



Limited Power of Attorney for Life Products

I, _____ (the "Owner"), appoint _____ (the "Attorney")
(Name of Owner) (Name of Advisor)

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 policy number _____ (the "Policy") with the same effect as if I personally had taken the action:

- (a) change the allocation of the total fund value among the options then offered under the Policy;
- (b) change the allocation of future premiums to be applied to the Policy among options then offered under the Policy;
- (c) select a single interest option from which the monthly deductions are to be withdrawn;
- (d) upon maturity of any guaranteed interest option term under the Policy (i) reallocate all or part of the total fund value allocated to such guaranteed interest option term to any guaranteed interest option term then offered by ivari under the Policy, or (ii) transfer all or part of the total fund value allocated to such guaranteed interest option term to another interest option then offered by ivari under the Policy; and
- (e) in the event of a discontinuance of an option offered under the Policy, select the option(s) available within the Policy to which the total fund value allocated to the option being discontinued will be transferred; subject, in each case, to the provisions of the Policy.

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 Policy. 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 2nd Witness

Name of Owner

Name of Witness

Name of 2nd Witness

Address

Address

Address

THE FOLLOWING ARE NOT ELIGIBLE TO BE A WITNESS: ADVISOR/BENEFICIARY/SPOUSE/A MINOR.

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.

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

THE FOLLOWING ARE NOT ELIGIBLE TO BE A WITNESS: ADVISOR/BENEFICIARY/SPOUSE/A MINOR.

Consent of Preferred/Irrevocable Beneficiary (If applicable)

I confirm that I have read and understood this limited power of attorney. I consent to the Owner of the Policy 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 the irrevocable beneficiary is a minor, they can only express their consent through a trustee appointed by the Owner of the Policy or as duly appointed by the court.

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

THE FOLLOWING ARE NOT ELIGIBLE TO BE A WITNESS: ADVISOR/BENEFICIARY/SPOUSE/A MINOR.

*Note: Not applicable in Quebec.



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



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