



Limited Power of Attorney Life Products

500-5000 Yonge Street
Toronto, ON M2N 7J8
www.ivari.ca

I, _____ (the "Owner"), appoint _____ (the "Attorney")
(Name of Owner) (Name of Advisor)

to act as my Attorney in my name and for my sole benefit to perform the following actions in accordance with my instructions from time to time in respect of *ivari* policy number _____ (the "Policy") with the same effect as if I personally had taken the action:

- (a) change the allocation of the total fund value among the options then offered under the Policy;
- (b) change the allocation of future premiums to be applied to the Policy among options then offered under the Policy;
- (c) select a single interest option from which the monthly deductions are to be withdrawn;
- (d) upon maturity of any guaranteed interest option term under the Policy (i) reallocate all or part of the total fund value allocated to such guaranteed interest option term to any guaranteed interest option term then offered by *ivari* under the Policy, or (ii) transfer all or part of the total fund value allocated to such guaranteed interest option term to another interest option then offered by *ivari* under the Policy; and
- (e) in the event of a discontinuance of an option offered under the Policy, select the option(s) available within the Policy to which the total fund value allocated to the option being discontinued will be transferred;

subject, in each case, to the provisions of the Policy.

I acknowledge that investment decisions made by my Attorney on my behalf may result in investment losses for my account and I agree to and do hereby ratify whatever my Attorney shall do or cause to be done in accordance with this limited power of attorney.

I authorize and direct *ivari* to accept and act upon the instructions of my Attorney with respect to the above transactions without inquiring into the propriety or validity of those instructions. I agree that *ivari* may assume that this limited power of attorney remains valid until notification to the contrary has been received in writing and acknowledged by *ivari*, and until such notification in writing has been given by me and acknowledged, all that my Attorney shall do or purport to do by virtue hereof is fully ratified and confirmed.

In consideration of *ivari* agreeing to accept my Attorney's instructions, I release *ivari* from any liabilities, losses, damages, costs, charges and expenses (including legal fees) of every nature and kind suffered or incurred by *ivari* arising from *ivari* acting on my Attorney's instructions. I further agree that all transactions handled by *ivari* are at my risk and I agree to indemnify and hold *ivari* harmless from and against all liabilities, losses, damages, costs, charges and expenses (including legal fees) of every nature and kind suffered or incurred by *ivari* and arising out of or as a consequence of *ivari* complying with my Attorney's instructions.


This limited power of attorney is binding upon me as well as upon my heirs, executors, administrators, legal representatives, successors and assigns.

I revoke all prior letters of authorization/powers of attorney given by me with respect to the Policy. This limited power of attorney will continue in force until revoked in writing by me as provided above.


DATED this _____ day of _____, YYYY.

SIGNED, SEALED* AND DELIVERED

In the presence of:

 _____ Witness Name: _____
Witness Signature

Address: _____

 _____ Owner Name: _____
Owner Signature

Address: _____

 _____ 2nd Owner Name: _____
2nd Owner Signature

Address: _____

The following are not eligible to be a witness: Advisor / Beneficiary / Spouse / A minor.

Limited Power of Attorney


ADVISOR'S INDEMNITY

TO: ivari

I accept the appointment as Attorney and confirm that I have read and understood this limited power of attorney. I agree to indemnify and hold *ivari* harmless from and against all liabilities, losses, damages, costs, charges and expenses (including legal fees) of every nature and kind suffered or incurred by *ivari* and arising out of or as a consequence of *ivari* complying with my instructions on behalf of the above Owner.

DATED this _____ day of _____, YYYY.

SIGNED, SEALED* AND DELIVERED
In the presence of:

 _____
Witness Signature

Witness Name: _____

Address: _____

 _____
Advisor Signature

Advisor Name: _____

Address: _____


The following are not eligible to be a witness: Advisor / Beneficiary / Spouse / A minor.

CONSENT OF PREFERRED/IRREVOCABLE BENEFICIARY (if applicable)

I confirm that I have read and understood this limited power of attorney. I consent to the Owner of the Policy giving this limited power of attorney to the Attorney. I hereby consent to the instructions that may be given by the Owner to the Attorney, from time to time.


DATED this _____ day of _____, YYYY.

SIGNED, SEALED* AND DELIVERED
In the presence of:

 _____
Witness Signature

Witness Name: _____

Address: _____

 _____
Irrevocable Beneficiary signature

Irrevocable Beneficiary Name: _____

Address: _____

The following are not eligible to be a witness: Advisor / Beneficiary / Spouse / A minor.

* Note: Not applicable in Quebec.



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