

Plan Type Registration Change

In this form, the terms “you,” “your” and “Owner” refer to the person who has policyholder’s rights under the contract. The term “we” refers to ivari.

Use this form to change the plan type registration of an existing contract from:

- Non-Registered to RSP
- RSP to RIF
- LIRA/LRSP to LIF/PRIF
- Ontario LIRA/LRIF/LIF to a new Ontario LIF
- Federal LRSP/LIF/RLSP/RLIF to another Federal plan

1 Contract Details

Name of Owner Last name		First name
Existing Policy Number		
Is this a nominee plan?	Yes No	Cross Reference Number

2 How do you want to change the Plan Type Registration of your existing contract?

PLEASE CHECK ONE ONLY. APPLICABLE TO FULL POLICY TRANSFERS ONLY.

Non-Registered to RSP	Applicable to Federal Plans Only:	LRSP to RLIF
RSP to RIF		LIF to LRSP/RLIF
LIRA/LRSP to LIF/PRIF		RLSP to RLIF
Ontario LIRA/LRIF/LIF to a new Ontario LIF		RLIF to RLSP

3 Is your spouse contributing to your RSP contract?

Yes No If “Yes,” please complete the information below.

Spouse’s name		
Sex	Date of birth (DD/MM/YYYY)	Social Insurance Number
Male Female		

4 RIF, LIF/RLIF or PRIF Minimum

If legislation permits, is the RIF, LIF/RLIF or PRIF minimum based on your spouse’s or common-law partner’s age (in this application, collectively referred to as “Spouse”)?

Yes No If “Yes,” please complete the information below.

Spouse’s Name		
Sex	Date of birth (DD/MM/YYYY)	Social Insurance Number (SIN)
Male Female		

For Five for Life Contracts: Using your older spouse’s age to calculate the RIF Minimum Amount will result in an Excess Withdrawal and may negatively impact the Guaranteed Lifetime Withdrawal Benefits.

This election is not applicable in New Brunswick. This election cannot be changed, even on marriage breakdown (e.g. separation, divorce) or death of your spouse. If “No” election is made, the minimum will be based on the owner/annuitant’s age.

5 Do you want to name your spouse as successor annuitant (RIF only)?

Yes No If **“Yes,”** please complete the information below.

Spouse's Name _____

Sex	Date of birth (DD/MM/YYYY)	Social Insurance Number (SIN)
Male Female		

Signature of Successor Annuitant _____

Date signed (DD/MM/YYYY) _____

For Five for Life Contracts: Please see Information Folder, section 7.6 for the readjustments of guarantee benefits when a successor annuitant becomes the annuitant.

If a successor annuitant is named, no death benefit is payable on the death of the annuitant and the contract continues.

6 How do you wish to receive the Income Payments?

FOR RIF, LIF, RLIF, PRIF POLICIES

Scheduled Payment Option:

RIF/LIF/RLIF/PRIF Minimum

LIF/RLIF/PRIF Maximum

Client specified level/Custom amount: \$ _____

Annual Guaranteed Lifetime Withdrawal Amount (GLWA)*

Tax Withholding:

Minimum

Client specified percentage Federal _____%

Client specified percentage Provincial (Quebec residents only) _____%

FOR RSP POLICIES

Annual Guaranteed Lifetime Withdrawal Amount (GLWA)*

Client specified level/Custom amount: \$ _____

First withdrawal date (1st to 28th of month): (DD/MM/YYYY) _____

Frequency: Monthly Quarterly Semi-Annually Annually

For direct deposit of payments to your bank account, **PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE.**

All payments specified will be treated as gross.

We are required to pay you the RIF/LIF/RLIF/PRIF minimum prescribed by the *Income Tax Act* (Canada), starting in the second calendar year of your contract.

Payments in the first year are fully taxable and subject to the applicable withholding taxes.

If you request Level/Custom payments, the amount must be greater than the RIF minimum.

*For Five for Life Contracts: Your withdrawals may exceed your annual Guaranteed Lifetime Withdrawal Amount (GLWA), which may impact the Guaranteed Lifetime Withdrawal Benefit. Please see Information Folder, section 7.3.6.

Source of withdrawal:

FUND NAME	FUND CODE	AMOUNT (%* OR \$)

*allocation by % must equal 100%

Additional withdrawal instructions:

7 For a LIF, RLIF or PRIF, do you have a spouse within the meaning of applicable pension legislation?

Yes No If “Yes,” please complete the information below.

For British Columbia, Alberta, Saskatchewan and Manitoba, please attach a completed spousal consent or waiver form.

For Ontario, Newfoundland & Labrador, Nova Scotia, Federal (includes Yukon, NWT and Nunavut), your spouse must sign below to indicate his/her consent to purchase the LIF/RLIF.

Signature of Spouse

Date signed (DD/MM/YYYY)

8 Owner Acknowledgement and Authorization

Your signature below confirms that:

- You have requested a change of plan type registration of your contract as indicated above.
- In a LIF/RLIF or PRIF, the rights of the beneficiary you have designated may be restricted by the terms of the endorsement.
- If you hold an Ontario LIRA, LIF or LRIF and/or a Federal LRSP, LIF, RLSP or RLIF you acknowledge and agree that:
 - The pension legislation has eliminated the requirement to annuitize the contract when you turn 80. As a result of the legislative change, the Contract Maturity Date for your contract (except if you hold a GROWSafe 1997 and/or 1999) will be extended to December 31st of the year you turn 100.

Signature of Owner/Beneficial Owner*

Date signed (DD/MM/YYYY)

Province/territory/state

Signature of Nominee (for registered plans)

Date signed (DD/MM/YYYY)

*Beneficial Owner for contracts held in nominee name

9 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 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 any applications or forms you submit in the future about the investment product policies 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.

When required as part of our claims analysis, **we may also collect your personal information from external sources** such as consumer and credit reporting agencies, and others.

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, and your beneficiaries and assignee.

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 FORM

The following consents are required to proceed with and submit this form 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.
3. If I am giving my consent on behalf of one or more minor annuitant(s) (under the age of 18 years in Quebec or under the age of 16 years in all other provinces) to the points above, then I represent that I have authority to consent on behalf of the minor annuitant(s).

Signature of Owner 1

Signature of Owner 2

10 Advisor Information

By signing below, the advisor confirms having verified the spouse's age, if applicable.

Signature of Advisor

Date signed (DD/MM/YYYY)

Dealer/GA Code _____ SA/Rep code _____ Advisor/Rep Name _____



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



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Please provide 1 copy for each: Head office, Advisor, Dealer/GA, Client