



Request for Registration as a RRSP

500-5000 Yonge Street
Toronto, ON M2N 7J8
Telephone: 1-800-846-5970
Fax: 1-800-661-7296

PLEASE PRINT

Policy Number: _____

Name of Annuitant: _____

Address: _____
Street number and name City Province Postal Code

Annuitant's Social Insurance Number: _____ - _____ - _____ Date of birth: DD / MM / YYYY
(for identification and tax reporting purposes only)

Contributor Information **PLEASE COMPLETE IF SPOUSAL RSP**

Name of Contributor: _____

Address Same as Annuitant or : _____
Street number and name City Province Postal Code

Contributor's Social Insurance Number: _____ - _____ - _____ Date of birth: DD / MM / YYYY
(for identification and tax reporting purposes only)

The Annuitant hereunder (who shall in all cases be the Owner of this Contract) hereby requests *ivari* to register this contract as a Registered Retirement Savings Plan in accordance with the provisions of the Income Tax Act (Canada) and applicable provincial legislation.

The Investment options must be chosen for the registration of a **Challenger** contract. The total percent for the Non-RRSP and RRSP accounts must total 100%.

Total billing amount: \$ _____ to be allocated \$ _____ Non-RRSP
\$ _____ RRSP

Investment Options

V.I.O.	NON-RRSP	RRSP	G.I.O.	NON-RRSP	RRSP
_____	<input type="text"/> %	<input type="text"/> %	_____	<input type="text"/> %	<input type="text"/> %
_____	<input type="text"/> %	<input type="text"/> %	_____	<input type="text"/> %	<input type="text"/> %
_____	<input type="text"/> %	<input type="text"/> %	_____	<input type="text"/> %	<input type="text"/> %
_____	<input type="text"/> %	<input type="text"/> %	_____	<input type="text"/> %	<input type="text"/> %
_____	<input type="text"/> %	<input type="text"/> %	_____	<input type="text"/> %	<input type="text"/> %
_____	<input type="text"/> %	<input type="text"/> %	_____	<input type="text"/> %	<input type="text"/> %
_____	<input type="text"/> %	<input type="text"/> %	_____	<input type="text"/> %	<input type="text"/> %
_____	<input type="text"/> %	<input type="text"/> %	_____	<input type="text"/> %	<input type="text"/> %

If any Advisor/Portfolio Account has been selected: I acknowledge that my advisor has reviewed *ivari*'s Advisor/Portfolio Account with me along with the Risk Profile Questionnaire to help me determine my risk tolerance.

I have reviewed the Information Folder and the Fund Fact pages for all of the selected Variable Investment Options. I understand that certain benefits and values are not guaranteed under this policy and that the Information Folder is not an insurance contract. I understand the tax treatment of any income generated and allocated, from the Fund(s) under the Variable Investment Option annually, or upon transfer, surrender or maturity of units held in the fund(s). Fund Fact pages are available on www.ivari.ca or on request by calling 1-800-846-5970.

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

Witness Annuitant's Signature

ivari hereby agrees to register and administer this contract as a Registered Retirement Savings Plan in accordance with the provisions of the Income Tax Act (Canada), applicable provincial legislation and the provisions of the contract.

TO BE COMPLETED BY HEAD OFFICE Endorsement of the Requested Change

ivari acknowledges that the requested change has been entered into its records.

Entered in the records of the company on DD / MM / YYYY by _____

™ *ivari* and the *ivari* logos are trademarks of *ivari* Canada ULC. *ivari* is licensed to use such marks.