

# Financial Service Form

For Existing Policyholders only



**8. DEPOSIT/SURRENDER ALLOCATION**

Indicate the fund name, fund code, sales charge option, and the amount either by \$ or by %, NOT both.  
 You cannot mix different guarantee options in the same policy.  
 GROWSafe2 Maturity Instructions:  
 Top up may be reallocated into No Load or DSC funds. Allocation to DSC Fund(s) will be treated as a new deposit and begin a new DSC schedule.  
 For GIA/DIA policies:  
 Indicate interest rate only if interest rate guarantee was requested.

FUND NAME	FUND CODE	AMOUNT (\$ OR %)	SALES CHARGE OPTION		PAD AMOUNT (\$)	WIRE ORDER NUMBER
			DSC	ISC (0-5%)		
		<input type="radio"/> Gross <input type="radio"/> Net				
		<input type="radio"/> Gross <input type="radio"/> Net				
		<input type="radio"/> Gross <input type="radio"/> Net				
		<input type="radio"/> Gross <input type="radio"/> Net				
		<input type="radio"/> Gross <input type="radio"/> Net				
		<input type="radio"/> Gross <input type="radio"/> Net				
AMOUNT	DEPOSIT TERM (YRS)		REDEEMABLE/NON-REDEEMABLE			INTEREST RATE
			<input type="radio"/> Redeemable	<input type="radio"/> Non-redeemable		
			<input type="radio"/> Redeemable	<input type="radio"/> Non-redeemable		

**9. RESET OPTION**

Not applicable to ivari GIF, imaxxGIF, Five for Life, IMS RPIIF, ELAP, BIG, Seg 1, Agent's Plan, Money market policies.

Please accept this authorization to exercise the RESET Option for the value of the above contract on the date this request is received by Head Office.

**Resets are NOT allowed in the closing decade.**

**10. TRANSFER BETWEEN FUNDS**

**IMS Fund Based Policies:** A transfer is treated as a withdrawal from one fund and a deposit into another fund. **This transaction impacts death and maturity guarantees** as the value of units surrendered or acquired depends on the market value on the date the transfer is exercised, and extends the premium maturity date to 10 years from the effective date of the transfer.  
 Market value at maturity can only be reallocated to funds under the same load structure.  
 GROWSafe2 maturity top up transfers from No Load to DSC **after** a deposit Maturity Date will be treated as a withdrawal from the No Load fund and a deposit to the DSC fund. This transaction impacts death and maturity guarantees and may have an impact on future deposit maturity dates.  
 Please see the current Information Folder for the investment objective, policy restrictions, and risks applicable to each Fund.

Funds Switch     Re-allocation of MV at deposit maturity

Internal Transfer from policy # \_\_\_\_\_ deposit into policy # \_\_\_\_\_

<input type="radio"/> \$ FROM AMOUNT <input type="radio"/> %	FROM FUND CODE	TO FUND CODE	<input type="radio"/> \$ TO AMOUNT <input type="radio"/> %	GUARANTEE OPTION (75% OR 100%) IMS ONLY*	SALES CHARGE % (INITIAL SALES CHARGE ONLY)

If the fund you are transferring from has a PAC or SWP plan, do you want to apply it to the fund you are transferring to?     Yes     No

\* Complete only for existing IMS III policies with fund based guarantee (issued after January 1998).

**11. CLIENT AUTHORIZATION**

Fund Fact pages are available on [www.ivari.ca](http://www.ivari.ca) or on request by calling 1-800-846-5970.

**By signing this form, you authorize ivari to purchase, surrender, switch/transfer funds, or reset the Guaranteed Base Value on your policy as indicated in the above/previous sections. You also acknowledge that your advisor has reviewed with you the Fund Fact pages for each of the funds selected for Deposit allocation in section 8 and you have received a copy of this Authorization.**

Signature of Policy Owner

Date: (DD/MM/YYYY)

**X**

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Signature of Joint Owner (if applicable) or Spouse's signature for locked-in plans (if applicable)

Date: (DD/MM/YYYY)

**X**

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Signature of Irrevocable Beneficiary (If applicable)

Date: (DD/MM/YYYY)

**X**

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**12. LICENSED AGENT INFORMATION**

\* If a "Limited Power Of Attorney/ Letter of Authorization" (LPOA/LOA) is on file with ivari, the owner's signature is not required, but the advisor's signature is required, provided that such LPOA/LOA has not been revoked or superceded. LPOA is only applicable to purchases, resets, and fund switches.

Dealer/GA Code:

Rep/SA Code:

LPOA on file\*

Name of Advisor:

By signing this form, I confirm that I have reviewed with my client(s) the Fund Fact pages for each of the funds selected for Deposit allocation in section 8 above.

Signature of Advisor:

Date: (DD/MM/YYYY)

**X**

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**13. SPECIAL INSTRUCTIONS**

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