

IA CLARINGTON  
**GUARANTEED**  
INVESTMENT FUNDS



## APPLICATION

IA Clarington GIF  
Individual Variable Annuity Contract

To be used for:

- Tax-Free Savings Account (TFSA)



Administered by IA Clarington Investments Inc.



INSURANCE AND FINANCIAL SERVICES INC.

Issued by Industrial Alliance Insurance and Financial Services Inc.

## 1. APPLICATION INFORMATION

 Language preference:  English  French

**Is this Contract held in a Nominee Account or Intermediary Account?**

 Nominee Account:  Yes  No Nominee Name: \_\_\_\_\_ Nominee Account Number: \_\_\_\_\_

 Intermediary Account:  Yes  No Intermediary Name: \_\_\_\_\_ Intermediary Account Number: \_\_\_\_\_

 If the Contract is held in a Nominee or Intermediary Account, is the Nominee or Intermediary Account registered as a Tax-Free Savings Account (TFSA) under the Income Tax Act (Canada), hereinafter called "Registered Nominee or Intermediary Account"?  Yes  No

**Contract type (Complete if the Contract is held in client name. Do not complete if the Contract is held in a Nominee or Intermediary Account. When the Contract is held in a Nominee or Intermediary Account, the Contract is automatically a Non-Registered Contract.)**
 Tax-Free Savings Account (TFSA)\*

\*Subject to the terms of the applicable endorsements.

## 2. POLICYHOLDER (ANNUITANT) INFORMATION

**The policyholder must be 18 years old when he/she signs the application.**
 Mr.  Mrs.  Ms.  Miss

**If the Contract is held in a TFSA Nominee or Intermediary Account, the Policyholder is automatically the trustee of the TFSA Nominee or Intermediary Account.**

Last Name	First Name	Initial	S.I.N. / B.I.N. or B.N. (Mandatory)
Address	City	Province	Date of Birth (DD/MM/YYYY) (Mandatory)
Postal Code	Residence Phone	Business Phone	Ext.
			Policyholder's Occupation

## 3. BENEFICIARY INFORMATION

**Complete only if the Contract is held in client name or is held in a non-registered Nominee or Intermediary Account. 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. For Contracts held in a Nominee or Intermediary Account (registered or non-registered), proceeds will be paid to the Nominee or Intermediary in trust for the Beneficiary of the Contract.**

Last Name	First Name	Initial	Relationship	%	Revocable <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	Initial	Relationship	%	Revocable <input type="checkbox"/> Yes <input type="checkbox"/> No

**Notes:** The Beneficiary for the TFSA is the Trustee in trust for the named Beneficiary.

 For Quebec residents, if you name your spouse as Beneficiary, the designation is irrevocable unless you check revocable.  Revocable

## 4. DISTRIBUTOR INFORMATION

Distributor Name	Agent Name	Distributor Agent Number
Telephone	Email	Distributor Account Number

 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 TFSA Nominee or Intermediary Account.

X Signature of Agent	Date (DD/MM/YYYY)
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## 5. INVESTMENT INSTRUCTIONS

**Please choose one.**
 Premium invested with the Application \$ \_\_\_\_\_ (Amount of the Premium)

 Transfer from another registered contract (Enclose transfer form) \$ \_\_\_\_\_ (Approximate amount)

 Internal transfer from contract number: \_\_\_\_\_ \$ \_\_\_\_\_ (Approximate amount)

Investment		Investment Guarantee Options		Amount of Premium			PAC Contribution			Systematic Switch / Withdrawal
		A 100% at Maturity (Death Benefit Guarantee is 100%*)	B 75% at Maturity	Amount \$ or %	Front End Option-Sales Charge %	DSC Option	Wire Order Number(s)	Amount \$ or %	Front End Option-Sales Charge %	
Fund Number	Fund Name	<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"/>				
<b>Total:</b>										

\*The death benefit will be reduced to 75% at age 85.

6. SYSTEMATIC SWITCH PLAN

For automatic switches between Funds.

Frequency (please choose one): [ ] Weekly [ ] Bi-Weekly [ ] Twice Monthly (1st and 15th of each month) [ ] Monthly [ ] Every 2 Months [ ] Quarterly [ ] Semi-Annually [ ] Annually

Start Date (specify the month and day) \_\_\_\_\_. Transfer [ ] the amount specified in Section 5 from one Fund to another as follows:

FROM Fund: \_\_\_\_\_ TO Fund: \_\_\_\_\_

FROM Fund: \_\_\_\_\_ TO Fund: \_\_\_\_\_

Note: No more than 1 switch per calendar year between Funds resulting in a change of Investment Guarantee (Option A and B). The minimum amount transferred per switch is \$100.

7. PRE-AUTHORIZED CONTRIBUTION PLAN (PAC)

Do not enclose a PAC payment with the Application.

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Each account owner is referred to as "I" in this PAD Agreement section and makes the following statements in respect of himself or herself.

I authorize IA Clarington Investments Inc. (the "Company") and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or a one-time payment from time to time, for payment of all premiums, deposits, installments and charges arising from the contract hereunder mentioned. Regular payments will be debited from my specified account based on the date and/or frequency I have chosen, whereas a one-time payment 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 no such number had been previously issued, in accordance with the banking information set out below.

I agree that, for the purpose of this PAD Agreement, all PADs from my account will be treated either as Personal or Business\* depending on the choice I've made.

I waive the right to receive pre-notification of an increase or a 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 PAD amount that is made as a result of my request.

If a PAD is dishonoured for any reason such as, but not limited to, insufficient funds ("NSF"), a stop payment or a closed account, the Company is authorized to re-submit the payment. Any charges incurred by the Company as a result of the dishonoured PAD will be added to the subsequent PAD.

I may cancel or modify this PAD Agreement at any time, subject to providing the Company with thirty (30) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel the PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Any cancellation of this PAD Agreement will not affect my contract(s) for financial services, so long as payment is provided by an alternate method.

The Company will not assign this PAD Agreement without providing me with written notice of the assignment, any time prior to the next PAD.

I have certain recourse rights if any PAD does not comply with this PAD Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit www.cdnpay.ca regarding Rule H1-Pre-authorized debits (PADs).

Before the Company debits the first PAC payment, it must receive all required documents, duly completed, and be allowed a reasonable period of time to complete its administrative processes.

\*Business PAD means a PAD for the payment of goods or services related to a business or commercial activity of the payor.

GENERAL INFORMATION

FOR HEAD OFFICE USE ONLY

A) Do you already pay by PAC or receive payments by EFT?

- [ ] No Complete items C and D, sign and attach a personalized VOID CHEQUE or banking confirmation here.
[ ] Yes Complete items B and D and sign.

B) Authorization Number \_\_\_\_\_. The authorized signatories must always be the same as the one(s) that authorized the original transaction for which the authorization number had been issued.

C) Banking information - If a personalized VOID CHEQUE 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) \_\_\_\_\_

D) Withdrawal Agreement: Variable

PAD Category: [ ] Personal [ ] Business (If both boxes are left unchecked, the PAD category will deemed to be "Personal".)

Starting on (DD/MM/YYYY): \_\_\_\_\_ (If no date is indicated or if the indicated date is greater than 30 days from the signature of the PAD agreement, the PAD will start on the Frequency day indicated below following the signature date of this agreement.)

PAD amount: \$ \_\_\_\_\_ (Minimum \$25 per frequency)

Frequency (please choose one): [ ] Same as existing PAD [ ] Weekly [ ] Bi-Weekly [ ] Twice Monthly (1st and 15th of each month) [ ] Monthly (1st to 28th) [ ] Every 2 Months

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

X Signature of Account Owner (as shown on bank records) \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

X Signature of Account Owner (if required) \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Contact information

Quebec: Industrial Alliance Insurance and Financial Services Inc.

Customer Service Telephone: 418-684-5000
1080 Grande Allée West Fax: 418-684-5161
PO Box 1907, Station Terminus Email: clientele@inalco.com
Quebec City, QC G1K 7M3

Toronto: Industrial Alliance Insurance and Financial Services Inc.

Customer Service Telephone: 416-585-8880
522 University Avenue Fax: 416-585-8810
Toronto, ON M5G 1Y7 Email: iat-indannuities@inalco.com

**8. ACKNOWLEDGEMENT/AUTHORIZATION****Policyholder must read, consent to and sign this section.**

I, the Policyholder, 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 Application soit rédigé 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 "Personal Information" section of the Contract

I acknowledge receipt of the IA Clarington Guaranteed Investment Funds (GIF) document which includes the IA Clarington GIF Individual Variable Annuity Contract and the Information Folder describing the key features of this Contract and including the Fund Fact sheets for the GIF.

I declare that I have been directed by my agent to the funds I am purchasing.

I hereby advise Industrial Alliance Insurance and Financial Services Inc. that the Nominee/Intermediary named in this Application, if any, is my duly authorized agent for all matters related to this Contract. I hereby 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, surrenders and transfers of investment in accordance with my instructions and Contract provisions.

Furthermore, I hereby 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 Industrial Alliance Insurance and Financial Services Inc. shall not be liable for instructions provided by the Nominee/Intermediary.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_  
Signature of Policyholder

X \_\_\_\_\_  
Signature of Irrevocable Beneficiary  
(if an Irrevocable Beneficiary is designated)

X \_\_\_\_\_  
Signature of Agent/Witness

X \_\_\_\_\_  
Signature of Nominee/Intermediary as agent of the trustee

**Request for Registration (Not applicable if the contract is held in a Registered Nominee or Intermediary Account.)**

I hereby request that Industrial Alliance Insurance and Financial Services Inc. file an election to register this Contract as a Tax-Free Saving Account (TFSA) under the *Income Tax Act (Canada)* and any applicable provincial legislation.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X \_\_\_\_\_  
Signature of Policyholder

X \_\_\_\_\_  
Signature of Witness

**9. AGENT'S DISCLOSURE**

By signing below, I confirm that I have provided a disclosure statement to the Policyholder 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 insurance or savings 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 Agent

\_\_\_\_\_  
Date (DD/MM/YYYY)

**10. ISSUER SIGNATURE**

Industrial Alliance Insurance and Financial Services Inc. authorized representatives' signatures.

X   
Yvon Charest  
President and Chief Executive Officer

X   
Douglas A. Carrothers  
Corporate Secretary

**IA Clarington Investments Inc.**

**Administration**

c/o International Financial Data Services (Canada) Limited  
30 Adelaide Street East, Suite 1, Toronto, ON M5C 3G9

**Client Services**

Phone: 800.530.0204 | Fax: 866.506.9884

**Toronto Office**

522 University Avenue, Suite 700, Toronto, ON M5G 1Y7  
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