

**IMPORTANT**

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

**1- TYPE OF REGISTRATION (Check one box)**

- Retirement Savings Plan (RSP)   
  Retirement Income Fund (RIF)   
  Life Income Fund (LIF)\*   
  Prescribed Retirement Income Fund (PRIF)\*\*
- Spousal RSP   
  Locked-In Retirement Account (LIRA)\*   
  Restricted Locked-In RSP \*\*\*
- Non-registered contract   
  Locked-In RSP\*   
  Restricted Life Income Fund (RLIF)\*\*\*

\*Subject to the terms of the applicable endorsement

\*\*For Saskatchewan only

\*\*\*For locked-in funds under federal legislation only

When applying for a non-registered contract, a duly completed form F51-208A (Information Required

Under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations*) must be attached to this application.

When applying for a Locked-in Contract (LIRA, Locked-In RRSP or LIF), complete A), B) and, if applicable C).

A) Indicate governing pension legislation: \_\_\_\_\_

B) Is the amount being transferred a result of:   
 Death of spouse   
 Marriage Breakdown   
 Other: \_\_\_\_\_

C) Please attach spousal consent form; if required when transferring a LIRA to a LIF.

**2- ANNUITANT (A photocopy of the birth certificate (or any other proof of age) is required when the contract is purchased as a RIF or a LIF)**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Social Insurance Number (SIN) MANDATORY \_\_\_\_\_ Date of birth Y Y Y Y M M D D \_\_\_\_\_ Gender:  M  F Language:  E  F

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Extension \_\_\_\_\_

Annuitant's occupation \_\_\_\_\_ Email: \_\_\_\_\_

**3- APPLICANT (Complete if the Annuitant is not the Applicant) (Non-registered contract only)**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Social Insurance Number (SIN) MANDATORY \_\_\_\_\_ Date of birth Y Y Y Y M M D D \_\_\_\_\_ Gender:  M  F Language:  E  F

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Extension \_\_\_\_\_

**4- SPOUSAL INFORMATION (for a contract registered as an RSP or a RIF only)**

Must be completed if the Annuitant's spouse will be making contributions to this contract registered as an RSP, or if the spouse's age will be used to calculate the minimum withdrawals payable under this contract registered as a RIF.

The spouse's signature is required in section 16, if the account is a LIF under Ontario, Nova Scotia or Newfoundland and Labrador legislation.

Last name \_\_\_\_\_ First name \_\_\_\_\_

Social Insurance Number (SIN) MANDATORY \_\_\_\_\_ Date of birth Y Y Y Y M M D D \_\_\_\_\_

**5- BENEFICIARIES (Notwithstanding any other designation as Beneficiary, if the Applicant acts as mandatory, trustee, tutor or guardian, the Beneficiary of the Contract will be Legal heirs.)**

Last and first name	Gender	Age	%	Type	Relationship
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____	____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	____	____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	_____

{ To the Applicant (residents of Quebec)  
To the Annuitant (residents outside Quebec)

**Contingent Beneficiary** For the 1st Beneficiary \_\_\_\_\_  Rev.  Irrev. For the 2nd Beneficiary \_\_\_\_\_  Rev.  Irrev.

Notes: 1) Quebec residents: If you name your spouse as beneficiary, the designation is considered irrevocable unless you check off the box indicating that it is to be revocable.

2) Your spouse may be automatically entitled to benefits under a LIRA or a LIF.

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

- I want the CID benefit (complete form F1A).\*   
 I do not want the CID benefit.

\* The CID premium must not be included in the cheque attached to the Ecoflex or Ecoflextra Application.

**7- INVESTMENT INSTRUCTIONS**

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

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

RSP or Investment Loan application no. \_\_\_\_\_

Contribution:  From the Annuitant  From the Annuitant's spouse

B -  Transfer from another registered Contract: \$ \_\_\_\_\_  
 (Enclose transfer form.) (Approximate amount)

C -  Internal transfer: \$ \_\_\_\_\_  
 (Approximate amount)

From Contract no. \_\_\_\_\_  
 (Attach proper form)

INVESTMENT VEHICLES	Rate (C) current (G) guaranteed	Term	Amount <sup>(1)</sup> (\$ or %)	AIT <sup>(2)</sup>
Daily interest fund				
<b>Guaranteed investments:</b> Minimum: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> One month <input type="checkbox"/> _____ Years <input type="checkbox"/> Last day of _____ Y _____ M		

Fund name • Classic 75/75 Series – Min. of \$25 Premium/Fund • Guaranteed Surrender Series (GSS) – Min. initial Premium of \$25,000 <sup>(4)</sup>	Fund no.	(Please check a sales charge option): <sup>(3)</sup>			Order no.	Amount <sup>(1)</sup> (\$ or %)	AIT <sup>(2)</sup>
		<input type="checkbox"/> Front-End option <input type="checkbox"/> DSC option					
		If Front-End Option % of Premiums	Classic 75/75 Series ✓	GSS ✓			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

- (1) The total percentage must equal 100%.  
 (2) AIT: Automatic Investment Term. If no AIT directives are received by the Company, all investments will be invested according to the daily interest fund (DIF) and they will stay in the DIF until the client's instructions have been received by the Company.  
 (3) If no sales charge option is selected, the Deferred Sales Charge (DSC) option will be applied.  
 (4) Please refer to the Contract for the Maximum age to invest Premiums in the Guaranteed Surrender Series Funds.

Life Investment (available for RIF Contracts only) Minimum \$25,000	Guarantee		Amount (\$ or %) <sup>(1)</sup>
	<input type="checkbox"/> Cash refund guarantee <input type="checkbox"/> Floor cash refund guarantee	Check if requested: <input type="checkbox"/> Indexed to _____ % <input type="checkbox"/> Enhanced (The Medical Questionnaire form F30-196A must be attached.)	

(1) Total must equal 100% of the Premium

**Dollar Cost Averaging (DCA) (RSP, LIRA and Non-registered Contract only)**

I request that Industrial Alliance process the requested monthly transfer, starting on the day of the transfer until depletion of the Fund distributed over the number of months indicated: Date of monthly transfer: \_\_\_\_\_ (1 to 28) Duration of the transfer (minimum 6 months, maximum 12 months): Number of months: \_\_\_\_\_

Initial Money Market Fund – Min. \$300	Order no.	If Front-End option % of Premiums	Fund no.	Classic 75/75 Series \$	GSS \$
Ecoflextra Classic 75/75 Series					
Ecoflextra Guaranteed Surrender Series					
INVESTMENT INSTRUCTIONS Fund name – minimum of \$25 per Fund	Fund no.	Distribution	Distribution		
		%	%		
		%	%		
		%	%		
		%	%		
		%	%		
Total:				100%	100%

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Contract no. _____
First investment on: _____
Last investment on: _____
Monthly investment: _____
Initials _____

The transfer will be made on the date of transfer indicated or on the next business day. If no date of transfer is indicated, the 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" or the total depletion of the Money Market Fund indicated above. If no duration of the transfer is indicated, the said duration is automatically established at 12 months.



**ECOFLEX | ECOFLEXTRA Application**  
 INDIVIDUAL VARIABLE ANNUITY CONTRACT

**10- INCOME PAYMENT**

(Please check one)

 **Request to join the Periodic Income Program (PIP) (Indicate the option)**

- Level \$ \_\_\_\_\_ (If RRSP, indicate:  Net of charges or  Net of charges and taxes)  
 Percentage \_\_\_\_\_ % (Based on the Market Value of the Funds on the effective date of the Contract.)  
 Guaranteed Surrender Amount (GSA) (Ecoflextra, Guaranteed Surrender Series only)  
 Lifetime Surrender Amount (LSA) (Ecoflextra, Guaranteed Surrender Series only).  
 The rate used to calculate the LSA is fixed regarding the age of the Annuitant when the LSA is requested or at age \_\_\_\_\_.  
**The PIP option is available only for investments in Funds with a total value equal to or greater than \$10,000.**

 **RIF, LIF, RLIF or PRIF (For British Columbia, Alberta, Saskatchewan or Manitoba, please attach applicable spousal consent form.)**

- A) I elect the term of payment based on:  
 My age  The age of my spouse, whose birth date and SIN are specified in section 4. (Proof of age is required.)  
 B) Desired benefits:  Gross  Net (Not available for LIF with temporary income)  
 C) Payment option:

<input type="checkbox"/> Minimum   <input type="checkbox"/> Level <sup>(1)</sup> \$ _____	<input type="checkbox"/> Maximum (LIF)
<input type="checkbox"/> Indexed <sup>(1)</sup> \$ _____ at _____ % (Max. 8%) (The indexation is not applicable to the life investment.)	<input type="checkbox"/> Temporary Income (LIF) <input type="checkbox"/> \$ _____ <input type="checkbox"/> Maximum <input type="checkbox"/> Maximum and lifetime
<input type="checkbox"/> Guaranteed Surrender Amount (GSA): For Ecoflextra contracts only.	Available in Nova Scotia, Quebec, Newfoundland and Labrador. According to the province, the appropriate form must be attached to the request.
<input type="checkbox"/> Lifetime Surrender Amount (LSA) <sup>(2)</sup> : For Ecoflextra contracts only.	

(1) For Ecoflextra, please refer to the "Guaranteed Surrender Series" Section of the Retirement Income Fund Endorsement before selecting the Level or Indexed option.  
 (2) The rate used to calculate the LSA is fixed regarding the age of the Annuitant when the LSA is requested or at age \_\_\_\_\_.

**FREQUENCY:**  Monthly  Quarterly\*  Semi-annual\*  Annual (except January) Starting: Y Y Y Y M M D D

\*Not available for PIP

**METHOD:**  Direct deposit (Complete Section 15 Pre-authorized Cheque Payments/Electronic Funds Transfer (PAC/EFT).) (Attach void cheque).

**11- INSTRUCTIONS FOR AUTOMATIC WITHDRAWAL TERM (AWT)**

- 
- PIP
- 
- RIF/LIF

Please indicate the order in which the Funds are to be depleted, including the DIF and the guaranteed investment funds, if any.

	Fund no.	%		Fund no.	%		Fund no.	%		Fund no.	%
1.			5.			9.			13.		
2.			6.			10.			14.		
3.			7.			11.			15.		
4.			8.			12.			16.		

Periodic payments are initially made from the lifetime investment and, afterward, failing specific instructions from the Applicant, in proportion to the market value of each fund at retirement.  
 If the GSA or LSA option is selected, and the Applicant doesn't give any instructions for the AWT, the periodic payments are made in proportion to the market value of each Guaranteed Surrender Series fund.

**12- INVESTOR PROFILE**
**TO BE COMPLETED IF FUND UNITS ARE CREDITED TO THE CONTRACT OR IF THE AIT INVOLVES INVESTMENT FUNDS.**

 Profile type:  Standard profile (paper) F51-122A (must be attached to the request)  Dealer form (must be attached)  Electronic profile (must be attached); see Section 16

**13- LIFE INSURANCE AGENT/AGENCY INFORMATION**
**Primary agent** (commissions and service): % of commissions: \_\_\_\_\_%

Name of agent: \_\_\_\_\_ Agent code: \_\_\_\_\_ SU: \_\_\_\_\_ FundSERV code (Dealer-Sales Rep.) \_\_\_\_\_

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

**Secondary agent** (commissions only): % of commissions: \_\_\_\_\_%

Name of agent: \_\_\_\_\_ Agent code: \_\_\_\_\_ SU: \_\_\_\_\_ FundSERV code (Dealer-Sales Rep.) \_\_\_\_\_

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

**14- SPECIAL INSTRUCTIONS**


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**ECOFLEX | ECOFLEXTRA Application**  
INDIVIDUAL VARIABLE ANNUITY CONTRACT

**15- PRE-AUTHORIZED CHEQUE PAYMENT/ELECTRONIC FUNDS TRANSFER (PAC/EFT) AGREEMENT (Do not enclose a PAC payment with the Application)**

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

- I authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution designated (or any other 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, installments and charges mentioned in this agreement. Regular payments will be debited based on the date and/or frequency I have chosen, whereas one-time payments from time to time can be debited from my account on any other date. Regular and/or one-time payments will be debited in accordance with the banking information previously provided for the issuance of the authorization number I have indicated below or, if such number had been previously issued, in accordance with the banking information set out below;
- I agree that, for the purpose of this PAC/EFT agreement, all PACs from my account will be treated as Personal or Business\* depending on the choice I have made below;
- 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 added to the subsequent PAC;**
- I may cancel or change 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.cdnipay.ca](http://www.cdnipay.ca);
- 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.cdnipay.ca](http://www.cdnipay.ca);
- Before the Company debits the first PAC payment or EFT, 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.

**GENERAL INFORMATION**

1. Do you already pay by PAC or receive payments by EFT?

- No → Complete items 3 and 4, sign and attach personalized cheque specimen or banking confirmation.  
 Yes → Complete items 2 and 4 and sign

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2. Authorization no<sup>(1)</sup>

<sup>(1)</sup> The authorized signatories must always be the same as the one(s) that authorized by the original transaction for which the authorization number had been issued.

3. Banking information (Attach a personalized cheque specimen. If a personalized cheque specimen is attached, it is not mandatory to complete banking information.)

Financial institution name: \_\_\_\_\_

Name of the account owner(s): \_\_\_\_\_

Account number (max. 12 digits): \_\_\_\_\_

Transit Number (5 digits) \_\_\_\_\_

Financial Institution Number (3 digits) \_\_\_\_\_

4. **Withdrawal Agreement:** Variable

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

**Starting on:** Y Y Y Y M M D D (If no date is indicated or if the indicated date is greater than 30 days from the signature of the PAC/EFT agreement, the PAC will start on the Frequency day indicated below following the signature date of this agreement.)

**Frequency:**

- Same as existing PAC/EFT **OR**  Monthly. Date of cheque \_\_\_\_\_ (1 to 28)  
 Weekly. Day: \_\_\_\_\_ (Monday to Friday)  
 Every 2 weeks. Day: \_\_\_\_\_ (Monday to Friday)  
 Bi-monthly. (1st and 15th of each month)

**PAC amount:** \$ \_\_\_\_\_ (Minimum \$25 per frequency)

**SIGNATURE** (For a joint account, all required signatories must sign this PAC/EFT agreement. For a Company, the PAC/EFT agreement must be signed by an authorized signatory; attach a copy of the company's resolution stipulating the authorized signatories.)

\_\_\_\_\_  
Date **X** Account owner's signature (as shown on bank records)

\_\_\_\_\_  
Date **X** Account owner's signature (if required)

**Contact information:**

Quebec: Industrial Alliance Insurance and Financial Services Inc.  
 Customer Service  
 1080 Grande Allée West  
 PO Box 1907, Station Terminus  
 Quebec City, QC G1K 7M3  
 Telephone: 418 684-5000  
 Fax: 418 684-5161  
 Email: [clientele@inalco.com](mailto:clientele@inalco.com)

Toronto: Industrial Alliance Insurance and Financial Services Inc.  
 Customer Service  
 522 University Avenue  
 Toronto, ON M5G 1Y7  
 Telephone: 416 585-8880  
 Fax: 416 585-8810  
 Email: [iat-indannuities@inalco.com](mailto:iat-indannuities@inalco.com)

**16- STATEMENT/SIGNATURE (Annuitant and Applicant (if different) must read, consent to and sign this section)**

I, the Applicant and/or the Annuitant (if different), hereby declare that all statements and answers made by me in this Application are fully complete and true.

I hereby acknowledge that the provisions enclosed in this Application are an integral part of the Contract.

I hereby 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.*

I consent to the collection, use and disclosure of my personal information by Industrial Alliance Insurance and Financial Services Inc. in the ways and for the purposes identified in the File and Personal Information section of the Contract.

**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 the electronic 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 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.

**Contractual Declarations**

I 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. The Applicant and/or Annuitant should contact his/her life insurance agent if notice of confirmation has not been received within fifteen (15) days after paying a Premium. I hereby give Industrial Alliance Insurance and Financial Services Inc. the right to correct any errors or omissions on this Application through an amendment letter.

I understand that the present Application and the conditions thereof form an integral part of the Contract between Industrial Alliance Insurance and Financial Services Inc. and the Applicant.

**I acknowledge receipt of the Ecoflex or Ecoflextra Contract and the Ecoflex or Ecoflextra Information Folder describing the key features of one of these Contracts and the summary fact statements.**

I request that Industrial Alliance advise me of any offer or possibility, including any credit possibility that may be of interest for me and to which I am eligible.

**Request for registration (must be completed for RSP, LIRA, Locked-in RSP, RIF and LIF Contract.)**

- 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.
- 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) Irrevocable Beneficiary's signature  
 (if an Irrevocable Beneficiary is designated)

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Applicant's spouse (Required in Ontario, Nova Scotia, Newfoundland and Labrador for LIF) Signature of Agent/Witness

**Annuitant's spouse (if the Annuitant's spousal contributor section has been completed, see Section 4)**

I hereby declare that the information provided in Section 4 is complete, accurate and true, and I acknowledge that the Company will rely on the accuracy of this information.

**X** \_\_\_\_\_  
Spouse's signature

All signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**17- LIFE INSURANCE AGENT STATEMENT/SIGNATURE (MANDATORY)**

**Agent's Disclosure**

By signing below, I confirm that I have provided a disclosure statement to the 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 and health insurance 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.

**Money laundering**

If the client has requested a non-registered contract, I hereby confirm that I have completed form F51-208A (information required under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations*) and that it is attached to this application.

**X** \_\_\_\_\_  
Life insurance agent Date (YYYY-MM-DD)

**Please make your cheque payable to Industrial Alliance.  
If you do not receive confirmation within 15 days after you sign this document,  
please contact your nearest Industrial Alliance office.**