



Allocation Form

prosperity universal life insurance, *Estate*ADVANTAGE, *Wealth*ADVANTAGE, ADVANTAGELife^{PLUS}, CHALLENGER, Discovery 2000, OMNILIFE, HORIZON, ADVANTAGELife, ASSURED LIFE, TRANSAVER, TPLAN, LIFETIME SAVER, ENDEAVOUR, ACHIEVER

| | |
|--------------------------------|-----------------------------|
| Policy number ("the Contract") | Insured |
| Owner | Advisor name and number |
| Current address of Owner | Distributor name and number |

Request for

Fund transfer Additional deposit Future deposit allocation Other _____
 Please apply according to my deposit allocation on file

Deposit instruction

Amount of deposit: \$ _____ Cheque attached
 Is a Power of Attorney/Letter of Authorization on file with *ivari*? yes no (Please attach if applicable).

Politically Exposed Persons and Head of International Organization

TO BE COMPLETED BY ALL OWNERS ONLY IF THE DEPOSIT AMOUNT IS EQUAL TO OR GREATER THAN \$100,000

- 1 a) Is a premium and/or lump sum payment equal to or greater than \$100,000 being made or to be made? yes no
 If the answer is "yes," each Owner must complete 1 b) and section 2; if "no", sign on page 3.
 b) Where did you obtain the funds to be used to purchase this policy or to be deposited into this account?

- 2 Does the Owner, or Payor, their family members* or close associates* hold, or have any of them held any of the positions listed below in Section 3:
 * (A "family member" means spouse or common-law partner, child, mother or father, mother or father of their spouse or common-law partner and child of their mother or father (sibling). A "close associate" means an individual who is closely connected for personal or business reasons).
 If "yes," each owner must complete the *Politically Exposed Persons and HIO* form (IP-LP1165) and submit it along with this form.
 For additional information on the terms used, visit www.fintrac.gc.ca.
 No, sign on page 3

- 3 **Politically Exposed Foreign Person in a country other than Canada (living or deceased, current or ever held)**
 - head of state or head of government
 - member of the executive council of government or member of the legislature
 - deputy minister (or equivalent rank)
 - ambassador or ambassador's attaché or counsellor
 - military general (or higher rank)
 - president of a state-owned company or bank
 - head of a government agency
 - judge of a supreme court, constitutional court or other court of last resort
 - leader or president of a political party represented in a legislature
Politically Exposed Domestic Person in Canada (living or deceased, current or held in the last 5 years)
 - Governor General, lieutenant governor or head of government
 - member of the Senate or House of Commons or member of a legislature
 - deputy minister (or equivalent rank)
 - president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province
 - ambassador or ambassador's attaché or counsellor
 - military general (or higher rank)
 - judge of an appellate court in a province, the federal Court or the Supreme Court of Canada
 - leader or president of a political party represented in a legislature
 - mayor
Head of International Organization (HIO) (currently held)
 - Head of an international organization established by the governments of states
 - Head of an institution established by an international organization

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REFER TO FORMS WFG-LP1779 AND LP946C (FUND CODE CHARTS) FOR AVAILABLE INTEREST OPTIONS PER PRODUCT.

Important points to remember:

1. When using percentages to indicate fund transfers, please ensure that both the “Deposit/Transfer to” and the “Future Deposits” columns each total 100%.
2. Please ensure that the “Interest Option/Account name” correctly matches the “Fund code”.

Errors or incomplete information will result in this Allocation form being rejected as “not in good order.” For more complex transfers, please submit clearly written instructions in addition to this Allocation form. Consult your contract for information on the number of “no-fee” transfers allowed per year on your plan.

ANY CHANGES OR CORRECTIONS TO THIS FORM MUST BE INITIALED AND DATED BY THE POLICY OWNER.

Challenger/Achiever policies only

Does this transfer or deposit involve RSP funds? yes no Is this a spousal contribution? yes no
 Consult your contract for RSP eligibility.

TRANSFER FROM

| Interest Option/Account name | Fund code | Amount (%) |
|------------------------------|-----------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DEPOSIT/TRANSFER TO

| Interest Option/Account name | Fund code | Amount (%) |
|------------------------------|-----------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | 100% |

SHUTTLE ACCOUNT

| TRANSFER FROM | | | DEPOSIT/TRANSFER TO | | |
|------------------------------|-----------|------------|------------------------------|-----------|------------|
| Interest Option/Account name | Fund code | Amount (%) | Interest Option/Account name | Fund code | Amount (%) |
| | | 100% | | | 100% |

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FUTURE DEPOSITS

| Interest Option/Account name | Fund code | Amount (%) | Pick 1/MDIO (✓) (Select 1 only) |
|------------------------------|-----------|-------------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | 100% | |

Amounts allocated to the Fixed Rate Interest Option term will be held in the Interest Accounts/Options until such amount exceeds \$499.99 at which time the balance will be automatically transferred to the selected Fixed Rate Interest Option term. This feature cannot be combined with any other fund allocation listed under the Interest Accounts/Options. Refer to *ivari's* fund code chart or your policy. Not applicable to **CHALLENGER** or **Horizon Plans**.

My advisor has reviewed *ivari's* Universal Life Interest Options with me along with the Investor Profile Questionnaire to help me determine my risk tolerance. I understand that requests for fund transfers or additional deposit will be effective the date all requirements are received at Head Office if received before 3:00 p.m. Eastern Time; otherwise the transaction will be effective the following business day.

If any Interest Account/Option has been selected – that was not available at the time my policy was issued – I acknowledge that my Advisor has reviewed with me the suitability of the selected option(s).

FOR POLICIES WITH VARIABLE INVESTMENT OPTIONS – I have reviewed the Information Folder and Fund Fact pages for the Variable Investment Option (V.I.O.) I have selected above. I understand that certain benefits and values are not guaranteed under this policy and that the Information Folder and Fund Fact pages do not form a part of my insurance contract. I understand the tax treatment of any income generated and allocated from the Fund(s) under the V.I.O. annually, or upon transfer, surrender or maturity of units held in the fund(s). Fund Fact pages are available on *ivari.ca* or on request by calling 1-800-846-5970.

FOR TRANSFERS FROM GENERAL INTEREST OPTIONS (GIO) TO VARIABLE INVESTMENT OPTIONS (VIO) – I understand this transfer will be considered a withdrawal from my tax deferred fund and may be taxable.

The Owner acknowledges and agrees that the interest rate applicable to the Index Interest Options may be either positive or negative depending on the performance of the particular Designated Index. A negative interest rate will reduce the Total Fund Value, the Cash Surrender Value, the Net Cash Surrender Value, the maximum Benefit Amount for a Living Benefit and the Death Benefit.

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

 _____  _____
 Witness Signature of Owner

 _____  _____
 Witness Signature of Owner

Additional information can be found at our *ivari* website *ivari.ca*.



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