

Agency code	Agent code	S.U.	Agent	Agent's telephone number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract no.	Annuitant's first and last name (in block letters)			FundSERV contract	
<input type="text"/>	<input type="text"/>			Dealer code	Intermediary code
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>

Under section 146.3 of the *Income Tax Act* (Canada) and any applicable provincial tax legislation, I hereby request:

- To change my retirement savings contract – **the existing contract** (If there is an irrevocable beneficiary on the existing contract, he/she must consent to the change by signing Section 6.) to a:
- Registered Retirement Income Fund (RRIF) (For Saskatchewan: If the money comes from a LIRA or a LIF, the spouse's consent must be provided on the prescribed form.)
 - Life Income Fund (LIF) (Not available in Saskatchewan)
 - Restricted Life Income Fund (RLIF) (Federal only)
- To fully transfer my Life Income Fund (LIF) to a Restricted Life Income Fund (RLIF) (Federal only) (If there is an irrevocable beneficiary on the existing contract, he/she must consent to the change by signing Section 6.)

1. ANNUITANT

First name Last name

Address

No. Street Apt.

City Province Postal code

SIN Date of birth Gender: M F Language: English French

Telephone: Home Work Extension

2. REGISTRATION TYPE	<input type="checkbox"/> REGISTERED RETIREMENT INCOME FUND (RRIF)	<input type="checkbox"/> LIFE INCOME FUND (LIF)
TYPE OF REQUEST¹	FORLIFE Series (Income Stage), GS Series or Ecofl <i>extra</i> Series only: <input type="checkbox"/> FORLIFE Income ¹ <input type="checkbox"/> Life Surrender Amount (LSA) ²⁻³ <input type="checkbox"/> Guaranteed Surrender Amount (GSA) ³ (GS Series only) Other series/product: <input type="checkbox"/> Minimum ⁴⁻⁵ <input type="checkbox"/> Level ⁵ : \$_____	FORLIFE Series (Income Stage), GS Series or Ecofl <i>extra</i> Series only: <input type="checkbox"/> FORLIFE Income ¹ <input type="checkbox"/> Life Surrender Amount ²⁻³ Other series/product: <input type="checkbox"/> Minimum <input type="checkbox"/> Maximum <input type="checkbox"/> Level ⁴ : \$_____ <input type="checkbox"/> Temporary income: <input type="checkbox"/> Amount \$_____ <input type="checkbox"/> Maximum and lifetime
AMOUNT⁶	<input type="checkbox"/> Gross ⁶ <input type="checkbox"/> Net <input type="checkbox"/> Net of fees only (default for minimum)	<input type="checkbox"/> Gross ⁶ <input type="checkbox"/> Net (default for maximum) (Not available for LIF) <input type="checkbox"/> Net of fees only (default for minimum)
FREQUENCY⁷	<input type="checkbox"/> Monthly (1st to the 28th); 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 (1st to the 28th); 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 PAYMENT⁸ Mandatory	Y Y Y Y M M D D <input type="text"/>	Y Y Y Y M M D D <input type="text"/>
MODIFICATION OF INCOME TAX DEDUCTIONS⁹ <small>The minimum tax withholding rate must be observed.</small>	<input type="checkbox"/> Deduct taxes on the excess of the minimum only (Default) <input type="checkbox"/> Deduct taxes on the total payment (including the minimum) Federal <input type="checkbox"/> : \$_____ or _____% Provincial ¹⁰ <input type="checkbox"/> : \$_____ or _____%	<input type="checkbox"/> Deduct taxes on the excess of the minimum only (Default) <input type="checkbox"/> Deduct taxes on the total payment (including the minimum) Federal <input type="checkbox"/> : \$_____ or _____% Provincial ¹⁰ <input type="checkbox"/> : \$_____ or _____%
SPOUSE'S INFORMATION <small>(Complete if the spouse's age is used to calculate the minimum)¹¹⁻¹²</small>	<input type="checkbox"/> My age (default) <input type="checkbox"/> Spouse's age ¹¹⁻¹² . Provide the information requested below: First name: _____ Last name: _____ Date of birth: <input type="text"/>	<input type="checkbox"/> My age (default) <input type="checkbox"/> Spouse's age ¹¹⁻¹² . Provide the information requested below: First name: _____ Last name: _____ Date of birth: <input type="text"/>
<input type="checkbox"/> DIRECT DEPOSIT ONLY FOR INCOME PAYMENT Provide a blank, personalized cheque marked void or a duly completed written confirmation from the financial institution.		

¹ When investments are made into the FORLIFE Series Income Stage funds, the default type of income payment is FORLIFE Income.

² The rate used to calculate the payment is determined based on the Annuitant's age at the time the first payment is made.

³ If investments are made in Guaranteed Surrender Series (GS Series) or Ecofl*extra* Series funds, the default type of income payment must be LSA or GSA, whichever applies.

⁴ If the contract includes a life investment (LI), this payment is allowed only if the total payments from the life investment for a calendar year are lower than the minimum prescribed by law.

⁵ If selected, may impact the guarantee of the FORLIFE Series, the GS Series or the Ecofl*extra* Series.

⁶ For FORLIFE Income, the GS Series or the Ecofl*extra* Series, the default is gross.

⁷ If the market value of the contract on the date the request is received is less than \$5,000, annual is the only authorized frequency.

⁸ If the date of the first payment occurs in the year of the conversion, the total withdrawal amount is taxable.

⁹ OPTIONAL – Complete only if the client wants taxation higher than that applied following Canada Revenue Agency (CRA) standards and, if applicable, those of Revenu Québec.

¹⁰ Available for Quebec residents only.

¹¹ If the calculation is based on the spouse's age, his/her signature must appear in Section 5 of this form.

¹² If Premiums are invested in the FORLIFE Series, a spouse older than the Annuitant may not be selected. This rule applies for IAGSRP contracts issued after June 1, 2016.



3. AUTOMATIC WITHDRAWAL TERM (AWT)



IMPORTANT:

- Total of percentages must equal 100% (*Rank* option no longer available).
- RRIF/LIF: Provide instructions for the funds to be redeemed, including the DIF and guaranteed investments, if any.

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

- RRIF: Periodic payments are initially made from the life investment, and, afterward, in the absence of specific instructions from the Applicant, in proportion to the market value of each fund at the time of withdrawal.
- RRIF and LIF:
 - In the absence of specific instructions from the client, periodic payments will be made in proportion to the market value of each fund at the time of withdrawal.
 - If the LSA is selected and the Applicant doesn't give any instructions for the AWT, periodic payments will be made in proportion to the market value of the investments in each GS Series or Ecoflextra Series fund.

4. SPECIAL INSTRUCTIONS

5. DECLARATION AND SIGNATURE (THE ANNUITANT, THE IRREVOCABLE BENEFICIARY AND THE SPOUSE MUST READ THIS SECTION, CONSENT TO IT AND SIGN.)

ANNUITANT

I, the annuitant:

- Confirm that all declarations that I have made and that all answers that I have given in this request are complete and true.
- Certify that the provisions of this request are an integral part of the contract concluded between Industrial Alliance Insurance and Financial Services Inc. (the "Company") and myself, the annuitant.
- Request that the Company advise me of any other offer or possibility, including any credit offer, that may be of interest to me and to which I can subscribe.
- Understand that this transaction will generate a new account including the same conditions and provisions as the original account.
- Authorize the Company to deposit payments in my account with the account number specified on the attached personalized void cheque. The Company is not responsible for these deposits and can discontinue them at any time and require a personal endorsement on a cheque.

X _____
Signature of annuitant (Mandatory)

ANNUITANT'S SPOUSE

Spousal age must be used to calculate the minimum: I hereby declare that the information provided in Section 2 is complete, exact and true, and I understand that the Company will rely on this information, presuming it to be accurate.

X _____
Signature of annuitant's spouse

The contract issued is a LIF established under a pension fund or registered plan in Ontario, Nova Scotia or Newfoundland and Labrador. (British Columbia requires a prescribed form). By signing below, I consent to the issue of the LIF.

X _____
Signature of annuitant's spouse

IRREVOCABLE BENEFICIARY (If an irrevocable beneficiary is designated)

As irrevocable beneficiary, I agree to the conversion of the RRSP/LIRA contract to a RRIF/LIF.

X _____
Signature of irrevocable beneficiary

All signed at _____ this _____ day of _____ 20 _____

If you haven't received confirmation within 15 days of signing this document, contact our nearest office.

6. LIFE INSURANCE AGENT – DECLARATION/SIGNATURE

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

- that I am a duly authorized licensed agent;
- the client identity and his/her date of birth, and I witness all signatures;
- that I have provided a disclosure statement to the Applicant and the Co-Applicant 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.

MANDATORY SIGNATURE

X _____
Life insurance agent / witness signature

7. NECESSARY DOCUMENTS

- A photocopy of the ANNUITANT's official document proving age;
- If Section 2 is filled out, a photocopy of official document proving SPOUSE's age;
- **A personalized void cheque.**

8. SPECIFIC DOCUMENTS FOR CONVERSION TO A LIF/RLIF

Federal = None	Nova Scotia = Spousal consent in Section 5
Alberta = Form 10	Ontario = Spousal consent in Section 5
British Columbia = Form 3	Quebec = None
Manitoba = None	Saskatchewan = Form 1 – Spousal consent
New Brunswick = Form 3.2	Newfoundland and Labrador = Spousal consent in Section 5

TEMPORARY INCOME: Allowed for Nova Scotia, Quebec and Newfoundland and Labrador. Refer to the Locked-In Plan Guide for the forms/annexes to use.