

## Limited Power of Attorney

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### ivari Investment Product Contracts

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I, \_\_\_\_\_ (the "Owner"), appoint \_\_\_\_\_ (Name of Advisor)

(the "Attorney") to act as my Attorney in my name and for my sole benefit to perform the following actions in accordance with my instructions from time to time in respect of ivari contract no. \_\_\_\_\_ (the "Contract") with the same effect as if I personally had taken the action:

- a) request a transfer of any monies to my credit in respect of the Contract between the Daily Interest Account\*, any Guaranteed Interest Account\* and a Fund\* or between Funds;
- b) upon the expiry of the term period of a particular Guaranteed Interest Account, request that any monies to my credit in respect of such Guaranteed Interest Account be (i) reinvested in any Guaranteed Interest Account (and request an interest rate, term and a redeemable or non-redeemable designation therefor), or (ii) transferred as provided above;
- c) exercise the freeze option/reset option provided in the Contract subject, in each case, to the provisions of the Contract.

I acknowledge that investment decisions made by my Attorney on my behalf may result in investment losses for my account and I agree to and do hereby ratify whatever my Attorney shall do or cause to be done in accordance with this limited power of attorney.

I authorize and direct ivari to accept and act upon the instructions of my Attorney with respect to the above transactions without inquiring into the propriety or validity of those instructions. I agree that ivari may assume that this limited power of attorney remains valid until notification to the contrary has been received in writing and acknowledged by ivari, and until such notification in writing has been given by me and acknowledged, all that my Attorney shall do or purport to do by virtue hereof is fully ratified and confirmed.

**In consideration of ivari agreeing to accept my Attorney's instructions, I release ivari from any liabilities, losses, damages, costs, charges and expenses (including legal fees) of every nature and kind suffered or incurred by ivari arising from ivari acting on my Attorney's instructions. I further agree that all transactions handled by ivari are at my risk and I agree to indemnify and hold ivari harmless from and against all liabilities, losses, damages, costs, charges and expenses (including legal fees) of every nature and kind suffered or incurred by ivari and arising out of or as a consequence of ivari complying with my Attorney's instructions.**

This limited power of attorney is binding upon me as well as upon my heirs, executors, administrators, legal representatives, successors and assigns.

I revoke all prior letters of authorization/powers of attorney given by me with respect to the Contract. This limited power of attorney will continue in force until revoked in writing by me as provided above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SIGNED, SEALED\*\* AND DELIVERED

In the presence of:

\_\_\_\_\_  
Signature of Owner

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

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

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**IRREVOCABLE BENEFICIARY/BENEFICIARY/SPOUSE/CHILDREN CANNOT BE THE WITNESS.**

**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.**

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

Advisor's Indemnity

TO: ivari

I accept the appointment as Attorney and confirm that I have read and understood this limited power of attorney. I agree to indemnify and hold ivari harmless from and against all liabilities, losses, damages, costs, charges and expenses (including legal fees) of every nature and kind suffered or incurred by ivari and arising out of or as a consequence of ivari complying with my instructions on behalf of the above Owner.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SIGNED, SEALED\*\* AND DELIVERED

In the presence of:

Signature of Witness

Signature of Advisor

Name of Witness

Name of Advisor

Address

Address

IRREVOCABLE BENEFICIARY/BENEFICIARY/SPOUSE/CHILDREN CANNOT BE THE WITNESS.

Consent of Irrevocable Beneficiary (if applicable)

I confirm that I have read and understood this limited power of attorney. I consent to the Owner of the Contract giving this limited power of attorney to the Attorney. I hereby consent to the instructions that may be given by the Owner to the Attorney, from time to time. If a beneficiary is designated irrevocably, you cannot exercise certain contractual rights without the irrevocable beneficiary's consent. Minors named as irrevocable beneficiaries cannot give such consent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SIGNED, SEALED\*\* AND DELIVERED In the presence of:

Signature of Witness

Signature of Irrevocable Beneficiary

Name of Witness

Name of Irrevocable Beneficiary

Address

Address

OWNER/SPOUSE/CHILDREN CANNOT BE THE WITNESS.

\* Note: Your particular contract may not provide for a Daily Interest Account or a Guaranteed Interest Account.

\*\* Note: Not applicable in Quebec.



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



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