

INDIVIDUAL SAVINGS AND RETIREMENT

REQUEST FOR SURRENDER, TRANSFER BETWEEN FUNDS AND PERIODIC PAYMENTS

Check here if the document was already faxed.



Agency, Code, Agent, Code, S.U., Date of the request, Contract no., Annuitant's last and first name, FundServ contract

1 SURRENDER Complete section 5 - SIGNATURES
TOTAL SURRENDER (attach contract). If the contract contains a line of credit, the line of credit must be reimbursed as follows: from investments in the contract (signature mandatory) OR by the client (attach cheque)
SURRENDER OF A SPECIFIC AMOUNT: \$ If the contract is registered, specify: gross net of fees net of fees and taxes (reg. only)
from Daily interest fund (DIF) Guaranteed interest fund (GIF): current rate guaranteed rate
Investment funds: Please indicate the exact amount to surrender from each fund; otherwise 2 cheques will be issued.
Investment funds - Free redemption amount
Table with columns: Fund no., Order no., Amount or %
SURRENDER OF SPECIFIC DEPOSITS:
Date of deposit Amount of deposit Amount to be surrendered Time of the surrender
Date of deposit: Y M D \$ total or \$ at maturity before maturity
PGA/PGX (Principal Guaranteed with an Alternative Investment): Capital amount to be surrendered: \$ (min. \$1,000) on the investment made on Y M D
I understand that this request is irrevocable and that:
the amount paid to me may be less than the amount requested
the delay for issuing the cheque can vary from 60 to 90 days
LIFE INVESTMENT: Capital amount to be surrendered: \$
Applicant or assignee's signature (mandatory)

DESTINATION OF FUNDS
Send the cheque to the client Invest in contract no. Electronic Funds Transfer (EFT) reference no. or attach a personalized cheque specimen.
Complete section 2 - INVESTMENT INSTRUCTIONS, if applicable.

2 INVESTMENT INSTRUCTIONS
DAILY INTEREST FUND N.B. If there is an AIT (Automatic Investment Term) on the contract, the amounts deposited in the DIF will be invested according to the AIT when the required minimum has been reached.
GUARANTEED INTEREST FUND Compound interest at current rate guaranteed rate
months \$ years \$ years \$ years \$
last day of Y M \$
LIFE INVESTMENT: \$ (Minimum \$25,000. Only available with RRIF contracts.)
INVESTMENT FUNDS
Table with columns: Fund no., Amount or %
Cash refund guarantee
Floor cash refund guarantee
Indexed to % (1 to 8%)
Enhanced (Attach F30-196A)

IMPORTANT - If this is the first time investment funds are purchased under this contract, complete section 4, ACKNOWLEDGEMENT OF RECEIPT OF THE INFORMATION FOLDER, and attach the investor profile questionnaire.

3 TRANSFER BETWEEN INVESTMENT FUNDS
SOURCE OF FUNDS* DESTINATION OF FUNDS
100% guaranteed funds (Specify the destination for each fund indicated in the SOURCE OF FUNDS section on the corresponding line in the DESTINATION OF FUNDS section)
Table with columns: Fund no., \$ or %, Order no., Fund no., \$ or %, Fund no., \$ or %, Fund no., \$ or %, Fund no., \$ or %
75% guaranteed funds

*Please note that a transfer from a 100% guaranteed fund to a 75% guaranteed fund (or vice versa) has a direct impact on the guaranteed minimum value (GMV).

4 ACKNOWLEDGEMENT OF RECEIPT OF THE INFORMATION FOLDER Complete only if this is the first purchase of funds.
I acknowledge receipt of the information folder describing the main characteristics of investment funds.
Client's signature X Guarantee maturity date Y M D

5 SIGNATURES
I request that the transaction indicated above be carried out in accordance with the rights, conditions and stipulations of the contract.
X Applicant or assignee Date X Witness X Irrevocable beneficiary

6 **REQUEST TO JOIN THE PIP (PERIODIC INCOME PROGRAM)**

⇒ Complete section 11 - SIGNATURES.

This option is available only for investment funds with a total value equal to or greater than \$10,000.

- Amount \$ _____ Monthly (minimum \$100) Net Gross
 Annual (minimum \$1,000)

Date payments begin _____ Y _____ M _____ D (If annual payment, January is not available.)

N.B. Complete the following section to indicate the AST (Automatic Surrender Term) and attach a cheque specimen for Electronic Funds Transfer, if applicable.

7 **CHANGE IN INSTRUCTIONS FOR FUTURE AUTOMATIC SURRENDER TERM (AST)**

RRIF*/LIF PIP Effective date of the transaction _____ Y _____ M _____ D

Unless instructions are provided by the client, future surrenders will be made in proportion to the total value of each fund at the time the surrender is made.

Please indicate the order in which the funds are to be depleted, including the DIF and the GIF, if any.

Fund no.	%	Fund no.	%	Fund no.	%	Fund no.	%
1.		5.		9.		13.	
2.		6.		10.		14.	
3.		7.		11.		15.	
4.		8.		12.		16.	

*The periodic payments are first made from the Life Investment and then according to the client's specific instructions.

8 **REQUEST FOR CHANGES TO FUTURE PERIODIC BENEFITS**

RRIF/LIF PIP Effective date of the transaction _____ Y _____ M _____ D

Frequency:* Please note that if premiums are invested in the Life Investment vehicle, no modification may be requested regarding the frequency or date of payment.

- Monthly Quarterly (RRIF/LIF only) Semi-annually (RRIF/LIF only) Annually (excluding January)

Formula: Minimum Level \$ _____ Indexed \$ _____ at _____ % (maximum 8%)
 Interest only (guaranteed funds only)* Maximum (LIF)

Date*: Monthly (day) _____ or Other (day-month) _____

Amount: \$ _____ Gross Net (Not available for LIF with temporary income.)

Additional taxes (available for gross amount only):

Provincial _____ % on the total payment on the excess of the minimum OR \$ _____ Total amount Additional
 Federal _____ % on the total payment on the excess of the minimum OR \$ _____ Total amount Additional

Temporary income: \$ _____ Maximum Maximum and lifetime

Suspend benefits from _____ Y _____ M _____ D to _____ Y _____ M _____ D

Terminate benefits (PIP only)

Other (specify): _____

*These changes cannot be made on an RRIF contract with a Life Investment.

9 **RESERVED FOR OFFICE USE**

Effective date _____ Y _____ M _____ D Depositor: Annuitant (C) Spouse (C1) Transfer (T) _____ **Cut:** _____ CB
 Veh. _____ \$ _____ Term _____ Veh. _____ \$ _____ Term _____ Type of account: _____
 _____ \$ _____ Term _____ _____ \$ _____ Term _____ **Rate:** _____
 _____ \$ _____ Term _____ _____ \$ _____ Term _____
 _____ \$ _____ Term _____ _____ \$ _____ Term _____
 _____ \$ _____ Term _____ _____ \$ _____ Term _____
 _____ \$ _____ Term _____ _____ \$ _____ Term _____
 _____ \$ _____ Term _____ _____ \$ _____ Term _____

SOURCE OF FUNDS Contract no. _____ Initials _____

10 **SPECIAL INSTRUCTIONS**

RESERVED FOR OFFICE USE

_____ Y _____ M _____ D _____

11 **SIGNATURES**

I request that the transaction indicated above be carried out in accordance with the rights, conditions and stipulations of the contract.

X _____ **X** _____ **X** _____
 Applicant or assignee Date Witness Irrevocable beneficiary