

# Transfer from a Registered Qualified Policy\* to an imaxxGIF Contract

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In this Transfer Request form, "I", "you", "your" refer to the person who is the owner or holder of rights under the Contract. "We", "our", "us", refers to ivari.

\*IMS I, II, III or GROWSafe 94 segregated fund contracts

### **General information**

IMS I, II, III or GROWSafe 94 segregated fund contracts registered as a savings plan (RSP/LIRA/LRSP) (Qualified Policy\*) do **not** offer registered income plans (RIF/LIF/PRIF or RLIF) (collectively called "RIF" or "RRIF"). If you hold a Qualified Policy\*, you must transfer to another contract that offers a RRIF when you wish to receive RRIF income or when you reach the maximum age to hold a registered savings plan.

The product available for the transfer is a **new imaxxGIF** registered as a RIF (the "Transfer").

The following chart explains the impact of transferring to a RRIF contract when you hold a Qualified Policy:

QUALIFIED POLICY	DO YOU NEED TO COMPLETE THIS FORM?	
If you hold an IMS III Fund based contract with fund(s) under the 75% guarantee option that do not meet the 10 year minimum requirement on the Contract Maturity Date (CMD) <sup>1</sup>	No You will receive the 75% guarantee value on CMD.	
If you hold an IMS III Fund based contract, with fund(s) under the 100% guarantee option that do not meet the 10-year minimum requirement on CMD	<ul> <li>Optional Important Note:</li> <li>100% guarantee is maintained if the policy is transferred to a RRIF contract.</li> <li>100% guarantee is reduced to 80% if policy is not transferred to a RRIF contract.</li> </ul>	
If you hold a GROWSafe 94 contract and your policy does not meet the 10-year requirement on your 71st birthday	Yes	
If you hold a Qualified Policy and wish to RRIF prior to the CMD or the Deposit Maturity Date (DMD) <sup>2</sup> (if applicable).	Yes	

<sup>&</sup>lt;sup>1</sup>some contracts refer to Policy Maturity Date

## Terms of transfer

- 1. Only a full transfer of a Qualified Policy is available.
- 2. If you request the transfer of a Qualified Policy, we agree to carry over the following contract features from your Qualified Policy to a new **imaxxGIF** (porting of contract features does not apply when moving to an existing **imaxxGIF** contract):
  - (a) the same guarantee option as the Qualified Policy (e.g 100% Maturity/Death to 100% Maturity/Death);
  - (b) the contract maturity and death guarantee value(s) and if applicable the deposit maturity guarantee value(s);
  - (c) any remaining DSC schedule from the Qualified Policy to the new **imaxxGIF** contract;
  - (d) expired DSC units, in the case of IMS policies or No Load Units, in the case of GROWSafe 94 become 0% ISC units in the new imaxxGIF contract
- 3. The deposit maturity date in **imaxxGIF** varies based on the Qualified Policy and depends on whether the transfer is made under scenario 1 or 2.

#### **Transfer request scenarios:**

- Scenario 1: transfer is made prior to the Contract Maturity Date (CMD) or the Deposit Maturity Date (DMD) (if applicable)
- Scenario 2: transfer is made on:
  - December 31st of the year you turn 69 or 71, for IMS Fund based contract
  - your 71st birthday, for GROWSafe 94 contract and the 10 year minimum requirement at 69 or 71 is not met

<sup>&</sup>lt;sup>2\*</sup>some contracts refer to Premium Maturity Date

4. Following the transfer, the primary change is as follows:

DEPOSIT MATURITY DATE (DMD) IN IMAXXGIF						
QUALIFIED POLICIES	SCENARIO 1	SCENARIO 2				
GROWSafe 94	The DMD is the earlier of: (a) the CMD from the Qualified Policy; and (b) 10 years minus 1 day from the date of transfer.					
IMS I, II, III policy based guarantee contract	The DMD is the earlier of: a) the CMD from the Qualified Policy; and b) 10 years minus 1 day from the date of transfer.	N/A				
IMS III Fund based contract with fund(s) under the 75% guarantee option	The existing DMD(s) from the Qualified Policy will be carried over to the new imaxxGIF contract.	N/A				
IMS III Fund based contract with fund(s) under the 100% guarantee option	The existing DMD(s) from the Qualified Policy will be carried over to the new imaxxGIF contract.	The DMDs in <b>imaxxGIF</b> will be 10 years minus 1 day from the issue date, last reset, change of 75% to 100% guarantee, fund transfer, whichever is later.				
IMS III Fund based contract with fund(s) under both the 75% and 100% guarantee option	The existing DMD(s) from the Qualified Policy will be carried over to the new imaxxGIF contract.	For the fund(s) under the 75% guarantee option N/A.  For the fund(s) under the 100% guarantee option, the DMDs in imaxxGIF will be 10 years minus 1 day from the issue date, last reset, change of 75% to 100% guarantee, fund transfer, whichever is later.				

The reset available in **imaxxGIF** only applies to the death guarantee. It applies automatically on the policy anniversary until the annuitant's 81st birthday. Any resets that you were able to initiate if you held a GROWSafe 94 or IMS Fund based contract will no longer be available.

Exercising the Transfer is an important decision.

For this reason, you must exercise the Transfer with the assistance of your advisor.

## **Transfer Process**

- I. Complete this form entitled "Transfer from a Registered Qualified Policy to an imaxxGIF Contract" AND
- II. Complete an imaxxGIF application (IP881).

**Note:** Please complete two **imaxxGIF** applications for a 75/75 and a 100/100 guarantee option if you held an IMS III Fund based contract with fund(s) under both the 75% and 100% guarantee option and the transfer is made before CMD or DMD.

1	Contract Details			
	Existing Policy Number ("Qualified Policy"):			
	Policy Type: RSP Spousal RSP LRSP/LIRA			
	Owner's Name:			
	Is this a nominee plan? Yes No If <b>Yes</b> , please complete the following:			
	Type of Registration with nominee:			
	Cross Reference #:			

## 2 Request for transfer and Owner acknowledgement

\*\*Beneficial Owner for contract held in nominee name

By signing below I request the Transfer and agree with the Terms of the Transfer:

- The Transfer is completely optional. After discussing the impact of the Transfer with my advisor, I agree to proceed with the Transfer.
- The Qualified Policy will be terminated and upon the exercise of the Transfer the terms of the imaxxGIF contract will apply.
- RRIF payments will be withdrawn on a first in first out (FIFO) basis and will impact the oldest deposit year account in an **imaxxGIF** first.
- If the Qualified Policy was a spousal plan, the **new imaxxGIF** will continue as a spousal plan.
- Depending on the type of Policy, the Transfer may involve a 2-day process. While ivari will make every effort to honour the 2-day process, ivari reserves the right to start the transfer process, if applicable, as described above, no later than 5 business days from the time of receipt at its Head Office with all of the documents "In Good Order".
- I acknowledge that my maturity and death guarantee values under the new imaxxGIF contract will be under the same guarantee option as the one I originally held in the Existing Qualified Policy.

	<ul> <li>guarantee option as the one I originally held in the Existing Qualified Policy.</li> <li>ivari has the right to reject a request to Transfer a Qualified Policy to a new imaxxGIF policy.</li> </ul>						
	Signature of Owner/Beneficial Owner**		Date signed (DD/MM/YYYY)	Province/territory/state			
	Please read ivari's Privacy Policy at ivari.ca to understand how ivari handles your personal information. We may update this Privacy Policy from time to time.						
3	Irrevocable Beneficiary						
	(Required if the irrevocable beneficiary on the Qualified Policy is not the same as on the <b>new imaxxGIF</b> contract)						
	The irrevocable beneficiary consents to the Transfer in section 2 and acknowledges that by consenting to the Transfer, all rights and benefits she/he may have previously under the Qualified Policy will cease to apply. A minor irrevocable beneficiary cannot provide this consent.						
	Signature of Irrevocable Beneficiary		Date signed (DD/MM/YYYY)	-			
	Signature of Witness		Date signed (DD/MM/YYYY)	-			
	Advisor Information						
	Last Name	First Name		Middle initial(s)			
	Signature of Advisor		Date signed (DD/MM/YYYY)	-			

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

SA/Rep code

Dealer/GA Code

Advisor/Rep Name

# **Comments**



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