

## imaxx™ Guaranteed Investment Funds Application

Effective December 2024

In this application, “you”, and “your” mean the person who is the Owner or holder of rights under the Contract. “Spouse” means a spouse or common-law partner as recognized under the Income Tax Act (Canada). “We”, “our” and “us” mean ivari.

This application is only available for transfers from an existing GROWSafe 94 or IMS I, II, and III Contract registered as an RSP, LIRA or LRSP to an imaxxGIF Contract registered as:

- Retirement Income Fund (RIF)
- Life Income Fund (LIF)
- Prescribed Retirement Income Fund (PRIF)
- Restricted Life Income Fund (RLIF)

**MANDATORY SECTIONS MUST BE COMPLETED IN FULL. ANY CHANGES MUST BE INITIALED BY THE OWNER.**

Policy no. \_\_\_\_\_

### 1 Plan type (mandatory section)

Please select one.

Retirement Income Fund (RIF)      Spousal RIF      Life Income Fund (LIF)  
Prescribed Retirement Income Fund (PRIF)      Restricted Life Income Fund (RLIF) Available for Federal plans only.

For a LIF, PRIF or RLIF, the Contract is to be governed by the laws of: \_\_\_\_\_ or if  
Federal plan “Canada” as applicable. (name of province)

#### RRIF minimum calculation:

Qualifying (RRIFs opened prior to January 1, 1993)      Non-qualifying (RRIFs opened after December 31, 1992)

### 2 Nominee information (mandatory section)

If the policy is classified as a nominee plan, the policy will be non-registered at ivari.

Is this a nominee plan?      Yes      No

Cross Reference # \_\_\_\_\_ Type of registration with nominee \_\_\_\_\_

### 3 Owner/Annuitant information (mandatory section)

The Owner must be a Canadian resident at the time the application is completed. The Owner must also be the annuitant.

#### Only one person can be the Annuitant.

Mr.    Mrs.    Ms.    Miss    Other    Prefer not to say

Last name		First name		Middle initial(s)
Address				Apt./suite #
City	Province/territory/state	Country	Postal/zip code	
Principal business or occupation		Industry*		
Social Insurance Number (SIN)		Date of birth (DD/MM/YYYY)	Gender	Male    Female    Other Prefer not to say
Optional – Phone number	Email address	Language preference English    French		

\*For a list, click [Valid industries and occupations form \(IP-LP1971\)](#) to access.

## 4 Spousal information *(mandatory section)*

Complete if applying for a Spousal RIF. When legislation permits, the annual minimum payment is to be determined based on your spouse's age in a RIF/LIF/LRIF/PRIF/RLIF contract. **This election cannot be changed, even on marriage breakdown (e.g., separation, divorce) or the death of your spouse.**

Mr. Mrs. Ms. Miss Other Prefer not to say

Last name		First name		Middle initial(s)
Address				Apt./suite #
City	Province/territory/state	Country	Postal/zip code	
Principal business or occupation		Industry*		
Social Insurance Number (SIN)	Date of birth (DD/MM/YYYY)	Gender	Male	Female
			Prefer not to say	Other

\*For a list, click [Valid industries and occupations form \(IP-LP1971\)](#) to access.

## 5 Successor Annuitant Information *(Optional)*

Only the spouse can be designated as successor annuitant. If successor annuitant is added then this section is **mandatory** to be completed.

**The successor annuitant takes the annuitant's place upon the death of the annuitant named in Section 3. As a result, the policy continues. The death benefit is payable on the death of the annuitant or successor annuitant, whichever happens later.**

The successor acquires all the annuitant's rights upon the annuitant's death including the unconditional right to revoke any beneficiary designation made by the annuitant.

Mr. Mrs. Ms. Miss Other Prefer not to say

Last name		First name		Middle initial(s)
Address				Apt./suite #
City	Province/territory/state	Country	Postal/zip code	
Social Insurance Number (SIN)	Date of birth (DD/MM/YYYY)	Gender	Male	Female
			Prefer not to say	Other

## 6 Beneficiary information *(mandatory section)*

**The death benefit will be paid to your estate, if no beneficiary is designated.**

If a Beneficiary is designated irrevocably, the Owner cannot exercise certain contractual rights without the Irrevocable Beneficiary's consent. Minors named as Irrevocable Beneficiaries cannot give such consent.

### For Quebec residents:

If you name your married or civil union spouse as beneficiary, this designation is irrevocable unless you specifically indicate that the designation is revocable.

A Contingent Beneficiary has no rights as long as a primary beneficiary is living.

### For contracts held as a nominee contract:

If the plan is a **self-directed RRIF** at the nominee dealer, the beneficiary must be "Trustee in trust for the named beneficiary of the plan, pursuant to the terms of the plan."

Last name	First name	Middle initial(s)
Relationship to Annuitant (Relationship to Owner in Quebec)	Revocable Irrevocable	Primary Contingent
Share of benefits	%	
Last name	First name	Middle initial(s)
Relationship to Annuitant (Relationship to Owner in Quebec)	Revocable Irrevocable	Primary Contingent
Share of benefits	%	
Last name	First name	Middle initial(s)
Relationship to Annuitant (Relationship to Owner in Quebec)	Revocable Irrevocable	Primary Contingent
Share of benefits	%	

### Trustee for minor beneficiaries (except for Quebec)

Last name	First name	Middle initial(s)
Address	Apt./suite #	
City	Province/territory/state	Country
Postal/zip code		
Relationship to minor	Date of birth (DD/MM/YYYY)	

## 7 Internal transfer *(mandatory section)*

The amount transferred is an estimation. The actual amount(s) will be specified on the confirmation notice(s). For an internal transfer from an existing contract, please specify the ivari policy number.

TYPE OF PLAN	INTERNAL POLICY #	AMOUNT BEING TRANSFERRED
		\$
		\$
		\$
		\$
		\$

## 8 Investment instructions (mandatory section)

Indicate the fund name, fund code, sales charge option and the initial investment amount either by \$ or % (NOT both) for each Fund. Deposits by transfer must state allocation by percentage only.

Complete Section 11 for scheduled fund switches (dollar cost averaging).

FUND NAME	FUND CODE	INITIAL INVESTMENT (\$ OR %)	SALES CHARGE OPTION	
			DSC*	ISC 0%

Please refer to our **fund code chart** for a complete listing of funds and applicable fund codes.

\*For existing DSC schedules only.

## 9 Systematic Withdrawal Plan (SWP) and RIF/PRIF/LIF/RLIF payment details

All payments specified will be treated as gross. If the SWP date falls on a weekend or holiday, the SWP will be drawn on the business day following the SWP date.

If no frequency is selected, the SWP will be payable monthly on the first business day of each month.

For RIF, PRIF, LIF and RLIF plans, you are required to be paid the RIF minimum payment as prescribed by the *Income Tax Act* (Canada) commencing (at any time) in the second calendar year of your contract.

If Level/Custom Payments are selected, the amount selected must be greater than the RIF minimum Payment, and for LIF/RLIF contracts, less than the LIF/RLIF maximum (Payments in the first year are fully taxable.)

**Note:** Withdrawal date is the date the units are redeemed from your policy. Payment will be sent the next business day. Direct Deposit may take 2-3 days depending on when your financial institution processes the transfer of funds.

### Frequency and payment date (For SWP, RIF, LIF, PRIF & RLIF):

First withdrawal date (1st to 28th of month) (DD/MM/YYYY) \_\_\_\_\_

Frequency:    Monthly    Quarterly    Semi-annually    Annually

### RIF/PRIF/LIF payment:

Scheduled payment option:    RIF/PRIF/LIF/RLIF minimum    LIF or RLIF maximum\*    Qualifying    Non-Qualifying  
Level/Custom – client specified amount of: \$ \_\_\_\_\_

\*For Quebec LIF only – effective January 1, 2025 – if you are age 55 or over, the maximum would be the estimated maximum.

### Tax withholding (for RIF/PRIF/LIF/RLIF):

Minimum    Client specified percentage. Federal \_\_\_\_\_ %, Provincial (Quebec Residents Only) \_\_\_\_\_ %

### Payment method:

Cheque **PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE.**

Direct Deposit (We will deposit scheduled payments directly to your bank account.)

### RIF/PRIF/LIF/RLIF payments:

I hereby elect: or

I do not elect to use my spouse's date of birth to determine the minimum amount of the periodic payments under the RIF/LIF/RLIF. My spouse's date of birth is indicated in Section 4. **This election cannot be changed, even in the case of a marriage breakdown or death of my spouse.**

Indicate the fund name, fund code, and the withdrawal amount either by \$ or % (NOT both) for each Fund.

### Withdrawal instructions:

FUND NAME	FUND CODE	WITHDRAWAL AMOUNT (\$ OR %)

10 LIF/RLIF/PRIF information

For LIF or PRIF, do you have a spouse within the meaning of applicable pension legislation?

Yes If “yes,” please complete the information below.  
No

For British Columbia, Alberta, Saskatchewan, and Manitoba, please attach a completed spousal consent or waiver form.  
For Ontario, Newfoundland & Labrador, Nova Scotia, and Federal (includes Yukon, NWT, and Nunavut) your spouse must sign below to indicate his/her consent to purchase the LIF.

Signature of spouse \_\_\_\_\_ Date signed (DD/MM/YYYY) \_\_\_\_\_

**Commuted Value of a Pension Benefit** (Applicable if the source of the deposit is Ontario, Nova Scotia, New Brunswick, Saskatchewan or Newfoundland & Labrador pension funds).

Was the commuted value of the pension benefit, which is being transferred to this policy, determined in a manner that differentiates on the basis of sex? (Applicable to Saskatchewan LIRAs only if the assets were transferred into the LIRA from a policy in existence before January 1, 1993).

Yes If “yes,” then state the portion of the pension benefit being transferred which was determined in a manner which so differentiates \_\_\_\_\_ %.\*  
No

**Pension Benefit Credit** (Applicable if the source of the deposit is Federal pension funds):

Was the pension benefit credit, which is being transferred to this policy, varied according to the sex of the plan member?

Yes If “yes,” then state the portion of the pension benefit being transferred which is so varied \_\_\_\_\_ %.\*  
No

\*If you do not know the answer to this question, a statement indicating the answer must be provided from the relevant pension plan administrator.

11 Scheduled fund transfers (Dollar Cost Averaging – Optional)

Transfers between sales charge options is not permitted as part of this service.  
By checking here, you request that we make a transfer from the fund listed below to the other fund(s) of the same sales charge option within the same policy on a scheduled basis.

Start date – Commence this plan on (1st to 28th of month) (DD/MM/YYYY) \_\_\_\_\_

Scheduled Total Transfer of \$ \_\_\_\_\_

Frequency: Monthly Quarterly Semi-annually Annually

FROM FUND:			TO FUND:		
FUND NAME	FUND CODE	AMOUNT (\$)	FUND NAME	FUND CODE	AMOUNT (\$)

## 12 Owner acknowledgment and authorization (mandatory section)

Owner and Successor Annuitant must sign here.

By signing the below, you are consenting:

- to the use and verification of your personal information for the purposes of issuing and administering the contract as described in this application. Refer to the **Privacy Notice section** at the back of this application to understand how your personal information will be used, stored, transferred and safeguarded.
- that you acknowledge receipt and review of the imaxx Guaranteed Investment Funds Information Folder (including the Fund Facts) together with the Annuity Policy prior to signing this application, confirm that you have read and agree to the **TERMS and CONDITIONS** at the back of this application. Fund Fact pages are also available on ivari.ca or on request by calling 1-800-846-5970.

Signature of Owner	Date signed (DD/MM/YYYY)	Province/territory/state
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Signature of Successor Annuitant	Date signed (DD/MM/YYYY)	Province/territory/state
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### OPTIONS REGARDING YOUR PERSONAL INFORMATION

#### **Promotional communications about ivari products and services you may be eligible (for Owners only)**

ivari may communicate with you about other ivari products and services that you may be eligible for, using email, text or other electronic means. ivari may retain third-party marketers for the purpose of sending you these promotional communications. If you opt-in to receive these promotional communications, we will disclose only your name, contact information, and current insurance coverage. We will not disclose date of birth or health or financial information.

**Owner:**    Yes    No

## 13 Verification of identity (mandatory section)

**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 Owner applying for the policy on behalf of a third party?      Yes    No

If “yes,” complete the **Identity and Third Party Determination form (IP-LP782)**.

#### **Owner:**

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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\*You may refer to a copy of the 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. ivari does not require a copy of a customer's ID. Social Insurance Number cards cannot be used to verify identity.

14 Licensed agent information and signature (mandatory section)

This application will not be accepted unless all mandatory sections are completed.

By signing below, I confirm that I have:

- a) explained and delivered a copy of the Information Folder (including Fund Facts) together with the Annuity Policy and the signed copy of this application to the Owner(s);
- b) reviewed an original non-expired document to confirm the identity and witnessed the signature(s) of the applicant(s);
- c) verified an original valid identification of the Owner/Annuitant and Successor Annuitant (if applicable) to confirm the Owner/Annuitant or Successor Annuitant’s date of birth; and
- d) made reasonable efforts to determine if the Owner is acting on behalf of a third party.

I also acknowledge that I have disclosed, where applicable, the following items to the Owner of the policy resulting from this application:

- a) The company or companies I represent.
- b) That I will receive compensation (such as commissions or a salary).
- c) That I may receive additional compensation in the form of bonuses, conference programs or other incentives.
- d) That I have disclosed any conflict of interest that I may have with respect to this transaction.
- e) For Quebec Residents who have requested English language, I have also presented the French version of the Annuity Policy.

Signature of Advisor			Date signed (DD/MM/YYYY)
Name of Licensed Agent	Rep #	Dealer #	Dealer name
Optional: Advisor phone number		Advisor email address	

15 Special instructions

# imaxGIF™ Fund Code Chart

SEGREGATED FUND NAME	Maturity/Death Guarantee Option					
	75%/75%		75%/100%		100%/100%	
	ISC	DSC*	ISC	DSC*	ISC	DSC*
<b>MONEY MARKET &amp; FIXED INCOME</b>						
ivari Canadian Money Market GIF – imaxxGIF	TLC451	TLC450	TLC851	TLC850	TLC251	TLC250
ivari Canadian Bond GIF – imaxxGIF	TLC453	TLC452	TLC853	TLC852	TLC254	TLC255
ivari TD Income Advantage GIF – imaxxGIF	TLC437	TLC436	TLC845	TLC844	–	–
ivari Canadian Short-Term Bond GIF – imaxxGIF	TLC431	TLC430	TLC839	TLC838	TLC253	TLC252
<b>CANADIAN BALANCED</b>						
ivari Canadian Balanced GIF – imaxxGIF	TLC461	TLC460	TLC861	TLC860	TLC261	TLC260
ivari Canadian Fixed Pay GIF – imaxxGIF	TLC455	TLC454	TLC855	TLC854	–	–
ivari Fidelity Canadian Balanced GIF – imaxxGIF	TLC433	TLC432	TLC841	TLC840	–	–
ivari Fidelity Canadian Asset Allocation GIF – imaxxGIF	TLC459	TLC458	TLC859	TLC858	–	–
ivari TD Dividend Balanced GIF – imaxxGIF	TLC435	TLC434	TLC843	TLC842	–	–
ivari TD Dividend Income GIF – imaxxGIF	TLC477	TLC476	TLC877	TLC876	–	–
<b>CANADIAN EQUITY</b>						
ivari Canadian Equity GIF – imaxxGIF	TLC479	TLC478	TLC879	TLC878	–	–
<b>ASSET ALLOCATION PORTFOLIOS</b>						
ivari CI Conservative GIF – imaxxGIF	TLC463	TLC462	TLC863	TLC862	TLC263	TLC262
ivari CI Balanced GIF – imaxxGIF	TLC467	TLC466	TLC867	TLC866	TLC267	TLC266
ivari CI Growth GIF – imaxxGIF	TLC471	TLC470	TLC871	TLC870	TLC271	TLC270
ivari CI Maximum Growth GIF – imaxxGIF	TLC475	TLC474	TLC875	TLC874	–	–
ivari CI Canadian Balanced GIF – imaxxGIF	TLC495	TLC494	TLC895	TLC894	TLC295	TLC294
ivari Quotential Balanced Income GIF – imaxxGIF	TLC441	TLC440	TLC849	TLC848	TLC259	TLC258
ivari Quotential Balanced Growth GIF – imaxxGIF	TLC439	TLC438	TLC847	TLC846	TLC257	TLC256
ivari Quotential Growth GIF – imaxxGIF	TLC443	TLC442	TLC897	TLC896	–	–

\*For existing DSC schedules only.



## Terms and Conditions

What you understand and agree to when you sign this application. Your signature on the application confirms that for all contracts:

### GENERAL

- You are applying for an imaxxGIF individual variable insurance contract ("Contract"). The information you have provided in this application is true and complete and is the basis for the issuance of this Contract, and you agree to advise us in writing of any changes in the information as soon as possible.
- The Effective Date of your Contract is the Valuation Date coinciding with or next following the later of (i) the date on which we receive your first Deposit; and (ii) the date as shown on the first confirmation notice we send you.
- You agree that ivari is authorized to accept instructions from your Advisor to execute financial and certain non-financial transactions.
- If your Contract is held in nominee name, you authorize us to send documents and notices required under the terms of the Contract to your dealer and not to you.
- You understand that only certain persons at ivari are authorized to make changes to your Contract.

### FOR REGISTERED AND LOCKED-IN PLANS

- You are requesting that ivari apply for registration of the Contract applied for as a Registered Retirement Income Fund under the *Income Tax Act* (Canada), and, if applicable, under any provincial pension legislation, in accordance with the Locked-In endorsement attached to the Contract.

### SYSTEMATIC WITHDRAWAL PLAN

If you have applied for a Systematic Withdrawal Plan (SWP) on this application, you agree as follows:

- You authorize ivari to make withdrawals from the Contract and to credit your bank account in accordance with your latest written instructions to us.
- If you elect direct deposit, you authorize us to credit your bank account.
- If you elect direct deposit, you shall notify us if any changes are made to your account number, financial institution and/ or branch information, in which case we will require a new void cheque.
- We may, at any time, terminate SWP payable by electronic funds transfer and issue cheques that require personal endorsements.

### FOR QUEBEC RESIDENTS WHO HAVE REQUESTED ENGLISH LANGUAGE ONLY

It is my express wish that this application and any related documents be in English. J'ai exigé que la présente formule et tous les documents s'y rattachant soient rédigés en anglais.

### DISCLOSURE STATEMENT FOR THE PROVINCE OF BRITISH COLUMBIA

The life insurance product you are being offered is supplied by ivari, a company licensed to conduct business in all provinces and territories of Canada. The advisor/distributor soliciting this insurance application is a licensed life insurance advisor representing ivari and will receive compensation from ivari on the completion of this transaction. You are not obligated to transact any other business with ivari, the advisor/distributor or any other person or entity as a condition of this application.

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

ivari's Privacy Policy, available at [ivari.ca](http://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 your application and 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.

**If you do not provide your SIN here, then ivari will need to obtain your SIN before we can process certain transactions, if requested in the future (as required by tax legislation).** Once provided, we may also use it as necessary for the purposes described in this **Privacy Notice** or our Privacy Policy.

**When required, ivari may share your personal information with trusted third-party 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](mailto:privacyoffice@ivari.ca).**

**You can see ivari's full Privacy Policy online at [ivari.ca](http://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 APPLICATION AND POLICY

The following consents are required to proceed with and submit this application 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](http://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.

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

\_\_\_\_\_  
Signature of **Annuitant**

For more details please see the **imaxx Guaranteed Investment Funds Information Folder (IP882).**

**Any amount that is allocated to a segregated fund is invested at the risk of the contract holder(s) and may increase or decrease in value.**



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



**The fastest and easiest way to send us your completed and signed forms is through our online tool, [Send documents](#) on [ivari.ca](http://ivari.ca). By using this tool, forms are sent instantly and securely.**

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