Application for a retirement income fund (RIF) and life income fund (LIF) rider for a Registered Investment Account

NOTICE

- For a **New Brunswick** and **Québec** LIF, the minimum issue age is 18.
- For a **British Columbia**, **Ontario**, **Nova Scotia**, **Manitoba** and **Newfoundland and Labrador** LIF, the Owner/Annuitant must be 10 years or less from his or her retirement date prescribed by the Pension plan from which the funds originate. If the Owner/Annuitant is the spouse, common-law partner or former spouse or former common-law partner of a annuitant or former annuitant of the pension plan from which the funds originate, the LIF application can only be submitted if at the time of signing the LIF application the pension plan annuitant or former annuitant was 10 years or less from his or her retirement date.
- For an **Ontario** LIF, the Owner/Annuitant may transfer up to 50% of the total amount of his or her LIF to a RSP or a RIF. This 50% unlocking option is a one-time opportunity. The Owner/Annuitant must provide Assumption Life with written instructions at its head office within 60 days from the date the funds originating directly from his or her pension plan are transferred to his or her Assumption Life LIF.
- For a **New Brunswick** LIF, the Owner/nnuitant may transfer up to a maximum of 25% of his or her LIF to a RIF, subject to the required consents and the applicable legislations. This is a one-time option.
- For a **Manitoba** and **Saskatchewan** Prescribed Retirement Income Fund (PRIF) the owner/annuitant must be 10 years or less from his or her retirement age.
- For a **Newfoundland and Labrador** LIF, payments under the LIF cannot begin prior to age 55, or earlier if permitted by the originating pension Plan.
- For a **federal** RLIF, the Owner/Annuitant who is 55 years of age or older may transfer up to 50% of his or her RLIF to a RSP or a RIF within sixty (60) days from the date of issue of his or her Assumption Life RLIF, subject to applicable limitations.

Assumption Mutual Life Insurance Company, PO Box 160/770 Main St., Moncton NB E1C 8L1
Tel. 506-853-6040/1-888-577-7337 • Fax 506-853-9369/1-855-430-0588

Assumption Life

Registered Investment Account Application

RIF and LIF

INDIVIDUAL ANNUITY CONTRACT

ERASE

Please note that privacy is important to us. If you have any questions, please see our "Privacy Statement" at the end of this document.

FOR FUNDSERV TRANSACTIONS ONLY

Dealer Code ______ Rep Code ______ Contract number ______ Client number ______

Dealer Support (FUNDSERV)
Tel: 506-853-6040/1-855-577-3863 • **Fax:** 506-853-9369/1-855-430-0588
Email: fundserv.support@assumption.ca

Client Services
Tel: 506-853-6040/1-888-577-7337 • **Fax:** 506-853-9369/1-855-430-0588
Email: investments.retirement@assumption.ca

1. Products

Retirement Income Fund. Check (✓) One box only.

☐ Retirement Income Fund (RIF) ☐ Spousal Retirement Income Fund (Spousal RIF)

Information of contributing spouse or common-law partner:

Name ______ **Last Name** ______

Date of Birth: ______ Day Month Year

Social Insurance Number ______

Prescribed Retirement Income Fund

☐ **Prescribed Retirement Income Fund (PRIF) Available in Saskatchewan and Manitoba only**

Life Income Fund – Locking-In confirmation form 4632-00A is required for all LIF transfers

☐ **Life Income Fund (LIF)**

☐ I request the payment of a temporary income. (Only available under a Quebec LIF and a Newfoundland and Labrador LIF)

Complete and submit the required forms as prescribed by the applicable legislation and available on the Assumption Life online services at the following address: ***http://www.assumption.ca*** *(For any temporary income request under the Quebec LIF, form 4807-00B-DEC09 must be completed and submitted if you are under 54 years of age. However, if you are between 54 and 65, you must complete and submit forms 4806-00B-DEC09 and 4808-00B-DEC09). (For any temporary income request under a Newfoundland and Labrador LIF, form 8 of the Regulation must be completed each year and included with this application. Go to the following Web site:* ***http://www.gs.gov.nl.ca/cca/fsr****).*

☐ **Life Income Fund (LIF) Alberta only – Check (✓) one box only**

The owner is: ☐ the original owner ☐ a surviving pension partner owner ☐ a non-member-pension partner owner

Name of pension partner if any ______

Pension partner means: a person who is married to the original owner and has not been living separate and apart from the original owner for three or more consecutive years, or a person who has lived with that original owner in a conjugal relationship (for a continuous period of at least three years, or of some permanence, if there is a child of the relationship by birth or adoption, but does not include any person who is not recognized as a spouse or common-law partner for the purposes of any provision of the federal income tax legislation respecting RSPs.)

☐ **Life Income Fund (LIF) Manitoba only – Check (✓) one box only**

☐ I ceased to be an active annuitant of a pension plan while in Manitoba. Some or all of the amount transferred or to be transferred to the LIF is attributable, directly or indirectly, to the pension benefit credit that I earned as a annuitant of the pension plan.

☐ Some or all of the amount transferred or to be transferred to the LIF is attributable, directly or indirectly, to the pension benefit credit that my current or former spouse or common-law partner earned as a annuitant of a pension plan.

☐ I have no spouse or common-law partner. ☐ I have a spouse or common-law partner and his or her name is: ______

*The term "**spouse**" means the individual with whom you are married.*
*The term "**common-law partner**" means:*

a. the individual with whom you have registered a common-law relationship under section 13.1 of The Vital Statistics Act, or
b. a person who, not being married to you, cohabited with you in a conjugal relationship
i. for a period of at least three years, if either of you is married, or
ii. for a period of at least one year, if neither of you is married;

Restricted Life Income Fund – Locking-In confirmation form 4632-00A is required for all LIF transfers

☐ **Restricted Life Income Fund (RLIF) Federal only – (As a result of exercising the right to unlock 50% of the funds)**

2. Owner/Annuitant

Name | Last Name | Sex: ☐ M ☐ F

Address | Date of Birth (Day Month Year)

Social Insurance Number | Marital Status: ☐ Single ☐ Married ☐ Common-law

Telephone No.: Residence/Mobile | Business

Email | Occupation *(if retired, indicate your occupation before retirement)*

Verification of Identity and Date of Birth by means of an original document. Check (✓) one box:

☐ Birth Certificate ☐ Driver's License ☐ Passport ☐ Other (specify):

Reference number | Place of issue (Province/Country)

3. Owner/Annuitant's spouse or common-law partner

Complete if the minimum payment is based on the spouse's or common-law partner's age.

Name | Last Name | Sex: ☐ M ☐ F

Address

Date of Birth (Day Month Year) | Social Insurance Number

Telephone No.: Residence/Mobile | Business

Email | Occupation *(if retired, indicate your occupation before retirement)*

Verification of Identity and Date of Birth by means of an original document. Check (✓) one box:

☐ Birth Certificate ☐ Driver's License ☐ Passport ☐ Other (specify):

Reference number | Place of issue (Province/Country)

4. Beneficiary

Upon the death of the owner/participant, any death benefit is payable to the designated beneficiary, subject to the following:

- For RIFs, if there is no designated beneficiary, the death benefit is payable to the owner/participant's estate.
- For LIFs, the law requires the death benefit be paid to the owner/annuitant's spouse or common-law spouse. If the owner/annuitant has no spouse or common-law spouse upon his or her death, the death benefit will be paid to the designated beneficiary, or, failing that, to the owner/annuitant's estate.

Beneficiary spouses or common-law spouses may be eligible to roll the account over into a registered retirement income fund (RRIF), subject to the requirements of the *Income Tax Act* (Canada). Income generated between the date of the death and the date of the rollover is taxable.

If you have designated a replacement owner/annuitant and that person has survived you, your RRIF or LIF does not end, and your owner/annuitant, being your spouse or common-law spouse, will become the new owner/annuitant and annuitant. No guarantee upon death for individual annuity contracts will apply.

Primary beneficiaries				Revocable or Irrevocable*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner/annuitant
			0%	☐	☐	
			0%	☐	☐	
		Total (must be equal to 100%)	100			

If the beneficiary is a minor, a trustee must be appointed (Except in Québec): ______________________

The trust will terminate once the beneficiary is of age of majority and has legal capacity to give a valid discharge. The owner/annuitant can direct the trustee to remit to the beneficiary all amounts held in trust at that time for him or her. I or my personal representative may, from time to time and in writing, appoint a new trustee to replace the former trustee.

Contingent beneficiaries (Applies only if all above-named primary beneficiaries die before the owner/annuitant)				Revocable or Irrevocable*		
First name	Last name	Age	%	Rev.	Irrev.	Relationship to owner/annuitant
			0%	☐	☐	
			0%	☐	☐	
		Total (must be equal to 100%)	100			

If the beneficiary is a minor, a trustee must be appointed (Except in Québec): ______________________

The trust will terminate once the beneficiary is of age of majority and has legal capacity to give a valid discharge. The owner/annuitant can direct the trustee to remit to the beneficiary all amounts held in trust at that time for him or her. I or my personal representative may, from time to time and in writing, appoint a new trustee to replace the former trustee.

For a LIF and a PRIF, the applicable legislation requires that the death benefit be paid to the Owner/Annuitant's spouse or common-law partner, as the case may be. If at the time of the Owner/Annuitant's death he or she has no spouse or common-law partner, the death benefit will be paid to the designated beneficiary. If there is no named beneficiary, the death benefit is payable to the estate.

**In Quebec, the designation of a married or civil union spouse as beneficiary is irrevocable unless stipulated otherwise. All other beneficiary designations are revocable unless stipulated otherwise.*

The designation of an irrevocable beneficiary limits your rights under the contract, and his/her consent will be required for all future transactions including withdrawals and beneficiary changes.

5. Successor Owner/Annuitant

I hereby designate my spouse or common-law partner listed below as successor Owner/Annuitant of my contract upon my death. *(Please note that upon your death, the successor Owner/Annuitant, if living, will become the owner/member of your contract. Your contract shall not terminate. The guarantee upon your death shall not be applicable.)*

______________________ ______________________ **Sex:** ☐ M ☐ F

Name **Last Name**

____

Relationship

____

Address

Date of Birth: ______________________ | | | | | | | | | |

Day Month Year **Social Insurance Number**

Telephone No.: ______________________ ______________________

Residence/Mobile Business

____

Email

6. Guarantee Option

Please check (✓) one guarantee option. If you would like to choose more than one guarantee, you will need to complete a separate application for each. The guarantee option selected applies to all investment deposit instructions below.

☐ 75/75 (75% Maturity and 75% Death Benefit guarantee) ☐ 75/100 (75% Maturity and 100% Death Benefit guarantee)

Please refer to the Registered Investment Account Guide for the definitions of the guarantee options.

7. Source of premiums

All transferred amounts are estimates. The correct amount will be confirmed in the Contract Specifications. Please include a copy of any documents relating to external transfers with this application. The agent is responsible for sending original documents to the financial institution holding the funds.

EXTERNAL SOURCES

Source of External Investment	Name of Financial Institution	Contract, Policy or Account Number	Estimated Amount of Transfer
☐ Registered Retirement Savings Plan ☐ Registered Retirement Income Fund ☐ Locked-in Retirement Account ☐ Other source permitted by the Act			
☐ Registered Retirement Savings Plan ☐ Registered Retirement Income Fund ☐ Locked-in Retirement Account ☐ Other source permitted by the Act			
		Total of external investments	

INTERNAL SOURCE

Source of Internal Investment (Assumption Life)*	Contract/Policy or Certificate No. (Please specify)	Client or Reference No.	If transfer from a segregated fund or investment account, please check one of the following	Estimated Amount of Transfer
☐ Segregated Funds			☐ no load ☐ front-end load	
☐ Investment Account (RIA)			☐ no load ☐ front-end load	
☐ Guaranteed Interest Account				
			Total of internal investments	

**Unless otherwise stated, any internal transfer of a contract made under this application will void the indicated contract.*

Guidelines for internal deposit transfers only

Segregated funds
For all internal deposit transfers from a segregated funds contract, please complete the **fund code annexe.**

Investment Accounts
All internal deposit from Investment Accounts shall remain invested in the same Investment Accounts.

Guaranteed Interest Account
For Guaranteed Interest Accounts that have reached maturity at the time of the transfer, please complete the **fund code annexe.**
Any other internal deposit from a Guaranteed Interest Account retains its investment term and its interest rate.

Should you prefer an investment option other than the one indicated above, please complete the **fund code annexe.**

Assumption Mutual Life Insurance Company, PO Box 160/770 Main St., Moncton NB E1C 8L1
Tel. 506-853-6040/1-888-577-7337 • Fax 506-853-9369/1-855-430-0588

8. Investment deposit instructions

Deposit enclosed with application $ ____________________

Lump sum deposits or transfers

List the fund code(s) of the funds chosen. **The initial minimum deposit required is $500.**

Fund ID Code*	FundServ Order ID	Amounts ($) or (%)

**Please review codes to ensure correct compensation option.*

For transfers from another financial institution, please complete the appropriate forms. Unless otherwise indicated, any internal transfer of a contract concluded pursuant to this application results in the cancellation of the said contract. The total of **any lump-sum deposit** in GIAs, DIAs, or investment account is equal to the deposit amount enclosed with the application and the total transfer.

GIA: Lump-sum deposit

For transfers, Assumption Life guarantees the interest rates specified in this application, provided that:

- these rates are the ones in effect and approved by Assumption Life at the time of signing the application;
- the signed application is received at our head office within 5 business days following the date it was signed; and
- the deposit is received at our head office within **45 days** following the date the application was signed.

If these conditions are not met, the applicable interest rates will be the ones in effect on the date the application is received at Assumption Life's head office.

9. Special instructions

10. Details of payment to be made to the owner/annuitant

For minimum payment calculation:
(Payments will be made on a pro rata basis between the market value of your investment accounts and the market value of your GIA's. See Investment Account Guide for more information.

☐ I choose my age. (Mandatory for the New Brunswick LIF)

☐ I choose the age of my spouse or common-law partner, who is younger than I am. This choice is irrevocable even in case of marriage breakdown, separation or death of spouse or common-law partner.

Verification of Identity and Date of Birth of spouse or common-law partner by means of an original document.

Name ______________________ **Last Name** ______________________

Date of Birth: ______________________
Day Month Year

Check (✓) one box:
☐ Birth Certificate ☐ Driver's License ☐ Passport ☐ Other (specify): ______________________

Reference number ______________________ **Province or Country of issue** ______________________

Method of payment: ☐ **Net** ☐ **Gross**

I. ☐ minimum ☐ maximum (for LIF only) ☐ fixed payment* $ ____________

I. ☐ monthly ☐ quarterly ☐ semi-annually ☐ annually

III. Date of first payment: ☐ immediately ☐ other ______________________ (1st to 28th day of the month)
Day Month Year

** If you have applied for a LIF, the fixed payment is also subject to the maximum amount prescribed by the applicable provincial pension benefit legislation.*

Tax deduction*:

☐ Minimum Tax* (No tax withheld on the RIF, PRIF or LIF minimum amount; only on the excess amount.)

☐ Minimum Tax* (Tax withheld on the total payment, including the RIF, PRIF or LIF minimum amount.)

☐ Additional Tax Percentage ________ % federal (all provinces including Quebec) ________ % provincial (Quebec only)
(Tax withheld on the total payment, including the RIF, PRIF or LIF minimum amount)

**Subject to the minimum required under the Income Tax Act of Canada*

11. Direct deposit of payments

Your payments **will be deposited directly to your bank account** indicated on your personalized "VOID" cheque. If a sample cheque is not available, the payer's name is not preprinted or if this is a savings account, please contact your financial institution and provide us with an account confirmation.

☐ "void" cheque enclosed ☐ Bank confirmation enclosed

12. LIF and Saskatchewan PRIF (Mandatory)

Please provide the following information if you have applied for a LIF or a PRIF and you have a spouse or common-law partner.
Enclose the spousal consent form (For all applications falling under the British Columbia, Manitoba, Alberta and Saskatchewan legislations).
The spouse or common-law partner must sign below to authorize the owner/member to apply for a LIF in the province of Nova Scotia, Newfoundland and Labrador, or Ontario.

X ______________________ ______________________ **Date:** ______________________

Spouse or common-law partner's signature **Signed In** Day Month Year

6372-00A-JAN23

13. Declaration of Owner/Annuitant

a. I have requested that this application be in English, and I request that all other related documents be in English also.

b. For all owners: I confirm that I am a resident of Canada.

c. For any Manitoba LIF, the owner agrees that the terms and conditions of the LIF Rider together with the terms and conditions of the RIF contract to which it will be attached will form the LIF contract.

d. I confirm that all information and answers given in this application and in any related document are complete and true, and I acknowledge that they form the basis of this contract.

e. I understand that no insurance agent “advisor” or no person other than Assumption Life is authorized to modify, cancel or waive a question or provision of this application, or a provision of the contract, or of any rider or other document that is part of it.

f. I understand that any notice to or knowledge of an insurance agent “advisor” is not notice to or knowledge of Assumption Life unless stated in writing and made part of this application.

g. Privacy consent

By signing below, I confirm that:

- I have received, read and agree with all terms contained in the “privacy statement” which form part of this form or application.
- I understand that the law requires Assumption Life to disclose certain information to the Canada Revenue Agency for tax reporting purposes. I am entitled to consult the personal information contained in my file and, if applicable, to have it corrected by submitting a written request to the following address: Assumption Life, P.O. Box 160/770 Main Street, Moncton NB E1C 8L1. I understand and accept that any withdrawal of my consent may make it impossible to administer my contract or group plan and can therefore be considered as an application for termination of my contract or group plan forcing Assumption Life to suspend any payment of benefits. I hereby consent and authorize Assumption Life to obtain, use and transmit to its agents, distribution partners and service providers, personal information about me for the purpose of the administration, processing and servicing of any contract or group plan I may have with Assumption Life.
- I acknowledge and accept that my personal information may be securely used, stored or accessed in other countries and that it may be subject to the laws of those countries. Thereby requiring Assumption Life to disclose my personal information to any government authority requesting it or that obtains a court order in these countries for this purpose.

☐ I authorize Assumption Life to use the personal information contained in this application in order to send me additional information on products and services that might interest me.

h. I confirm:

I. that I am a Canadian resident for tax purposes, that I am not tax-exempt under Section 149 of the Income Tax Act (Canada), and do not plan to become a Canadian non-resident;

II. that I am not a tax-indifferent investor as defined in Subsection 248 (1) of the Income Tax Act (Canada), nor do I intend to become a tax-indifferent investor during the expected life of this Contract; and

III. that I have not eliminated, and do not expect to eliminate, all or substantially all of the risk of loss and the opportunity for gain or profit during the expected life of this Contract.

14. Agent's Declaration

The agent confirms having asked the questions listed in the application to the above-mentioned owner/annuitant and ensures that they have been understood.

The agent also confirms having given and explained to the owner/annuitant, a Statement from the agent specifying his method of compensation and other financial benefits, the name of the insurance companies he represents and any conflict of interest.

Please check (✓) one box only:

☐ **SALE IN PERSON**

The agent confirms having verified the identity and date of birth of the owner/annuitant, as well as the identity and date of birth of his or her spouse or common-law partner if the spouse or common-law partner age has been chosen for the minimum payment of the annuity from a Registered Fund (RRIF or LIF) with an original and unexpired identification document with photo.

☐ **DISTANCE SELLING**

If the agent was not present at the time the application was signed, the agent confirms that the identity and date of birth of the owner/annuitant, and the identity and date of birth of his or her spouse or common-law partner, it his or her age has been chosen for the minimum payment of the annuity from a Registered Fund (RRIF or LIF), hereafter the signatories, have been verified, respectful of one of the following criteria:

- **For this transaction (Obtaining a copy of a photo ID):** During this transaction, the agent confirms having received and kept, with the consent of the signatories, a copy of a photo ID , valid and not expired, bearing a visible signature.
- **For this transaction (verification by video conference):** During this transaction, the agent made sure to see on the screen a photo ID that seemed legitimate and valid to him and that he noted the information contained on this identity document in his file.
- **Previous transaction in person or by video conference:**
  - I. During a previous transaction in person or by video conference, the agent confirms having seen a photo ID of the signatories and that he has noted this information in his file; and
  - II. The agent also confirms, for this transaction, having received a copy of an official document recently dated (no more than 3 months) (statement from a financial institution or document issued by a federal, provincial or municipal government), which confirms that the signatories still reside at the same address and that they have not changed their names. The agent confirms having received the signatories' consent to keep a copy of this document in his files.

15. Online Access

a. Since your statements will be available online, do you still wish to receive a paper copy? ☐ Yes ☐ No

b. I request that my annuity contract and other pertinent documents be posted on my online account.
(Instead of being mailed to me at my home address.) ☐ Yes ☐ No

16. Signatures

X ______________________________ ______________________

Signature of Owner/Annuitant **Signed In** *(city/province)*

X ______________________________ ______________________

Signature of the Spouse/Common-law partner **Signed In** *(city/province)*
(For any spousal RIF or if the age of the spouse has been chosen)

X ______________________ ______________________ X ______________________

Agent's Signature **Signed In** *(city/province)* **Name of Agent** *(in block letters)*

__________ ______________________ ______________________

Agent's Code **Agent's Telephone No.** **Name of Agency/Firm**

Signed on *(date)* ______________________________
Day Month Year

***Please note:** All pages must accompany this application when submitting to Assumption Life's Head Office.*

PRIVACY STATEMENT

FOR INDIVIDUAL AND GROUP INVESTMENT PLANS, ANNUITIES AND PENSION PLANS

This privacy statement is applicable to investment products as well as to immediate or deferred annuities you may purchase with Assumption Life (individual and group plans, annuities, and pension plans), hereinafter referred to in this statement as "Product."
In this statement, "you" and "your" refer to you. "We," "us," "our" and "the Company" refer to Assumption Mutual Life Insurance Company, its employees, representatives, and agents. "Third Parties" mean the advisors, brokers, distribution partners, reinsurers or service providers having a business relationship with us, including their respective employees, representatives, and agents.

Purpose

By signing this form, you consent that we collect your personal information for the purpose of administering your Product, now and in the future, as outlined below. We only collect the personal information that we need in order to provide you with the services you need associated with your Product. Such services include underwriting, administration, claims adjudication, annuity payments, protection against fraud, errors, or misrepresentations as well as evaluation and improvement of protection and security measures.

Personal information we collect

Your personal information may include your name, address, email address, date of birth, name of your spouse when required, your sensitive financial information such as your banking information, your income, your social insurance number (SIN), etc. With your consent, we may also collect your electronic or digital signature through a Third-Party service provider platform or system. In such an event, we will collect the data supporting the validity, the time, and the location of your signature, including the Internet protocol address "IP address" associated with the electronic device used for your signature. If you complete a Product application or a subscription form online, we will collect the electronic data associated with the electronic process. We may collect this data through a Third-Party service provider system.

Use

Your personal information will only be used for the purpose for which it was collected. Only us and Third Parties who need your personal information for the performance of their duties will have access to your personal information. We may also use your personal information to determine your eligibility for, and provide you with details of, other related products or services that we believe meet your changing needs. You may withdraw your consent for us to use your personal information to provide you with other products or services offered. If you wish to withdraw your consent, you may contact us at 506-853-6040/1-888-577-7337 or investments.retirement@assumption.ca.

You agree that we use your personal information to comply with legal and regulatory requirements, to confirm your identity and the accuracy of the information you provided, to conduct searches to locate you and to update your information at your request.

You understand that we will only use your social insurance number (SIN) as required by tax laws, but may also use it, in exceptional circumstances, if we need to locate you after having used other less sensitive personal information. In such instance, we may need to contact the income tax authorities or a credit agency to assist us in finding your most recent address in order to locate you.

If you purchased an annuity, we may use your personal information, on a continuous basis, to confirm with a Third-Party service provider that you are still living at the time of the annuity payment.

Disclosure

While administering your product, we may need to collect and share your personal information with Third Parties who may need to fulfill their duties to you or to us. If your product is a group investment or a pension plan, we may also need to collect and share your personal information with your employer or plan administrator.

Unless authorized by law or required by law or a court order, Assumption Life will not disclose your personal information to other parties without your consent.

Protection

In order to ensure the confidentiality of your personal information, we will establish and retain a file on you, in accordance with applicable laws. We may also use third-party services and servers situated in Canada or elsewhere to retain your personal information. If your personal information is retained outside Canada, it may be subject to the laws of those countries.

As part of our commitment to you pertaining to the protection of your personal information, we have put in place outsourcing contracts with Third Parties with whom we will share your personal information. Those Third Parties' contracts contain privacy protection and measures similar to those we have put in place as part of our commitment to you, respectful of privacy laws and regulations.

6764-00A-JUN22

Consent

During our client relationship with you, you may have to fill out and sign various forms. By signing those forms, you give your consent for us to collect, use and disclose your personal information, as set out in this privacy statement. Any alterations to the consent must be agreed to in writing by us.

You understand and accept that any withdrawal of your consent may make it impossible for us to administer your Product and can therefore be considered as a request for termination of your contract or group plan, forcing us to suspend any service request, including but not limited to, the payment of an annuity or benefit amount, when applicable.

You may also withdraw your consent for us to use your personal information to provide you with other product or service offerings, except those that are mailed with your statements. If you wish to withdraw your consent for us to collect, use, retain or share your personal information, you may contact us at 506-853-6040/1-888-577-7337 or investments.retirement@assumption.ca.

6764-00A-JUN22

Assumption Life

Vesta

Investing. Simplified.
With everything at your fingertips, complete your next application in just 10 minutes with ***Vesta***, Assumption Life's investment application platform.

REGISTERED INVESTMENT ACCOUNT, GIA & DIA CODES

(AS OF NOVEMBER 1, 2024)

Guaranteed Interest Account (GIA's)	Fund Code
Guaranteed Interest Account 1-year non-redeemable	GICN1
Guaranteed Interest Account 2-year non-redeemable	GICN2
Guaranteed Interest Account 3-year non-redeemable	GICN3
Guaranteed Interest Account 4-year non-redeemable	GICN4
Guaranteed Interest Account 5-year non-redeemable	GICN5
Guaranteed Interest Account 1-year redeemable	GICR1
Daily Interest Account	DIA

	75/75 (Maturity & Death Benefit)				**75/100** (Maturity & Death Benefit)			
	No Load				No Load			
Account Name	**CB5** Series D	**CB3** Series D	**CB2** Series D	**Trail Only** Series E	**CB5** Series G	**CB3** Series G	**CB2** Series G	**Trail Only** Series G
TARGET RISK								
Conservative Portfolio (Assumption Life)	603	1003	1103	703	1803	1603	1503	1703
Balanced Portfolio (Assumption Life)	602	1002	1102	702	1802	1602	1502	1702
Balanced Growth Portfolio (Assumption Life)	601	1001	1101	701	1801	1601	1501	1701
Growth Portfolio (Assumption Life)	600	1000	1100	700	1800	1600	1500	1700
Select Defensive Portfolio (Assumption Life)	624	1024	1124	724	1824	1624	1524	1724
Select Moderate Portfolio (Assumption Life)	625	1025	1125	725	1825	1625	1525	1725
Select Balanced Portfolio (Assumption Life)	626	1026	1126	726	1826	1626	1526	1726
Select Growth Portfolio (Assumption Life)	627	1027	1127	727	1827	1627	1527	1727
Select Enhanced Growth Portfolio (Assumption Life)	628	1028	1128	728	1828	1628	1528	1728
TARGET DATE								
SmartSeries Income (Assumption Life)	604	1004	1104	704	1804	1604	1504	1704
SmartSeries 2020 (Assumption Life)	605	1005	1105	705	1805	1605	1505	1705
SmartSeries 2025 (Assumption Life)	606	1006	1106	706	1806	1606	1506	1706
SmartSeries 2030 (Assumption Life)	607	1007	1107	707	1807	1607	1507	1707
SmartSeries 2035 (Assumption Life)	608	1008	1108	708	1808	1608	1508	1708
SmartSeries 2040 (Assumption Life)	609	1009	1109	709	1809	1609	1509	1709
SmartSeries 2045 (Assumption Life)	610	1010	1110	710	1810	1610	1510	1710
SmartSeries 2050 (Assumption Life)	611	1011	1111	711	1811	1611	1511	1711
SmartSeries 2055 (Assumption Life)	612	1012	1112	712	1812	1612	1512	1712
FIXED INCOME								
Canadian Bond (Louisbourg)	618	1018	1118	718	1818	1618	1518	1718
Money Market (Louisbourg)	641	1041	1141	741	1841	1641	1541	1741
High Yield Bond (TD)	637	1037	1137	737	1837	1637	1537	1737
Corporate Bond (CI)	640	1040	1140	740	1840	1640	1540	1740
CANADIAN EQUITY								
Canadian Equity (Louisbourg)	615	1015	1115	715	1815	1615	1515	1715
Canadian Small Cap (Louisbourg)	616	1016	1116	716	1816	1616	1516	1716
Momentum Canadian Equity (Louisbourg)	617	1017	1117	717	1817	1617	1517	1717
Preferred Share (Louisbourg)	619	1019	1119	719	1819	1619	1519	1719
Canadian Core Equity (Fidelity)	620	1020	1120	720	1820	1620	1520	1720
Canadian Low Volatility Equity (Fidelity)	635	1035	1135	735	1835	1635	1535	1735
Canadian Dividend (CI)	629	1029	1129	729	1829	1629	1529	1729

**Money can no longer be deposited to DSC funds. Fund transfers between DSC funds are still permitted.*

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	75/75 (Maturity & Death Benefit)				75/100 (Maturity & Death Benefit)			
	No Load				No Load			
Account Name	**CB5** Series D	**CB3** Series D	**CB2** Series D	**Trail Only** Series E	**CB5** Series G	**CB3** Series G	**CB2** Series G	**Trail Only** Series G
GLOBAL/FOREIGN EQUITY								
U.S. Equity (Louisbourg)	613	1013	1113	713	1813	1613	1513	1713
International Equity (Louisbourg)	614	1014	1114	714	1814	1614	1514	1714
International Growth (Fidelity)	621	1021	1121	721	1821	1621	1521	1721
U.S. Focused Stock (Fidelity)	623	1023	1123	723	1823	1623	1523	1723
Global Low Volatility Equity (Fidelity)	633	1033	1133	733	1833	1633	1533	1733
Global Equity + (Fidelity)	648	1048	1148	748	1848	1648	1548	1748
Global Leaders (CI/Black Creek)	622	1022	1122	722	1822	1622	1522	1722
Global Resource (CI)	630	1030	1130	730	1830	1630	1530	1730
Emerging Markets (CI)	634	1034	1134	734	1834	1634	1534	1734
Global Real Asset (CI)	636	1036	1136	736	1836	1636	1536	1736
Global Dividend (CI)	644	1044	1144	744	1844	1644	1544	1744
Greystone Global Equity (TD)	638	1038	1138	738	1838	1638	1538	1738
U.S. Small Cap Equity (TD)	639	1039	1139	739	1839	1639	1539	1739
BALANCED								
Balanced (Louisbourg)	642	1042	1142	742	1842	1642	1542	1742
Canadian Asset Allocation (Fidelity)	632	1032	1132	732	1832	1632	1532	1732
Monthly Income (Fidelity)	643	1043	1143	743	1843	1643	1543	1743
Climate Leadership Balanced (Fidelity)	645	1045	1145	745	1845	1645	1545	1745
All-in-One Balanced ETF (Fidelity)	646	1046	1146	746	1846	1646	1546	1746
All-in-One Growth ETF (Fidelity)	647	1047	1147	747	1847	1647	1547	1747

**Money can no longer be deposited to DSC funds. Fund transfers between DSC funds are still permitted.*

100% guarantee at death:

Assumption Life guarantees that the death benefit payment will be equal to 100% of the amount of any gross premiums deposited into a guaranteed interest account and 100% of any gross premiums deposited into a segregated fund prior to the annuitant's 77th birthday.

Annuitant's age on the contract at the time of premium deposit	Gross premium guarantee rate
77 – 78 years old	95%
78 – 79 years old	90%
79 – 80 years old	85%
80 years old and over	80%

75% guarantee at death:

Assumption Life guarantees that the death benefit deposit will be equal to 100% of the amount of any gross premiums deposited into a guaranteed interest account and 75% of any gross premiums deposited into a segregated fund.

Assumption Life
Investments and Retirement

LIMITED TRADING AUTHORIZATION

This LIMITED TRADING AUTHORIZATION is for all current and future group and individual variable annuity contracts I have purchased or will purchase with Assumption Life through the Agent named below. If this is not the case, please specify all contracts excluded from this limited trading authorization.

Part A: Owner/Member and Agent Information

Name of Owner /Member	Date of birth	Member number

Name of Agent	Agent's code with Assumption Life

Part B: Type of Transactions

Through the use of this Limited Trading Authorization Form (hereinafter the "Authorization") for group and individual variable annuity contracts with Assumption Life (hereinafter the "Contract"), you are authorizing your agent to instruct Assumption Mutual Life Insurance Company (hereinafter the "Company") to process the following transactions on your behalf, in accordance with the terms of the relevant group and individual variable annuity contract **you have purchased or will purchase with Assumption Life through the Agent named above**:

a) New deposits and surrenders not exceeding $25,000.
b) Fund switches within the same contract.
c) Fund transfers from one Contract to another existing Contract with Assumption Life.
d) Changing the amounts and proportion in which the premium is allocated to a segregated fund.
e) Changing instructions pertaining to any preauthorized debit from your bank account (suspending withdrawals, changing the bankaccount from which the premiums are paid, amount, date and frequency of withdrawals from your bank account).

However, your agent is not authorized to conduct discretionary trading on your behalf, which means that your agent must obtain your prior and specific authorization in order to provide any instructions to the Company.

Part C: Authorization of Owner/Member

I, the undersigned Owner/Member, hereby authorize the Agent named above to provide instructions in writing to the Company on my behalf and to sign any relevant documents associated with the permitted transactions (a) through (e) listed in part B of this Authorization in accordance with my specific instructions for each transaction, for all current and future Contracts I have or may acquire with the Company in the future. I acknowledge that the instructions provided to the Company by my Agent under the authority of this Authorization shall have the same validity as if I had provided signed written instructions to the Company. I acknowledge that the Company may rely on this Authorization and will accept and act on these instructions from my Agent without any further confirmation from me. I understand that I will be liable for any applicable fees or charges payable to the Company as a result of such transactions, including exit fees (deferred sales charges) and transfer fees. I also understand and agree that some instructions provided to the Company by my Agent may trigger tax consequences, for which I shall be responsible.

I hereby agree that the Company will not be liable in any way for any claims, demands or actions that might be made by me or my heirs, administrators, successors, executors and beneficiaries or any third party as a result of the Company relying on instructions from my Agent pursuant to this Authorization.

This Authorization is valid until the Company receives, at its head office in Moncton New Brunswick, a written revocation of this Limited Trading Authorization. This Authorization will otherwise expire upon my death or the Company receiving evidence of my mental incapacity or bankruptcy or following a change to the Agent of record on my Contract(s). This Authorization is not intended to be a continuing power of attorney for property within the meaning of any power of attorney legislation in Canada granted in the event of my mental incapacity.

This Authorization supersedes and replaces any other Authorization I have previously granted to the Company. The Company may, at its sole discretion, refuse to accept or process transactions under this Authorization.

Assumption Mutual Life Insurance Company, PO Box 160/770 Main St., Moncton NB E1C 8L1
Tel. 506-853-6040/1-888-577-7337 • Fax 506-853-9369/1-855-430-0588

I acknowledge and confirm that I have read and that I understand and accept the terms and conditions of this Authorization. I also acknowledge that the Authorization has been explained to me to my entire satisfaction.

DATED on ___________________________________

Signature of Owner/Member	Signature of Witness/Agent
	Name of Witness
	Phone number
Signature of spouse (if applicable)	Signature of Witness/ Agent
	Name of Witness
	Phone number

Part D: Agent Acknowledgement

I, ___________________________________, acknowledge that I have reviewed this Authorization with the Owner/Member. I consent to abide by and respect the terms of this Authorization. I understand and agree to fully indemnify and hold harmless the Company from and against any loss, claims or demands of any kind which the Company may suffer or incur as a result of the Company acting or relying on this Authorization.

Signature of Agent	Date

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