

1 CONTRACTHOLDER'S IDENTIFICATION

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

Last name First name

2 PLAN DETAILS (Mandatory: Check one option 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 LIRA/LRSP**
- Check participant or purchaser:
- 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
 - Federal jurisdiction (includes Prince Edward Island, Nunavut, Northwest Territories and the Yukon)

3 DESCRIPTION OF THE REQUEST

Transaction date:


Year			Month			Day			

4 DECLARATIONS AND SIGNATURES OF THE ADVISOR AND THE MANAGING GENERAL AGENT (IF APPLICABLE)

We, the undersigned, hereby agree to indemnify La Capitale and release it and its directors, officers, employees, representatives and affiliated companies from any liability, damages, expenses and costs of any nature whatsoever including legal fees (“losses”) arising directly or indirectly from this request, except those resulting from gross negligence on the part of La Capitale.

We understand that we will be billed for the losses and that payment will be due within 14 days of the invoice date. In the event the losses are not reimbursed by this deadline, La Capitale has the right to deduct the losses from any amount to which we are entitled, with no further notice.

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



Signature of advisor Advisor code



Signature of Managing General Agent Managing General Agent code