

Single Premium Immediate Annuity Application (SPIA)

“You,” “your” and “yours” refer to the Owner(s) named in the application. “We,” “us” and “our” refers to ivari.

- Cheques must be made payable to ivari
- **Mandatory sections must be completed in full. Any changes must be initialed by the Owner.**
- Not available for corporate ownership

1 Plan type (mandatory section)

- a) Are you submitting this contract for registration as an RSP under the *Income Tax Act* (Canada)?
 Yes (RSP) No (Non-registered, you must complete 1 b)
- b) **Main purpose of investment:** Investment planning Retirement planning
 Key person protection Tax savings Other _____

2 Source of funds (mandatory section)

Cheque made payable to ivari (Applicable for non-registered only)					Transfer						
Registration type:	DPSP	LIF	PRIF	LIRA	RRSP	RLSP	RLIF	RPP	RRIF	LRIF	LRSP
Amount \$	Plan jurisdiction (Province of origin)				Transferring company						

3 Spousal information

COMPLETE THIS SECTION IF FUNDS ARE LOCKED-IN

Do you have a spouse within the meaning of the applicable pension legislation? Yes No
 If “yes,” provide spousal waiver if required under the applicable pension legislation.

4 Owner, Annuitant and Payee information (mandatory section)

This is an application for a prescribed annuity; therefore, the Owner/Annuitant/Payee must be the same person. In a Joint and Survivor Life Annuity, the Owner/Annuitant is called the Primary Owner/Annuitant. Owner/Annuitant MUST be a Canadian resident at time of application.

Mr. Mrs. Ms. Miss Other Prefer not to say

Last name			First name			Middle initial(s)					
Address									Apt./suite #		
City			Province/territory/state			Country			Postal/zip code		
Principal business or occupation						Industry**					
Social Insurance Number (SIN)						Date of birth* (DD/MM/YYYY)			Gender Male Female Other Prefer not to say		
Home phone			Mobile phone			Business phone			Language preference*** English French		

NOTE: FOR NON-REGISTERED PLANS ONLY, COMPLETE SECTION 4.2

*Attach proof of age.

**For a list, click [Valid industries and occupations form \(IP-LP1971\)](#) to access.

***For Quebec residents who have indicated English as their language preference, copies of the contract in both English and French will be presented.

4.1 SUCCESSOR OWNER/ANNUITANT **COMPLETE IF A JOINT AND SURVIVOR LIFE ANNUITY IS CHOSEN**

The Successor Owner/Annuitant assumes ownership of and enjoys the rights under the Policy upon the death of the Owner/Annuitant named in section 4. **The Successor Owner/Annuitant must be the spouse/common-law partner of the Primary Owner/Annuitant if the funds are registered.**

Mr. Mrs. Ms. Miss Other Prefer not to say

Last name		First name		Middle initial(s)
Address				Apt./suite #
City	Province/territory/state	Country	Postal/zip code	
Principal business or occupation		Industry**		
Social Insurance Number (SIN)		Date of birth* (DD/MM/YYYY)	Gender	Male Female Other Prefer not to say
Home phone	Mobile phone	Business phone	Language preference English French	

NOTE: FOR NON-REGISTERED PLANS ONLY, COMPLETE SECTION 4.2

*Attach proof of age.

**For a list, click [Valid industries and occupations form \(IP-LP1971\)](#) to access.

4.2 COMPLETE FOR NON-REGISTERED PLANS ONLY

Declaration of tax residency

We would like to remind you that if we do not receive a response from you, ivari will be required to report your policy to CRA as an incident of undeclared information in accordance with the *Income Tax Act (ITA)*. In addition, you may be subject to a penalty from CRA under subsection 281(3) and subsection 162(6) of the ITA for each failure to provide self-certification information to ivari.

Please answer the following three statements. Depending on your situation, you may answer “yes” to more than one.

	SUCCESSOR OWNER/ANNUITANT	
	OWNER	ANNUITANT
	YES NO	YES NO

- a) **I am a tax resident of Canada.**
- b) **I am a tax resident or a citizen of the United States.**

If “yes” to statement b), provide your Taxpayer Identification Number (TIN) from the United States:

Owner _____ Successor Owner/Annuitant _____

The U.S. Taxpayer Identification Number (TIN), as defined in CRA Guidance, is a unique nine-digit number, assigned by the U.S. Government to an individual or entity, that is a specified U.S. person and used to identify the individual or entity for purposes of administering U.S. tax laws. Here are the acceptable examples, Individual Taxpayer Identification Number (TIN), Employer Identification Number (EIN) and Social Security Number (SSN).***

- c) **I am a tax resident in a country other than Canada or the United States.**

If “yes” to statement c), provide your country of tax residence and Taxpayer Identification Numbers (TIN):

OWNER

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN) OR ACCEPTABLE EQUIVALENT

SUCCESSOR OWNER/ANNUITANT

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN) OR ACCEPTABLE EQUIVALENT

A foreign Taxpayer Identification Number (TIN), as defined in CRA Guidance, is a unique combination of letters or numbers, assigned by a jurisdiction to an individual or entity and used to identify the individual or entity for purposes of administering the tax laws of the specific jurisdiction. Here are the acceptable examples, Social Security Number (SSN), Non-Canadian Social Insurance Number (SIN), Citizen identification number, Personal Identification Number (PIN), Service code/number, Resident registration number and Business/company registration code/number.***

***For more information, please refer to “Enhanced financial account information reporting” found on the CRA website.

5 Types of annuity (mandatory section)

†The guarantee period cannot exceed the Annuitant's age of 90.

5.1 SINGLE LIFE ANNUITY

Single Life Annuity – No Guarantee Period (SIGN ACKNOWLEDGMENT BELOW if this option is chosen). You acknowledge and agree that under this option, there is no death benefit and annuity payments terminate on the Annuitant's death. **(Available on registered plans only.)**

Signature of Owner/Annuitant (For Single Life Annuity No Guarantee)

Single Life Annuity Guaranteed for ____ months ____ years†
Single Life Guaranteed to Annuitant's age ____ †

5.2 JOINT AND SURVIVOR LIFE ANNUITY

Joint and Survivor Life Annuity – No Guarantee Period (SIGN ACKNOWLEDGMENT BELOW if this option is chosen). You acknowledge and agree that under this option, there is no death benefit and annuity payments terminate on the surviving Annuitant's death. **(Available on registered plans only.)**

Signature of Owner/Annuitant Signature of Successor Owner/Annuitant

Joint and Survivor Life Annuity Guaranteed for ____ months ____ years†
Joint and Survivor Life Annuity to Annuitant's age ____ †

5.3 TERM CERTAIN ANNUITY

Term ____ months ____ years (Applicable to non-registered plan only)†
Term certain to Annuitant's age ____ (If the policy is registered, the age must be 90)†

6 Payment information (mandatory section)

First payment date^{††} (DD/MM/YYYY) _____

Choose your payments options:

Direct transfer to payee's bank account **(PRE-PRINTED PERSONALIZED VOID CHEQUE MUST BE PROVIDED)**

Frequency: Monthly Quarterly Semi-annually Annually

Cheque to payee (Allowed for annual payments only)

Address of payee (If different from address in section 4)

Address			Apt./suite #
City	Province/territory/state	Country	Postal/zip code

† If the policy is registered as an RSP, annuity payments must start no later than the end of the calendar year of the Annuitant's 71st birthday.
†† The first payment date must be made no later than the end of the following calendar year, but must be no earlier than 3 business days from the issue (purchase) date.

Note: The first payment date is the date your cheque is mailed to you or the date a direct transfer to your bank account is processed from our administrative system, not necessarily the deposit date to your bank account which may be delayed by mail or electronic banking processes.

7 Other payment information

TO BE COMPLETED IF PAYMENTS WILL VARY

Is this annuity to be indexed? Yes No If **"yes,"** payments will increase by ____ % per year on the anniversary of the policy (Applicable only for registered funds to a maximum of 4%).

Is this annuity to be reduced after the later of the expiry of the Guarantee Period, if any, and the death of the primary Annuitant? (Applicable to Joint and Survivor Life Annuities only) Yes No If **"yes,"** reduced to ____ % on the primary Annuitant's death.

8 Beneficiary information (mandatory section)

If applicable, Beneficiaries named here will receive a death benefit on the death of the last-to-die of the Annuitant and any named Successor Annuitant.

If a Beneficiary is designated irrevocably, the Owner, Successor Owner or Joint Owners cannot change the beneficiary, assign the contract or transfer ownership without the consent of the Irrevocable Beneficiary. Minors named as Irrevocable Beneficiaries cannot give such consent.

For Quebec residents: If you name a spouse, married or civil union spouse, as primary beneficiary, this designation is irrevocable unless you indicate revocable.

The Contingent Beneficiary has no rights as long as a primary beneficiary is named and living.

Designated person(s) – list below:

Last name		First name		Middle initial(s)	Signature of Irrevocable Beneficiary	
Relationship to Annuitant (Relationship to Owner in Quebec)		Revocable	Irrevocable	Primary	Contingent	Share of benefits %
Last name		First name		Middle initial(s)	Signature of Irrevocable Beneficiary	
Relationship to Annuitant (Relationship to Owner in Quebec)		Revocable	Irrevocable	Primary	Contingent	Share of benefits %
Last name		First name		Middle initial(s)	Signature of Irrevocable Beneficiary	
Relationship to Annuitant (Relationship to Owner in Quebec)		Revocable	Irrevocable	Primary	Contingent	Share of benefits %

Trustee for minor beneficiaries (except for Quebec)

Last name		First name		Middle initial(s)
Address				Apt./suite #
City	Province/territory/state	Country	Postal/zip code	
Relationship to minor	Date of birth (DD/MM/YYYY)			

9 Contract Owner acknowledgement and authorization (mandatory section)

You hereby apply for a Single Premium Immediate Annuity contract issued by ivari. By signing, you:

- Certify that the information, declarations and statements provided in this application are complete and true;
- Understand that annuity payments may be treated as taxable income under applicable tax laws;
- Consent to the collection and disclosure of your SIN for tax reporting purposes to the Canada Revenue Agency in accordance with federal legislation;
- Request that ivari apply for registration of the contract under the *Income Tax Act* (Canada) and any provincial income tax legislation, if this is a registered contract;
- Understand that if this application is accepted by ivari, a contract will be forwarded to your advisor for delivery to you. However, if this application is not accepted, you agree that any money received will be refunded; and
- Understand that the contract cannot be surrendered and is non-commutable.

If you have received a quote on the rate on which annuity payments are based, you acknowledge and agree with the following terms and conditions:

- **To guarantee the quote (rate applicable to the contract) for a non-registered contract, the application and cheque must be received within 5 business days after the quote illustration date.**
- **To guarantee the quote (rate applicable to the contract) for a registered contract, the application must be received within 5 business days after the quote illustration date and the cheque must be received within 45 business days after the quote illustration date.**

I certify that the information given in this application is correct and complete. I agree to immediately notify ivari of any errors, omissions or changes in the information provided in this application. As the Owner, I acknowledge that I have an obligation under the *Income Tax Act* to notify ivari of any changes in my tax residency status. I acknowledge that the information contained in this application and information regarding my policy, contract and account may be reported to Canada Revenue Agency (CRA).

Signature of Owner/Annuitant

Signature of Successor Owner/Annuitant

Date signed (DD/MM/YYYY)

Province/territory/state

Date signed (DD/MM/YYYY)

Province/territory/state

10 Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at ivari.ca, tells you how ivari will handle your personal information as an Owner and/or Annuitant. It also tells you about your rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating your application and any applications or forms you submit in the future about the investment products you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

If you do not provide your SIN here, then ivari will need to obtain your SIN before we can process certain transactions, if requested in the future (as required by tax legislation). Once provided, we may also use it as necessary for the purposes described in this **Privacy Notice** or our Privacy Policy.

When required, ivari may share your personal information with trusted third parties, including service providers retained by ivari to assist in administering ivari policies; your financial institution, your independent insurance advisor and their supporting associates, market intermediaries, your beneficiaries and assignees.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: privacyoffice@ivari.ca.**

You can see ivari's full Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.

CONSENT REQUIRED FOR THIS APPLICATION AND POLICY

The following consents are required to proceed with and submit this application to ivari:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari's Privacy Policy on ivari.ca.
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari's Privacy Policy.

Signature of **Owner**

OPTIONS REGARDING YOUR PERSONAL INFORMATION

Promotional communications about ivari products and services you may be eligible (for Owners only)

ivari may communicate with you about other ivari products and services that you may be eligible for, using email, text or other electronic means. ivari may retain third-party marketers for the purpose of sending you these promotional communications. If you opt-in to receive these promotional communications, we will disclose only your name, contact information, and current insurance coverage. We will not disclose date of birth or health or financial information.

Owner: Yes No

You may withdraw your consent to this use of your personal information anytime without affecting your ivari policy.

11 Politically Exposed Persons and/or Heads of International Organizations (mandatory section)

NON-REGISTERED FUNDS ONLY

Is a premium and/or lump sum payment equal to or greater than \$100,000 being made or to be made? Yes No

If the answer is “yes”, each Proposed Owner must complete the **Politically Exposed Persons and/or Heads of International Organizations form (IP-LP1165)** and submit it along with the application.

12 Verification of identity (mandatory section)

This section, including the sub-section requesting if the Owners are applying for the policy on behalf of a third party must be fully completed by a Licensed Agent. We are required to verify the identity of the applicant pursuant to the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.

Is the application being made on behalf of a third party? Yes No

If “yes”, complete the **Identity and Third Party Determination form (IP-LP782)**.

Owner/Annuitant

Driver’s licence Passport Canadian citizenship Age of majority
 Canadian Armed Forces identification Other (specify) _____

Identification document [‡]	Identification document number [‡]	Document expiry date (DD/MM/YYYY)	Issuing jurisdiction and country
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Successor Owner/Annuitant

Driver’s licence Passport Canadian citizenship Age of majority
 Canadian Armed Forces identification Other (specify) _____

Identification document [‡]	Identification document number [‡]	Document expiry date (DD/MM/YYYY)	Issuing jurisdiction and country
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[‡]Please refer to an original non-expired government issued photo I.D., such as passport, provincial health card (except in PEI, ON and MB) driver’s licence or Age of majority to verify their identity as required by law. Social Insurance Number cards cannot be used to verify identity.

13 Licensed agent information and signature (mandatory section)

THIS SECTION MUST BE FULLY COMPLETED BY THE LICENSED AGENT.

By signing here, the representative confirms that they are a duly licensed life insurance agent and that they will receive compensation if this application is accepted by ivari.

I hereby declare that I have verified their identification by reviewing the documents noted above and witnessed the signature(s) of the applicant(s). I have also confirmed the date of birth of the Owner(s)/Annuitant(s) using the documents noted above.

Licensed agent name (First, middle, last)

Dealer number	Rep#	Dealer name
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Signature

Date signed (DD/MM/YYYY)



P.O. Box 4241, Station A, Toronto, ON M5W 5R3 • Telephone: 1-800-846-5970

! The fastest and easiest way to send us your completed and signed forms is through our online tool, Send documents on ivari.ca. By using this tool, forms are sent instantly and securely.

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