

Application for a Single Premium Immediate Annuity



A Member of American International Group, Inc.

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In this Application, the terms **you** and **your** refer to the annuity policy owner or owners. The terms **we**, **our** and **us** refer to AIG Life Insurance Company of Canada (AIG Life of Canada). All amounts are in Canadian dollars.

In which language would you like this policy to be issued? English French

1. Annuitant Information

First Name		Middle		Last Name	
Address (Street, Apt., R.R.)					
City		Prov.		Postal Code	Residence Tel.
Male <input type="checkbox"/>	Social Insurance No.		Date of Birth (D/M/Y)		
Female <input type="checkbox"/>					

2. Secondary Annuitant Information

First Name		Middle		Last Name	
Address (Street, Apt., R.R.)					
City		Prov.		Postal Code	Residence Tel.
Male <input type="checkbox"/>	Social Insurance No.		Date of Birth (D/M/Y)		
Female <input type="checkbox"/>					

3. Owner Information (if other than annuitant)

First Name/Corporation Name		Middle		Last Name	
Address (Street, Apt., R.R.)					
City		Prov.		Postal Code	Residence Tel.
Male <input type="checkbox"/>	Social Insurance No.		Date of Birth (D/M/Y)		or Federal Business No.
Female <input type="checkbox"/>					

4. Payee Information

- Annuitant
 Annuitant while living, then the secondary annuitant, if applicable
 Annuitants jointly and then the survivor (for non-registered contracts only)
 Owner
 Other (for non-registered contracts only)

First Name		Middle		Last Name	
Address (Street, Apt., R.R.)					
City		Prov.		Postal Code	Residence Tel.
Male <input type="checkbox"/>	Social Insurance No.		or Federal Business No.		
Female <input type="checkbox"/>					

5. Payment Information

- Direct deposit to Payee's bank account
attach a blank cheque marked "VOID" or if not available, complete the following banking information:

Name & branch of your Financial Institution: _____

Account number: _____ Branch transit number: _____

- Cheque to be mailed to Payee, as shown in Section 4 (available for annual payments only)

6. Fund Information

Type of Funds: Non-registered RRSP LIRA/Locked in RRSP LIF RRIF
 Registered Pension Plan (RPP) Deferred Profit Sharing Plan (DPSP)

Source of Funds: Cheque made payable to AIG Life of Canada Single Premium Amount \$ _____
 Transfer from another financial institution
Name of institution _____ Single Premium Amount \$ _____

Are the transferred funds subject to pension legislation? Yes No

If yes, indicate the Province or Act: _____

7. Request for Rate Guarantee

Please fax your request to AIG Life of Canada at 1.866.716.8999 or locally at 416.350.6611 no later than midnight EST on the day following the day that the quote was produced.

The terms and conditions of this quote can be found on page 5 of this form.

Rate Effective Date (d/m/y): _____

Date signed (d/m/y) _____ Owner's Signature: X _____

8. Annuity Details

Annuity Type: Single Life Joint and Survivor Life Term Certain

For Locked in Retirement Accounts, Locked in RRSP or RPP, do you have a spouse as defined under the applicable pension legislation? Yes No If yes, and you are not selecting the minimum joint and survivor life annuity as defined under the applicable pension legislation, a [Spousal Waiver Form](#) must be completed.

Payment Frequency: Monthly Quarterly Semi-Annual Annual

Estimated first income payment based on annuity quotation: \$ _____

First payment date: One month after purchase date
 Specific date (d/m/y) _____ (1st to the 28th only)

Payment Guaranteed Options: Years _____ No guaranteed period*

* My signature below confirms I understand and agree that no income payments or other amounts are payable after the death of all Annuitants if the death occurs on or after the day the first income payment is made.

Signature of Owner(s) X _____

Payment reduction (Joint and Survivor Life policies only after any guaranteed period):

No reduction
 Payments reduced to _____ % on death of: First annuitant to die Primary annuitant Secondary annuitant

Taxation (for non-registered annuities):

Level taxation (Prescribed Annuity) if applicable Accrual taxation

What You Understand and Agree to When You Sign this Application

By signing you confirm that:

- The statements appearing in the Application are true and are submitted as the basis for the policy to be issued
- You have applied for an AIG Life of Canada Single Premium Immediate Annuity Policy and asked us to issue a policy as selected
- You understand the policy that you have requested will not take effect until we have received your Single Premium and required documentation
- You understand that any amounts paid to your beneficiaries could be subject to income tax
- You authorize us to use your Social Insurance Number for identification, administrative and income tax reporting purposes in connection with your policy
- If you have reserved an interest rate, you have read and agree to the interest rate guarantee agreement included with this application
- You accept any changes or additions noted in Section 10 (Special Requests/Comments/Additional Information)

Terms and Conditions for Rate Guarantees

By indicating in Section 7 that a rate guarantee is requested, the Owner agrees to transfer the total amount of premium to AIG Life of Canada. The Owner acknowledges that the commitment to transfer the funds is irrevocable.

In order to hold the rate for non-registered funds, we will require the following no later than midnight EST on the day following the day that the quote was produced:

- A copy of the quote, signed application, and a copy of the cheque for the full single premium. All items must be received, by fax, at our Head Office, in Toronto.
- Cheques for non-registered funds for the full single premium should be made payable to AIG Life of Canada and must be received in our Head Office in Toronto within 7 calendar days of the date of the Request for Rate Guarantee for single premium amounts equal to or under \$1,000,000, and within 2 business days for single premium amounts over \$1,000,000.

In order to hold the rate for Registered funds, we will require the following no later than midnight EST on the day following the day that the quote was produced:

- A copy of the quote and signed application. All items must be received at our Head Office, in Toronto.

If the funds are received by AIG Life of Canada more than 45 days after the date of this request, AIG Life of Canada has the right to give the less favorable of the rate basis in effect on the date of transfer and the guaranteed rate basis, but in no case will a more favorable rate than the guaranteed be given.

If the actual amount received is greater than the estimated figure shown on this application by more than \$5,000.00, AIG Life of Canada reserves the right to give the less favorable of the rate basis in effect on the date of the transfer and the guaranteed rate basis to the excess amount.

This rate guarantee is not a guarantee of income, but rather a guarantee of the rate basis used in the quotation. Note that the rate basis is only one of the factors used to calculate the income or single premium. If the funds are not received on the exact purchase date, AIG Life of Canada will re-quote based on the actual date of receipt, using the same guaranteed rate to determine the revised income or single premium amount but adjust the purchase date to the date of receipt of payment.

Protecting Your Personal Information

AIG Life of Canada will establish a confidential file containing your personal information for the purposes of administering your policy.

We recognize and respect your right to privacy. Access to this information will be limited to our employees who require the information to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

The information will be kept in our Head Office, and may be accessed, for review to make corrections, in our office closest to your province of residence. To access your file, please write to the AIG Life of Canada Compliance Officer, 60 Yonge Street, Toronto, Ontario, M5E 1H5.

By signing this Application, you give us your consent to:

1. Obtain personal information about you from persons outside Canada (e.g. your advisor), if this information is necessary for the purposes specified above, and
2. Disclose your personal information to our affiliates and service providers when disclosure is necessary for the purposes specified above.

You have the right to withdraw your consent by writing to the above address, however, absence of consent may affect the services we are able to offer you.

ADVISOR'S REPORT (to be completed by Advisor)

A) Confirmation of Annuitant identification and age

Annuitant: _____

Approved Documentation

Driver's License Birth Certificate Passport Canadian Citizenship Age of Majority

Canadian Armed Forces Identification Other specify _____

Document number: _____ Issuing Jurisdiction: _____

B) Confirmation of Secondary Annuitant identification and age (if applicable)

Secondary Annuitant: _____

Approved Documentation

Driver's License Birth Certificate Passport Canadian Citizenship Age of Majority

Canadian Armed Forces Identification Other specify _____

Document number: _____ Issuing Jurisdiction: _____

C) Confirmation of Owner identification

Owner: _____

Approved Documentation

Driver's License Birth Certificate Passport Canadian Citizenship Age of Majority

Canadian Armed Forces Identification Other specify _____

Document number: _____ Issuing Jurisdiction: _____

D) Determination of Third Party Interests

Are the owner(s) making this application on behalf of a third party? (Your answer should be yes if someone other than the Annuitant or Owner is contributing the funds or has or will have access to or use of this contract). Yes No

If yes, complete the [Owner Identity and Third Party Determination Form \(350E\)](#).

E) Determination of Corporate Interests

If Owner is not an individual, complete the [Owner Identity and Third Party Determination Form \(350E\)](#).

The identity of a corporate (or other entity) applicant must be ascertained by verifying, in the same manner, the identity of the individual (officer or representative) who is signing the Application on behalf of the corporation or entity. The identity of the applicant who is acting on behalf of a trust must be ascertained by verifying, in the same manner, the identity of the individual who is signing the Application as trustee (if the trustee is an individual) or on behalf of the trustee (if the trustee is a corporation).

Identity Verification

By signing here, I hereby declare that I used the preceding original document to verify the identity of the applicant and that the issuing jurisdiction, document number and individual's name appearing therein, as indicated here, were correctly transcribed from such document. I also declare that I verified the date of birth of the Annuitant (and Secondary Annuitant, if any) shown above using an original of the same type of document.

I have made reasonable efforts to determine if the owner is acting on behalf of a third party.

X

Signature of Advisor

Date (d/m/y)

This Application will not be accepted unless the Advisor's Report is completed and signed.