

Single Premium Immediate Annuity Application (SPIA)

- **Cheques must be made payable to ivari**
- **Highlighted sections must be completed to avoid delay**
- Not available for corporate ownership

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

1 Plan type

- 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:** **PLEASE SELECT ONE**
- Key person protection Tax savings Investment planning Retirement planning
 Other _____

2 Source of funds

Cheque made payable to ivari (Applicable for non-registered only) Transfer

Registration type: **CHOOSE ONE** DPSP LIF PRIF LIRA RRSP RLSP RLIF RPP RRIF LRIF LRSP

Amount \$	Plan jurisdiction (Province of origin)	Transferring company
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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

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 _____

Last name		First name		Initial(s)
Street address				Apt.
City	Province	Postal code	Gender Male Female	
Principal business or occupation	Industry***	Social Insurance Number (SIN)	Date of birth* (DD/MM/YYYY)	Language preference English French
Home phone	Mobile phone	Business phone	* Attach proof of age.	

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

***For a list of valid industries refer to <https://ivari.ca/tools-and-resources/administration/> and search for form number (IP-LP1971).

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 _____

Last name		First name		Initial(s)
Street address				Apt.
City	Province	Postal code	Gender Male Female	
Principal business or occupation	Industry***	Social Insurance Number (SIN)	Date of birth* (DD/MM/YYYY)	Language preference English French
Home phone	Mobile phone	Business phone	* Attach proof of age.	

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

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4.2 COMPLETE FOR NON-REGISTERED PLANS ONLY

Declaration of tax residency

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

	OWNER	SUCCESSOR 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.**

Please provide your taxpayer identification number (TIN) from the United States:

Owner _____ **Successor Owner/Annuitant** _____

If you do not have a TIN from the United States, have you applied for one?

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).

If you do not have a TIN for a specific country, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My country of residence does not issue TINs to its residents.

Reason 3: Other reason, provide details.

OWNER

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3

SUCCESSOR OWNER/ANNUITANT

COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3

5 Types of annuity

** 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.)

Sign here

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.)**

Sign here

Signature of Owner/Annuitant

Sign here

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)**

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6 Payment information

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: **CHOOSE ONE** Monthly Quarterly Semi-annually Annually

Cheque to payee (Allowed for annual payments only)

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

Address (Number, street and apartment)

City	Province	Postal code
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*** 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

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	Initial(s)	Signature of Irrevocable Beneficiary
Relationship to Annuitant (Relationship to Owner in Quebec)	(Check one) revocable irrevocable	Type (Check one) primary contingent	Share of benefits %
Last name	First name	Initial(s)	Signature of Irrevocable Beneficiary
Relationship to Annuitant (Relationship to Owner in Quebec)	(Check one) revocable irrevocable	Type (Check one) primary contingent	Share of benefits %
Last name	First name	Initial(s)	Signature of Irrevocable Beneficiary
Relationship to Annuitant (Relationship to Owner in Quebec)	(Check one) revocable irrevocable	Type (Check one) primary contingent	Share of benefits %

Trustee for minor beneficiaries (except for Quebec)

Last name	First name	Initial(s)	Relationship to minor
Street address			Apt.
City	Province	Postal code	Date of birth (DD/MM/YYYY)

9 Contract Owner acknowledgement and authorization

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

- 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.
• We collect 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/we agree that any money received will be refunded.
• 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.

We may communicate with you about other insurance products and services. If we rely on a marketing service provider to communicate with you, we will disclose only your name, contact information, and your current insurance coverage, but not your financial information. ivari requires its service providers to safeguard the confidentiality of personal information consistent with ivari's privacy and security practices and in accordance with applicable laws.

If you do not wish your personal information to be used for this optional purpose, check here: or write to us at: ivari, 500-5000 Yonge Street, Toronto, Ontario M2N 7J8, Attention: Privacy Office.

Your information may be securely used, stored or accessed in other countries and may be subject to the laws of those countries. For example, information may be disclosed in response to demands or requests from government authorities, courts or law enforcement in these countries.

We have safeguards to protect your personal information; however, in the event of an unauthorized access, disclosure or use of your personal information, there is a possibility that you may experience: identity theft, negative effects on a credit record, financial loss, embarrassment or damage to reputation. If ivari believes that you face a real risk of significant harm, ivari's Privacy Office will notify you of the data breach and suggest steps to reduce your risk of harm.

Sign here Signature of Owner/Annuitant Date signed (DD/MM/YYYY) Province
Sign here Signature of Successor Owner/Annuitant Date signed (DD/MM/YYYY) Province

10 Politically Exposed Persons and Head of International Organization 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 Head of International Organization form (IP-LP1165) and submit it along with the application.

11 Owner's Consent to Receive Emails

Canada's anti-spam legislation regulates the distribution of email messages to consumers. To comply with this law, ivari is required to obtain your consent for the purposes of sending you email messages regarding policy information, product information and marketing material.

By providing your email address below, you consent to receiving email messages as outlined above from ivari.

Owner email address:

Successor Owner/Annuitant email address:

You may withdraw your consent at any time by contacting us at ivari: 500-5000 Yonge Street, Toronto, ON M2N 7J8. Telephone: 1-800-846-5970 or email: conversation@ivari.ca

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12 Verification of identity

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/SMM/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

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
		
Signature		Date signed (DD/MM/YYYY)



500-5000 Yonge Street, Toronto, ON M2N 7J8 • Telephone: 1-800-846-5970

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