



Financial Service Form for all Policyholders

P.O. Box 4241, Station A
Toronto, ON M5W 5R3
ivari.ca

In this form, the terms “you”, “your” and “owner” refer to the person who has policyholder’s rights under the contract.

The term “we” refers to ivari.

1 Contract Details **THIS SECTION MUST BE COMPLETED IN FULL**

Name of Owner _____

Policy Number _____

Joint Owner’s Name (if applicable) _____

Irrevocable Beneficiary’s Name (if applicable) _____

Annuitant’s Name (if other than Owner) _____

2 Plan Type

Non-Registered

TFSA

LRSP/LIRA/RLSP

RSP/Spousal RSP

RIF/LIF/PRIF/LRIF/RLIF

3 Surrenders/Transfers-out

Please **complete section 6** with surrender allocation instructions.

Full

Partial

Maturity Benefit Value

Maturity Top up only

\$ _____

Gross

Net

Maturity Date: (DD/MM/YYYY) _____ (instructions to be processed on this date if received prior to)

Cheque sent to address on file

Cheque sent to Distributor/Broker

EFT **PRE-PRINTED PERSONALIZED VOID CHEQUE REQUIRED.**

With regards to redemption requests for locked-in monies under: (1) Small Amounts provision, (2) Financial Hardship, (3) Shortened Life Expectancy, please note that each province/federal jurisdiction has specific pension laws and forms regarding withdrawals from locked-in accounts. Not all jurisdictions may offer the listed withdrawal types.

4 Systematic Plans

Change existing information

Systematic Withdrawal (SWP) – **complete sections 5 and 6**

Dollar Cost Averaging (DCA) – **complete section 7**

5 Systematic Plan (SWP) Information

If the plan’s draw/payment date falls on a non-business day, the SWP will be transacted on the next valuation date following that day.

If Custom Payments are selected, the amount must be greater than the RRIF Minimum Payment, and, for LIF/RLIF policies, less than the LIF/ RLIF Maximum.

Please **complete section 6** with allocation instructions.

Frequency:

Weekly

Bi-weekly

Monthly

Quarterly

Annually

Semi-annually

Effective Date – Commence this plan on (1st to 28th of month):

Date: (DD/MM/YYYY) _____

TOTAL AMOUNT: \$ _____

For Systematic Withdrawal Plan (SWP)

Payment Amount:

RIF, LIF, PRIF, LRIF, RLIF – Minimum

The annual Guaranteed Lifetime Withdrawal Amount (GLWA)

LIF, LRIF, RLIF Maximum

Custom Payments

Tax Withholding:

Minimum

Client Specified Percentage: _____ % Federal

_____ % Prov (Quebec Only)

6 Surrender Instructions

Indicate the fund name, fund code, and the amount either by \$ or by %, NOT both.

FUND NAME	FUND CODE	AMOUNT (\$ OR %)			WIRE ORDER NUMBER
		\$	%	Gross Net	
		\$	%	Gross Net	
		\$	%	Gross Net	
		\$	%	Gross Net	
		\$	%	Gross Net	
AMOUNT	TERM (YRS)	REDEEMABLE/NON-REDEEMABLE			
		Redeemable	Non-redeemable		
		Redeemable	Non-redeemable		

7 Transfer Between Funds/Internal Rollover

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.

Fund movement between load types (if available in the contract) will be treated as a withdrawal and a deposit. **This transaction impacts guarantees such as death and maturity, and may have an impact, if applicable, on future deposit maturity dates.**

Moving from an ISC unit to a DSC unit is not permitted.

Please see the Information Folder for the investment objective, policy restrictions, and risks applicable to each Fund.

Fund Transfer Internal Rollover from policy # _____ into policy # _____

FROM AMOUNT (\$ OR %)		FROM FUND CODE	TO FUND CODE	TO AMOUNT (\$ OR %)		GUARANTEE OPTION (75% OR 100%) IMS ONLY*	SALES CHARGE OPTION	
							DSC	ISC (0-5%)
\$	%			\$	%	%		%
\$	%			\$	%	%		%
\$	%			\$	%	%		%
\$	%			\$	%	%		%
\$	%			\$	%	%		%
\$	%			\$	%	%		%
\$	%			\$	%	%		%

If the fund you are transferring from has a 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).

8 Reset Option

Not applicable to ivari GIF, imaxxGIF, Five for Life, IMS RRIF, 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.

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

9 Client Authorization

Fund Fact pages are available on **ivari.ca** or on request by calling 1-800-846-5970.

By signing this form, you authorize ivari to surrender, 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 and provided you with the Fund Fact pages for each of the funds **selected in section 7** and you have received a copy of this Authorization.

Signature of Policy Owner

Date (DD/MM/YYYY)

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

Date (DD/MM/YYYY)

Signature of Irrevocable Beneficiary (If applicable)

Date (DD/MM/YYYY)

10 Notice regarding collection, use and disclosure of personal information – (Privacy Notice)

ivari's Privacy Policy, available at **ivari.ca**, tells you how ivari will handle your personal information as an Owner and/or Annuitant. It also tells you about your rights and choices.

In summary:

ivari uses your personal information for the following purposes:

- Verifying your identity;
- Evaluating any applications or forms you submit in the future about the investment products you have in place with ivari;
- Administering and servicing the policy;
- Supporting business operations necessary for us to service the policy;
- Conducting investigations and analyzing claims; and
- Complying with our legal and regulatory obligations (such as tax reporting, compliance with anti-money laundering and anti-terrorist financing laws, and prudential and market conduct laws) and/or any legal or regulatory orders (for example, a court order, subpoena) against ivari.

When required as part of our claims analysis, we may collect personal information from external sources such as consumer and credit reporting agencies, and others.

When required, ivari may share your personal information with trusted third parties, including service providers retained by ivari to assist in administering ivari policies, your financial institution, your independent insurance advisor and their supporting associates, market intermediaries and your beneficiaries and assignees.

It is possible that your personal information may be transferred, stored, handled, or processed outside your jurisdiction and that authorities in those jurisdictions may have access to it.

In some cases, you have a **right to withdraw consent** to the use and sharing of your personal information. You also have the **right to see and correct** the information we have about you, and to **obtain information about any fully automated decisions** we make using your information. Mail your written request to: **Chief Privacy Officer, ivari, 200-5000 Yonge Street, Toronto, Ontario M2N 7E9 or email: privacyoffice@ivari.ca.**

You can see ivari's full Privacy Policy online at ivari.ca. Please make sure you read it carefully so that you understand it in full. Please note that we may update this Privacy Policy from time to time.

CONSENT REQUIRED FOR THIS FORM AND POLICY

The following consents are required to proceed with and submit this form to ivari:

1. I give my consent to the collection, use and disclosure of my personal information as described in the **Privacy Notice** and in ivari’s Privacy Policy on **ivari.ca**.
2. I authorize ivari to collect my personal information from third parties for the purposes described in and in accordance with ivari’s Privacy Policy.
3. If I am giving my consent on behalf of one or more minor annuitant(s) (under the age of 18 years in Quebec or under the age of 16 years in all other provinces) to the points above, then I represent that I have authority to consent on behalf of the minor insured(s).

Signature of **Owner**

Signature of **Joint Owner**

11 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 resets and fund switches.

Dealer/GA Code	Rep/SA Code	LPOA on file**
Name of Advisor		

By signing this form above, I confirm that I have reviewed and provided the Fund Fact pages for each of the funds **selected in section 7**.

Signature of Advisor

Date (DD/MM/YYYY)

12 Special Instructions



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



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