



Application for a Registered Income Annuity Policy

**Return to Canada Life Group Retirement Services
2-330 University Avenue, Toronto, ON M5W 4J2**

Head office: The Canada Life Assurance Company, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting mycanadalifeatwork.com.

SECTION 1 – ANNUITANT INFORMATION (please print)

| | | | |
|--|---------------------------------|--|---|
| Last name | First name | Middle initial | Policy no. |
| To be completed by the issuer | | | |
| Social insurance number <small>Annuitant authorizes use of their social insurance number for tax reporting, identification and record keeping</small> | Date of birth yyyy mm dd | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital status <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Quebec civil union <input type="checkbox"/> Single <input type="checkbox"/> Other |
| | | Language preference <input type="checkbox"/> English <input type="checkbox"/> French | |
| Address (apt. no., street no., street, city, province, and postal code) <small>IMPORTANT – if home address includes a PO box, general delivery or rural route, also include the civic or street address</small> | | Telephone number. Home - - Mobile/Cell - - | Email address <small>To email you information about your annuity or services connected with it.</small> |

JOINT ANNUITANT (to be completed only if applying for a joint annuity)

Note: The joint annuitant must be the annuitant's spouse or common-law partner if money to purchase the annuity is from a pension plan or an RRSP. There is no need to name the annuitant's spouse or common-law partner as beneficiary if that individual is named as joint annuitant in this section.

| | | | |
|--|---------------------------------|--|--|
| Last name | First name | Middle initial | |
| Social insurance number <small>Annuitant authorizes use of their social insurance number for tax reporting, identification and record keeping</small> | Date of birth yyyy mm dd | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address: <input type="checkbox"/> Same as annuitant's; OR: Apt. no., street no., street, city, province, and postal code | | Relationship to annuitant: | |

SECTION 2 – SELECTION OF ANNUITY AND SUPPORTING DETAILS

Choose an annuity option and the number of guaranteed payments below. Also, indicate when payments are to start: _____
The issuer must receive all required documentation before this date. yyyy mm dd

| Select one | Annuity option | Select one | Number of guaranteed payments |
|--------------------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> | Life income, annuitant's life | <input type="checkbox"/> | None (until death only) |
| <input type="checkbox"/> | Joint Life & Survivor. No reduction following first death. | <input type="checkbox"/> | 60 monthly payments |
| <input type="checkbox"/> | Joint Life & Survivor, reducing to _____ % on: <input type="checkbox"/> annuitant's death OR <input type="checkbox"/> first death | <input type="checkbox"/> | 120 monthly payments |
| <input type="checkbox"/> | Annuity to ANNUITANT'S age 90 (for RRSP only) | <input type="checkbox"/> | 180 monthly payments |
| <input type="checkbox"/> | Annuity to SPOUSE'S age 90 (for RRSP only) Available only if spouse is younger | <input type="checkbox"/> | ____ monthly payments |
| <input type="checkbox"/> | Annuity certain for _____ months (maximum 180) (for DPSP only) | | |

Proof of age (required for the annuitant and any joint annuitant)

Proof of age may be a birth certificate, passport, citizenship, etc.

Proof of annuitant's age:

has already been provided to the issuer under Policy No. _____ is attached will follow

Proof of joint annuitant's age:

has already been provided to the issuer under Policy No. . _____ is attached will follow

A Spousal waiver form (for pension plan money only) is attached OR is not required

Application for a Registered Income Annuity Policy (continued)

SECTION 2 – SELECTION OF ANNUITY AND SUPPORTING DETAILS (continued)

Income tax

Income tax will be deducted from each payment in accordance with claim code * _____ plus \$ _____ per payment (if you wish to have additional tax deducted enter the amount here).

* Claim code determined from the enclosed TD1 worksheet

For Québec residents only (also complete the federal form TD1 if you want the federal tax adjusted)

Quebec income tax will be deducted from each payment in accordance with claim code ** _____ plus \$ _____ per payment (additional tax).

** Claim code determined from the enclosed TP-1015.3-V worksheet

Method of payment

- Send cheques to the annuitant's address shown on page 1.
- Send payments to the annuitant's financial institution for direct deposit. (Please attach a sample cheque, marked "VOID", or complete the Confirmation of Banking Details section below).

I, the annuitant, understand that the benefits payable to me, or to my joint annuitant, or to a beneficiary, will be subject to income tax in accordance with the provisions of the Income Tax Act (Canada) and, if applicable, the Taxation Act (Quebec). I agree that my estate will refund any overpayments made after my death.

I understand that upon receipt of the first payment, I am NOT able to make any changes to my annuity contract.

Please make payment of the installments as they fall due as indicated on page 2. I acknowledge that payment in accordance with the foregoing will constitute a good and sufficient discharge. I also understand that I must notify the issuer in writing if I make any change in my bank, branch, account number or mailing address.

Confirmation of banking details

Deposit future payments to:

| | |
|---|--|
| Name of bank, trust or other depository institution | Transit No.(obtain from the bank include all digits) |
|---|--|

Street address and number/box number

Account holder's name _____ Account number _____ Single Joint

| | |
|--|--------------------|
| Authorized bank representative's Signature | Date yyyy mm dd |
|--|--------------------|

Note: Please have the Banking Details confirmed by the bank ONLY IF: The annuitant's account does NOT have cheque privileges, OR; the annuitant has NOT attached a sample cheque marked "VOID".

SECTION 3 – BENEFICIARY INFORMATION

Primary beneficiary(ies)

| Last name | First name | Date of birth yyyy mm dd | Relationship to annuitant | % of benefit |
|-----------|------------|-----------------------------|---------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | Total 100% |

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to my estate.

Contingent beneficiary(ies)

| Last name | First name | Date of birth yyyy mm dd | Relationship to annuitant | % of benefit |
|-----------|------------|-----------------------------|---------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | Total 100% |

These designations are for all benefits payable under the policy upon the death of the last annuitant unless pension legislation requires payment to your eligible spouse or common-law partner.

Application for a Registered Income Annuity Policy (continued)

SECTION 3 – BENEFICIARY INFORMATION (continued)

All beneficiary designations are revocable **except**:

- where a *Designation of irrevocable beneficiary* form is completed
- where Quebec law applies, and you have designated your married or civil union spouse as your beneficiary - read the box below.

Where Quebec law applies:

- **If you designate your married or civil union spouse as your beneficiary**, they will be irrevocable unless you check the box below. If not, restrictions will apply, unless you obtain the consent of your spouse. For example, you will be prevented from changing your beneficiary or exercising certain other rights.

I designate my married or civil union spouse as my revocable beneficiary.

- **Where a person who lacks legal capacity or a minor beneficiary resides in Quebec** - Benefits payable under this policy to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to their tutor(s) or curator, unless a valid trust has been established for the benefit of the minor, by will or by separate contract, to receive any such payment and the issuer has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, you should seek legal advice.**

SECTION 4 – TRUSTEE APPOINTMENT

(to be completed if any of the beneficiaries are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)

If a formal trust does not exist, I hereby appoint:

| Full name of trustee being appointed (last name, then first): | Trustee for (indicate beneficiary name) | Relationship of trustee to annuitant: |
|---|--|--|
| | | |
| | | |
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| | | |

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the policy who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges the issuer to the extent of the payment. I authorize the trustee in their sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the policy. The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by, the issuer or its affiliated financial institutions. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

SECTION 5 – CONFIDENTIAL INFORMATION FILE

The issuer will establish a confidential information file that contains personal information concerning the annuitant. By submitting a written request to the issuer, the annuitant may exercise rights of access to, and rectification of, the file. The issuer will collect, use and disclose the annuitant's personal information to: process this application and provide, administer and service the annuity applied for (including service quality assessments by or on behalf of the issuer); advise the annuitant of products and services to help the annuitant plan for financial security; investigate, if required, and pay benefits under the annuity; create and maintain records concerning the relationship between the annuitant and issuer as appropriate; and, fulfill such other purposes as are directly related to the preceding. The issuer may use service providers within or outside Canada. Personal information concerning the annuitant will only be available to the annuitant, policyholder, pension and related government authorities, the issuer, their affiliates, and any duly authorized employees, agents and representatives of the issuer or their affiliates, within or outside Canada, for or related to the purpose of the annuity, except as otherwise may be required, authorized or allowed by law or legal process, or by the annuitant. In all cases, availability is subject to lawful determination by the issuer. Personal information is collected, used, disclosed, or otherwise processed or handled in accordance with governing law, including applicable privacy legislation and the annuitant's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.

Application for a Registered Income Annuity Policy (continued)

SECTION 6 – SIGNATURE

I confirm the instructions, designations and appointment on this form. I request the issuer to apply to register the contract as a registered retirement savings plan under the Income Tax Act (Canada) and any similar provincial law, where applicable. I consent to the issuer obtaining information from any organization as may be required to locate any annuitant or beneficiary or establish that an annuitant is living. If satisfactory evidence is not obtained I understand payments may be suspended until it is received. I am aware of the reasons the information covered by my authorizations and consents is needed, and of the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the issuer collecting, using, and disclosing personal information concerning me for the purposes outlined in the Confidential Information File section. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. My authorizations and consents will begin the date this application is signed and end when no longer required. My authorizations and consents may be revoked at any time by either written or electronic notification to the issuer, subject to legal and contractual considerations. A reproduction of my authorizations and consents will be as valid as the original. You've expressly asked that the documents we provide you be in English. Les parties aux présentes acceptent que la police et tous les documents s'y rapportant soient rédigés en anglais.

Signature of annuitant

Date (yyyy/mm/dd)

Signature of witness

Date (yyyy/mm/dd)



President and Chief Executive Officer



President and Chief Operating Officer, Canada

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