

1. CONTRACTHOLDER'S IDENTIFICATION

Client No.: 3 ___ - ___ - ___ - ___ OR Contract No.: 5 _____

Name First name

2. PLAN DETAILS (Check one box only)

- Non-registered
- TFSA
- RRSP – Contributing contractholder OR RRSP – Spousal
- RRIF – Contributing contractholder OR RRIF – Spousal
- LIF – Participant or former participant (pension plan) OR LIF – Purchaser (following death or marriage breakdown)
- LIRA – Participant or former participant (pension plan) OR LIRA – Purchaser (following death or marriage breakdown)
- LIRA/LRSP OR Prescribed LIF/RI/IF

Mandatory: Check one option only.

- Participant or former participant (pension plan)
- Purchaser (following death or marriage breakdown)

Check one jurisdiction:

- Alberta British Columbia Manitoba New Brunswick Newfoundland and Labrador Nova Scotia Ontario
- Saskatchewan Federally regulated (including Northwest Territories, Nunavut, Prince Edward Island and Yukon)

3. TRANSACTION TYPES

Preauthorized Debit (PAD) – Periodic payments or single payment

- Start– Use only the Preauthorized Debit (PAD) Agreement form
- Change or cease – Use only the Change or Termination of the Preauthorized Debit Agreement form

Attach the Identification of politically exposed persons and heads of international organizations form if the deposit or the transfer made into a non-registered plan is for \$100,000 or more.

OTHER TYPES OF TRANSACTIONS – Please complete the Investment instructions section.

Cash deposit by cheque: \$ _____
Amount Date of cheque (YYYY/MM/DD)

Transfer from another institution or an employer – Attach a copy of the form

Type of form:	_____	_____	_____	_____
Amount:	\$ _____	\$ _____	\$ _____	\$ _____
Name of financial institution or employer:	_____	_____	_____	_____
	_____	_____	_____	_____

Cash withdrawal– Indicate the account(s):

- Fixed \$ _____ Gross Net
- Total Percentage _____% 10% penalty-free Mature units Penalty-free units

* If periodic payments are already in effect for this account, they will continue with no change. To change or cease periodic payments, please fill out the Change or Termination of the Preauthorized Debit Agreement (IND073) form.

Withdrawal date: _____
(YYYY/MM/DD)

Deposit method: Direct deposit (attach a cheque specimen) By cheque

4. INVESTMENT INSTRUCTION

See rates sheet to learn more about available products.

	Amount in %. The total funds must be 100% invested		
	Periodic deposit	Cash deposit	EFT deposit
Redeemable daily interest account (R) ¹			

Guaranteed Investment Certificates	Amount in %. The total funds must be 100% invested		Investment maturity date or term (YYYY/MM/DD)	Interest			Redeemable or Non-redeemable (R ¹ , NR)
	Cash deposit	EFT deposit		Compound (C)	Simple (S) Frequency ² (Y, S, Q, M)	Payment ³ (DIA, DD)	

FOR REGISTERED PLANS ONLY				
Redeemable La Capitale Investment Accounts (R) ¹	Code (see the enclosed chart)	Amount in %. The total funds must be 100% invested		
		Periodic deposit	Cash deposit	EFT deposit

1. Redeemable investment subject to the applicable fees and penalties
 2. Annual, semi-annual, quarterly, monthly
 3. DIA = Daily Interest Account, DD = Direct Deposit (attach a cheque specimen)

5. IMPORTANT NOTICE

Amounts invested in La Capitale investment accounts are not guaranteed, except in the event of the death of the contractholder. Any investment in these accounts is made with the Insurer and does not confer any entitlement to the reference fund securities. Amounts invested in these accounts are invested in the Insurer's general funds. The Insurer subdivides the amounts invested into units. These units, which are not securities, are issued solely for the purpose of making it easier to track future fluctuations in the value of your investment. The Insurer establishes the initial value of the units granted to you at the time of your investment. Any returns generated by these accounts are tied to the performance of a market index or reference fund, less any applicable management fees. Market index or reference fund performance fluctuates depending on the market value of the securities that make up the fund. Depending on the market index or reference fund performance, the account balances may, therefore, increase or decrease on a daily basis and may even fall below the amounts invested, if the rate of return, after deduction of management fees, is negative. If the market index or reference fund becomes unavailable or the Insurer ceases to use it as a market index or reference fund, for any reason whatsoever, the latter reserves the right to replace it with another market index or reference fund it deems similar or to determine the applicable rate of return.

Transaction date: Except under certain circumstances, the transaction date for a purchase or redemption will be the business day on which the form is received at the Insurer's office or processed by the fundserv operating system, provided that it is received **before 4:00 p.m.** EST and it is completed in full, duly signed and submitted with any required amounts. Any form that is received **after 4:00 p.m.** EST will be considered to have been received on the following business day. The Insurer reserves the right to change the transaction date without notice.

Redemption and transfer fees: This investment may be redeemed or transferred at any time, subject to transfer fees and redemption fees, as applicable.

6. RATE GUARANTEE

In the event that the rate used for the quote or illustration does not match that specified by the Insurer or any information used to issue the annuity is revealed to be false, the Insurer reserves the right to adjust the annuity to the rate specified or in accordance with the true information.

The rate posted at the time the contract is signed is guaranteed, provided that payment is received within the time limit. In the case of retirement annuities, there is a rate table rather than one single rate.

- The time limit is the period between the signature of the contract and the receipt of payment (provided the cheque is cashable before the end of this period). This period must not exceed 12 days. In the case of a transfer from another institution, the period must not exceed 60 days.
- If this condition is not met, the rate in effect on the date that payment is received will apply.
- The guaranteed rate does not apply to the Equity Index GIC product. The rate and conditions will be those in effect upon receipt of the documents.

7. CONTRACTHOLDER'S DECLARATION

- I have verified the information contained in this application and certify it to be true and complete.
- I acknowledge that I have read and understood the Important Notice section.
- I agree to pay any fees and penalties applicable to this cash withdrawal or transfer.

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

X

Signature of contractholder

8. ADVISOR'S DECLARATION

I declare that I obtained prior specific authorization (Limited Authorization Form – LAF) from the contractholder for this instruction form and that I informed the contractholder of any applicable fees and penalties.

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

X

Signature of advisor

Advisor code

9. CONSENT AND SIGNATURE OF IRREVOCABLE BENEFICIARY

I hereby agree to the request for cash withdrawal.

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

X

Name of irrevocable beneficiary

Signature of irrevocable beneficiary