



INSURANCE AND FINANCIAL SERVICES INC.

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ECOFLEXTRA Application

INDIVIDUAL VARIABLE ANNUITY CONTRACT
ADMINISTERED ELECTRONICALLY THROUGH THE FUNDSERV NETWORK

CONTRACT NO.

Empty box for contract number

1- APPLICATION INFORMATION

Client Name Account [] Yes [] No
Nominee Account [] Yes [] No Nominee Name: _____ Nominee Account Number: _____
Intermediary Account [] Yes [] No Intermediary Name: _____ Intermediary Account number: _____

CONTRACT TYPE (Complete if the Contract is held in client name or if the Contract is held in a Registered Nominee or Intermediary Account) (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)***

When applying for a Locked-in Contract (LIRA, Locked-In RSP 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.

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

2- 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 for the benefit of the holder of the Registered Nominee or Intermediary Account)

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 _____
Applicant's occupation _____ Email: _____

3- ANNUITANT (If the Contract is held in a Registered Nominee or Intermediary Account, the Annuitant must be the holder of the Registered Nominee or Intermediary Account)

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- SUCCESSOR ANNUITANT (If the Applicant is also the Annuitant and a Successor Annuitant is designated, the Successor Annuitant shall become the Applicant on the Annuitant's death)

Last name _____ First name _____
Date of birth Y Y Y Y M M D D Relationship _____

5- SPOUSAL INFORMATION (For a contract registered as an RSP or a RIF only)

To be completed if the Annuitant's spouse will make contributions to this Contract registered as an RSP or if the Contract is registered as a RIF. The spouse's age will be used to calculate the minimum withdrawals payable from this Contract.

The Annuitant's spouse's signature is required in section 13.

Last name _____ First name _____
Social Insurance Number (SIN) MANDATORY Date of birth Y Y Y Y M M D D

6- BENEFICIARIES (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.)

Last and first name	Gender	Age	%	Type	Relationship	{ To the Applicant (residents of Quebec) To the Annuitant (residents outside Quebec)
_____	<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	_____	

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.

7- INVESTMENT INSTRUCTIONS (MINIMUM \$25,000)

The Applicant may also invest in the Classic 75/75 Series or in any other investment vehicle available pursuant to the Contract. Please refer to your Life Insurance Agent for more information

- A -** Premium paid with application: \$ _____ Cheque enclosed FundSERV trade
 Proceeds from RSP loan or investment loan: \$ _____ (requested amount) RSP or investment loan application number _____
- B -** Transfer from another registered Contract (enclose transfer form): \$ _____ (approximate amount)
 Transfer from another financial institution - Name _____ \$ _____ (approximate amount)
- C -** Internal transfer: \$ _____ (approximate amount) from Contract number _____

Fund no.	Fund name • Guaranteed Surrender Series (GSS) – Minimum initial Premium of \$25,000 ⁽¹⁾	Please check a sales charge option ⁽²⁾			GSS ✓	Order no.	Amount ⁽³⁾ (\$ or %)
		Front End ✓	DSC ✓	Sales Charge (%)			
		<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"/>		
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		<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"/>		

¹The maximum age to invest Premiums in the Guaranteed Surrender Series Funds is 80. Please refer to the contract for more information.
²If no sales charge option is selected, the Deferred Sales Charge (DSC) option will be applied.
³The total percentage must equal 100%.

8- DOLLAR COST AVERAGING (DCA) (RSP, LIRA and Non-registered Contracts only - minimum \$300.)

I request that Industrial Alliance process the requested monthly transfer, starting on the day of the first transfer until the depletion of the Premiums invested in the Funds distributed over the number of months indicated.

Day of monthly transfer (1st-28th): _____

Duration of the transfer (minimum 6 months, maximum 12 months): _____

9- INCOME PAYMENT

Request to join the Periodic Income Program (PIP) - please check one of the options below.

- Guaranteed Surrender Amount (GSA)
- Lifetime Surrender Amount (LSA). Commence payments at age _____ (Annuitant's age must be between 55 and 80 years).
- Level⁽¹⁾ \$ _____ (If RRSP, indicate: Net of charges or Net of charges and taxes)
- Percentage⁽¹⁾ _____ % of the Market Value of the Premiums invested in the Funds as at December 31.

RIF, LIF, RLIF or PRIF (Please attach applicable spousal consent form where required.)

- A) I elect the term of the RIF/LIF/RLIF/PRIF payment based on: My age The age of my spouse, whose birth date and SIN are specified in section 5. (Proof of age is required.)
- B) Type of payment: Gross Net (Not available for LIF with temporary income)
- C) Payment option:

<input type="checkbox"/> Minimum <input type="checkbox"/> Level ⁽¹⁾ \$ _____	<input type="checkbox"/> Maximum (LIF) ⁽¹⁾
<input type="checkbox"/> Indexed ⁽¹⁾ \$ _____ at _____ % (Max. 8%)	<input type="checkbox"/> Temporary Income (LIF) <input type="checkbox"/> \$ _____ <input type="checkbox"/> Maximum ⁽¹⁾ <input type="checkbox"/> Maximum and lifetime ⁽¹⁾
<input type="checkbox"/> Guaranteed Surrender Amount (GSA)	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). Commence payments at age _____ (Annuitant's age must be between 55 and 80 years).	

FREQUENCY: Monthly Quarterly⁽²⁾ Semi-annual⁽²⁾ Annual (except January) Starting (1st-28th) Y Y Y Y M M D D

Client Name Account - Direct deposit to client's account (Attach a personalized void cheque).

Nominee/intermediary accounts will be paid directly to the nominee/intermediary.

⁽¹⁾Please refer to the "Guaranteed Surrender Series" section of the Retirement Income Fund Endorsement before selecting the Level or Indexed Option or Maximum LIF payments
⁽²⁾Not available for the PIP.

10- INSTRUCTIONS FOR AUTOMATIC WITHDRAWAL TERM (AWT)

Please indicate the order in which the Funds are to be depleted.

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

Failing instructions from the Applicant, periodic payments are made in proportion to the market value of each Fund at the time of withdrawal.

11- DISTRIBUTOR INFORMATION

Name of life insurance agent: _____
 Dealer/Rep code: _____ Industrial Alliance life insurance agent code: _____
 IA agency code: _____ Dealer account number: _____

12- SPECIAL INSTRUCTIONS

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

I, the Applicant and/or the Annuitant (if different):

- declare that all statements and answers made by me in this Application are fully complete and true;
- hereby:
 - 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 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.

Investor Profile/Know Your Client (KYC)

I confirm having completed an investor profile with my life insurance agent. If neither an Investor Profile form nor an Investor Profile Dealer form were attached to this application, I confirm having discussed with my life insurance agent the investment funds selected and the volatility of the funds selected with respect to my investor profile.

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;
- give Industrial Alliance Insurance and Financial Services Inc. the right to correct any errors or omissions on this Application through an amendment letter;
- advise Industrial Alliance Insurance and Financial Services Inc. that the Nominee/Intermediary named in the application is my duly authorized agent for all matters related to this Contract;
- authorize Industrial Alliance Insurance and Financial Services Inc. to deliver the Contract and any other documents or correspondence to the Nominee/Intermediary and to accept instructions from the Nominee/Intermediary, to execute the financial and non-financial transactions including, but not limited to, subscribing to an annuity contract, purchases, surrenders and transfers of investment vehicles in accordance with my instructions and Contract provisions;
- furthermore authorize Industrial Alliance Insurance and Financial Services Inc. 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.

I understand that:

- Industrial Alliance Insurance and Financial Services Inc. shall not be liable for instructions provided by the Nominee/Intermediary;
- 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;
- other investment options are available under this Contract.

I should contact my life insurance agent if notice of confirmation has not been received within fifteen (15) days after paying a Premium.

I acknowledge receipt of the Ecoflextra Contract and the Ecoflextra Information Folder describing the key features of this Contract 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 to me and for 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 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 under the *Income Tax Act* (Canada) and any applicable provincial legislation.

X _____ Signature of Applicant	X _____ Signature of Annuitant (if different from the Applicant)	X _____ Signature of Irrevocable Beneficiary (if an Irrevocable Beneficiary is designated)
X _____ Signature of Applicant's Spouse Newfoundland and Labrador for LIF	X _____ Signature of Agent/Witness	X _____ Signature of Nominee/Intermediary (for Contracts held in a Registered Nominee or Intermediary Account only)

Applicant's spouse (if the Applicant's spousal contributor section has been completed; see Section 5)

I hereby declare that the information provided in Section 5 is complete, accurate and true, and I acknowledge that the Company will rely on the accuracy of this information.

X

Signature of Spouse

All signed at _____ this _____ day of _____ 20 _____

LIFE INSURANCE AGENT STATEMENT/SIGNATURE (MANDATORY)

Money Laundering and Confirmations

- 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.
- I hereby confirm to be the duly authorized agent of the Nominee or Intermediary.
- I hereby 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.

Agent's Disclosure

By signing below, I confirm that I have provided a disclosure statement to the Annuitant (or to the Applicant, if different from the Annuitant) 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.

X

Signature of 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.**