.

The Plan termination date is, at the latest, December 31 of the 35th year following the year in which the Plan was entered into.

Life insurance agent information

Agency Agency code: Name of district or agency: _____

Primary agent

Important – Agent code must be active.

FundSERV code: Sales rep.: _____ Dealer: _____

OR

Agent code: SU: Agent (commissions and service): % of commissions _____%

Name of agent: _____ Email: _____

Telephone: Ext.:

Secondary agent

Only one agent is authorized for contracts administered through the FundSERV network.

Important – Agent code must be active.

Agent code: SU: Agent (commissions only): % of commissions _____%

Name of agent: _____

Statement/Signatures

The Subscriber and Joint Subscriber must read, consent to and sign this section.

I, the Subscriber (Annuitant) and the Joint Subscriber, hereby:

- declare that all statements and answers provided by me in this application and in all related forms are fully complete and true;
- confirm that I have read, understand and agree to the Contractual Declarations in this application;
- apply to Industrial Alliance Insurance and Financial Services Inc. (the "Promoter") to subscribe to an Education Savings Plan (the "Plan") for which the assets will be held by Industrial Alliance Trust Inc. (the "Trustee") for investment in a variable annuity contract issued by the Promoter (the "Contract");
- understand that this application and the conditions herein form an integral part of the Plan and the Contract entered into between the Promoter, the Trustee, the Subscriber and the Joint Subscriber;
- 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 Promoter in the ways and for the purposes identified in the "File and Personal Information" section of the Contract.

Applicable for the **My Education+ product only**

- I acknowledge receipt of the My Education+ Contract, the My Education+ *Information Folder* describing the key features of the Contract, the *Fund Facts* booklet and the My Education+ Plan.
- **Electronic Investor Profile** – If Fund Units are to be credited to this Contract and if my investor profile is not attached to the present application, I confirm having completed electronic profile no. [] and electronic profile no. [] with my life insurance agent.

Applicable for the **Diploma product only**

- I acknowledge receipt of the Diploma Contract, the Diploma *Information Folder* describing the key features of the Contract, the *Fund Facts* booklet and the Diploma Plan.
- I acknowledge and accept all charges that may be related to the Diploma product and I agree to pay such charges to the Promoter upon request.

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 Promoter on my behalf. By specifying a contract number, I request that this Limited Trading Authorization also apply to the Contract issued with this application.

Signatures

X _____ X _____
 Subscriber's Signature Joint Subscriber's Signature

All signed at _____ this _____ day of _____ 20____

Agent's Statement

I, the life insurance agent, confirm the following:

- that I am a duly authorized licensed agent;
- that I have verified the identity and date of birth of the Subscriber and Joint Subscriber (if any);
- that I have provided a disclosure statement to the Subscriber and the Joint Subscriber (if any) which discloses:
 - the company or companies I represent and my relationship with them;
 - that I receive compensation, such as bonuses, invitations to conferences or other incentives; and
 - any conflicts of interest that I may have with respect to this transaction.

Life insurance agent signature

X _____

Date: [Y Y Y Y M M M D D]
 (ex.: 1981JAN01)

CONTRACTUAL DECLARATIONS

I, the Subscriber (Annuitant) and the Joint Subscriber, hereby:

- declare that all statements made and all written and/or electronic information provided with respect to this application or any other related form are complete and accurate, correspond to the instructions and information I have given to my agent, and are the basis for the issuance of this Contract and Plan;
- acknowledge having read the terms and conditions of the Plan, which the Promoter must register in accordance with section 146.1 of the *Income Tax Act* (Canada) and any applicable legislation in my province of residence, and agree that the Plan shall be subject to the provisions of said terms and conditions (should this application be accepted). I understand that all payments made from the Plan, other than by way of a refund of amounts paid into the Plan, may be subject to taxation as income in accordance with the provisions of applicable tax legislation. I understand that tax penalties may be charged on excess contributions. I understand that providing incorrect information to the Promoter may lead to a refusal of grants or tax credits;
- understand that I must contact my life insurance agent if I have not received notice of confirmation within 15 days after paying a Premium;
- authorize the Promoter to correct any errors or omissions related to this application through an amendment letter;
- declare that I have been directed by my life insurance agent to invest in the Funds selected and that I have received all of the information required from my agent regarding these Funds;
- request that the Promoter advise me of any other 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 the Promoter 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 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;**
- **When a confirmation is required I agree to reduce the confirmation period of this PAC/EFT agreement to three (3) days before the date of the first PAC/EFT.**
- I agree that the Promoter 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 Promoter is authorized to resubmit the payment. **Any charges incurred by the Promoter 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 Promoter 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/EFT 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 Promoter 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/EFT 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 Promoter 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.

Authorized signatures of Industrial Alliance Insurance and Financial Services Inc.:

 , President and Chief Executive Officer

 , Vice-President, Legal Services, and Corporate Secretary

Authorized signatures of Industrial Alliance Trust Inc.:

 , President

 , Director, Compliance and Administration

If no confirmation of the grants is received within 120 days of issue, please contact Industrial Alliance Insurance and Financial Services Inc. to notify us of the delay.

Additional Beneficiary (Person to receive Education Assistance Payments)

Verify that the first name, last name and SIN correspond to those on the document or letter confirming the SIN.

The Plan Beneficiary's address is not required if same as Subscriber.

Diploma – Plan Beneficiary must be under 15 years of age.

My Education+:

- Individual Plan: No age limit
- Family Plan: Plan Beneficiaries must be under 21 years of age.

To be eligible for the CESG and the various provincial incentives, beneficiaries:

- Must comply with certain rules if they are 16 or 17 years of age.
- Must not reach 18 years of age during the current year.

First name: _____ Last name: _____

SIN (mandatory): | | | | | | | | | | | |

Date of birth: | | | | | | | | | | | |
Y Y Y Y M M M D D
 (ex.: 1981JAN01)

Gender: Female Male Relationship to Subscriber: _____

Address: _____
Number, street Apt., PO Box

City Province Postal code

Mandatory

– Specify % of premium for beneficiary designated above: _____ %.

Primary Caregiver

Individual who is primarily responsible for the care of the child and is eligible for the Canada Child Tax Benefit (CCTB), and whose name appears on the CCTB payments and annual notice.

OR

Department, Agency or Institution that receives the allowance payable under the *Children's Special Allowances Act*.

Subscriber Joint Subscriber → **Go to "Custodial Parent/Legal Guardian" section**

Other → **1. Please complete Form SDE 0093 – ANNEX B – Primary Caregiver and/or Custodial Parent/Legal Guardian; and**
2. Go to "Custodial Parent/Legal Guardian" section

Custodial Parent / Legal Guardian

Individual, department, agency or institution that has the responsibility of taking care of the child and the legal right to make decisions affecting the child's interests.

Subscriber Joint Subscriber

Other → **Please complete:**
 – The applicable subsection below; and
 – Form SDE 0093 – ANNEX B – Primary Caregiver and/or Custodial Parent/Legal Guardian.

Complete this subsection if the custodial parent or legal guardian is an **Individual**.

First name: _____ Last name: _____

Gender: Female Male Language: English French

Address: _____
Number, street Apt., PO Box

City Province Postal code

Complete this subsection if the legal guardian is a **Department, Agency or Institution**.

Name of agency: _____

Name of agency representative: _____

Language: English French

Address: _____
Number, street Apt., PO Box

City Province Postal code

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- Must comply with certain rules if they are 16 or 17 years of age.
- Must not reach 18 years of age during the current year.

First name: _____ Last name: _____

SIN (mandatory): | | | | | | | | | |

Date of birth: | | | | | | | | | | | | | | | |
Y Y Y Y M M M D D
 (ex.: 1981JAN01)

Gender: Female Male Relationship to Subscriber: _____

Address: _____
Number, street Apt., PO Box

City Province Postal code

Mandatory

– Specify % of premium for beneficiary designated above: _____ %.

Primary Caregiver

Individual who is primarily responsible for the care of the child and is eligible for the Canada Child Tax Benefit (CCTB), and whose name appears on the CCTB payments and annual notice.

OR

Department, Agency or Institution that receives the allowance payable under the *Children's Special Allowances Act*.

Subscriber Joint Subscriber → **Go to "Custodial Parent/Legal Guardian" section**

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Gender: Female Male Language: English French

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Number, street Apt., PO Box

City Province Postal code

Complete this subsection if the legal guardian is a **Department, Agency or Institution**.

Name of agency: _____

Name of agency representative: _____

Language: English French

Address: _____
Number, street Apt., PO Box

City Province Postal code



F38A

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: 1-855-685-5161
Transactions: IAQtransactions@ia.ca

Toronto:

522 University Avenue
Suite 400
Toronto, ON M5G 1Y7

Fax: 1-800-810-0197
Transactions: IATtransactions@ia.ca

Vancouver:

2165 West Broadway
PO Box 5900
Vancouver, BC V6B 5H6

Fax: 604-689-9682
Transactions: IAV-transactions@ia.ca

INVESTED IN YOU.

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Industrial Alliance Insurance and Financial Services Inc.

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