

Allocation Form

This form pertains to all universal life products by ivari. For available interest options by product, please refer to the **Universal Life Fund Code chart (LP946)**, **prosperity Universal Life Fund Code chart (WFG-LP1779)** and the **VIO & GIO Universal Life Fund Code chart (LP946C)**.

ivari Universal™, prosperity universal life insurance, EstateADVANTAGE, WealthADVANTAGE, ADVANTAGELife^{PLUS}, CHALLENGER, Discovery 2000, OMNILIFE, HORIZON, ADVANTAGELife, ASSURED LIFE, TRANSAVER, TPLAN, LIFETIME SAVER, ENDEAVOUR, ACHIEVER

Policy number ("the Contract")	Insured
Owner	Advisor name and number
Current address of Owner	Distributor name and number

Request for

Fund transfer Additional deposit Future deposit allocation Other _____
Please apply according to my deposit allocation on file

Deposit instruction

Amount of deposit: \$ _____ Cheque attached
Is a Power of Attorney/Letter of Authorization on file with ivari? Yes No (Please attach, if applicable)

Politically Exposed Persons and/or Heads of International Organizations

TO BE COMPLETED BY ALL OWNERS ONLY IF THE DEPOSIT AMOUNT IS EQUAL TO OR GREATER THAN \$100,000

- 1** a) Is a premium and/or lump sum payment equal to or greater than \$100,000 being made or to be made? Yes No
If the answer is **"yes,"** each Owner must complete 1 b) along with section 2; if "no", sign on page 4.

b) Where did you obtain the funds to be used to purchase this policy or to be deposited into this account?

- 2** Does the Owner, or Payor, their family members* or close associates* hold, or have any of them held, any of the positions listed in Section 3:

* (A **"family member"** means spouse or common-law partner, child, mother or father, mother or father of their spouse or common-law partner and child of their mother or father (i.e., sibling). A **"close associate"** means an individual who is closely connected for personal or business reasons.)

If **"yes,"** each owner must complete the **Politically Exposed Persons and/or Heads of International Organizations form (IP-LP1165)** and submit it along with this form. For additional information on the terms used, visit **www.fintrac.gc.ca**.

If **"no,"** sign on page 4.

3 Politically Exposed Foreign Person in a country other than Canada (living or deceased, current or ever held)

- Head of state or head of government
- Member of the executive council of government or member of the legislature
- Deputy minister (or equivalent rank)
- Ambassador or ambassador's attaché or counsellor
- Military general (or higher rank)
- President of a state-owned company or bank
- Head of a government agency
- Judge of a supreme court, constitutional court or other court of last resort
- Leader or president of a political party represented in a legislature

Politically Exposed Domestic Person in Canada (living or deceased, current or held in the last 5 years)

- Governor general, lieutenant governor or head of government
- Member of the Senate or House of Commons or member of a legislature
- Deputy minister (or equivalent rank)
- President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province
- Ambassador or ambassador's attaché or counsellor
- military general (or higher rank)
- Judge of an appellate court in a province, the federal court or the Supreme court of Canada
- Leader or president of a political party represented in a legislature
- Mayor

Head of International Organization (HIO) (currently held)

- Head of an international organization established by the governments of states
- Head of an institution established by an international organization

Refer to the fund code charts form numbers LP946, WFG-LP1779 and LP946C for available interest options per product.

Important points to remember:

1. When using percentages to indicate fund transfers, please ensure that both the "Deposit/Transfer to" and the "Future Deposits" columns each total 100%.
2. Please ensure that the "Interest Option/Account name" correctly matches the "Fund code".

Errors or incomplete information will result in this Allocation form being rejected as "not in good order." For more complex transfers, please submit clearly written instructions in addition to this Allocation form. Consult your contract for information on the number of "no-fee" transfers allowed per year on your plan.

ANY CHANGES OR CORRECTIONS TO THIS FORM MUST BE INITIALED AND DATED BY THE POLICY OWNER.

Allocation Form

Challenger/Achiever policies only

Does this transfer or deposit involve RSP funds?

Yes No

Is this a spousal contribution?

Yes No

Consult your contract for RSP eligibility.

TRANSFER FROM

INTEREST OPTION/ACCOUNT NAME	FUND CODE	AMOUNT (%)

DEPOSIT/TRANSFER TO

INTEREST OPTION/ACCOUNT NAME	FUND CODE	AMOUNT (%)
TOTAL		100%

SHUTTLE ACCOUNT

Use this section to change or designate the investment account specified for the Shuttle Account. Deposits will be applied first to the Policy up to the maximum premium payment, and then to the Shuttle Account, both subject to applicable limits.

TRANSFER FROM			DEPOSIT/TRANSFER TO		
INTEREST OPTION/ACCOUNT NAME	FUND CODE	AMOUNT (%)	INTEREST OPTION/ACCOUNT NAME	FUND CODE	AMOUNT (%)
		100%			100%

FUTURE DEPOSITS

INTEREST OPTION/ACCOUNT NAME	FUND CODE	AMOUNT (%)	PICK 1/MDIO (☞) (SELECT 1 ONLY)
TOTAL		100%	

Amounts allocated to the Fixed Rate Interest Option term will be held in the Interest Accounts/Options until such amount exceeds \$499.99, at which time the balance will be automatically transferred to the selected Fixed Rate Interest Option term. This feature cannot be combined with any other fund allocation listed under the Interest Accounts/Options. Refer to ivari's fund code chart or the policy. Not applicable to **CHALLENGER** or **Horizon Plans**.

ACKNOWLEDGEMENT AND DECLARATION

My advisor has reviewed ivari's Universal Life Interest Options with me along with the Investor Profile Questionnaire to help me determine my risk tolerance. I understand that requests for fund transfers or additional deposit will be effective the date all requirements are received at Head Office if received before 3:00 p.m. Eastern Time; otherwise the transaction will be effective the following business day.

If any Interest Account/Option has been selected that was not available at the time my policy was issued, I acknowledge that my Advisor has reviewed with me the suitability of the selected option(s).

All new deposits are subject to applicable limits, including ivari's current administrative rules.

FOR POLICIES WITH VARIABLE INVESTMENT OPTIONS – I have reviewed the Information Folder and Fund Fact pages for the Variable Investment Option (V.I.O.) I have selected above. I understand that certain benefits and values are not guaranteed under this policy and that the Information Folder and Fund Fact pages do not form a part of my insurance contract. I understand the tax treatment of any income generated and allocated from the Fund(s) under the V.I.O. annually, or upon transfer, surrender or maturity of units held in the fund(s). Fund Fact pages are available on ivari.ca or on request by calling 1-800-846-5970.

FOR TRANSFERS FROM GENERAL INTEREST OPTIONS (GIO) TO VARIABLE INVESTMENT OPTIONS (VIO) – I understand this transfer will be considered a withdrawal from my tax deferred fund and may be taxable.

FOR REGISTERED CHALLENGER POLICIES any deposit/premium or transfer to the registered VIO may be subject to surrender charges on the units being surrendered depending on the length of time the units have been held.

The Owner acknowledges and agrees that the interest rate applicable to the Index Interest Options may be either positive or negative depending on the performance of the particular Designated Index. A negative interest rate will reduce the Total Fund Value, the Cash Surrender Value, the Net Cash Surrender Value, the maximum Benefit Amount for a Living Benefit, and the Death Benefit.

Signed at _____ on this _____ day of _____, 20 _____.

Witness Signature of Owner

Witness Signature of Owner

Additional information can be found at our ivari website ivari.ca.

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.



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. By using this tool, forms are sent instantly and securely.

™ ivari and the ivari logos are trademarks of ivari Holdings ULC. ivari is licensed to use such marks.