

Application for your Ideal Segregated Fund Policy

The Standard Life Assurance Company of Canada

1245 Sherbrooke Street West, Montreal, Quebec H3G 1G3

Retail Investment, Customer Services

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How to Complete the Application Form*

Use this form to **apply for a new Ideal Segregated Fund Policy** or to make an **additional premium payment** into an existing Ideal Segregated Fund Policy. This form has four copies. Please use a ballpoint pen and press firmly.

Complete all sections of the application as required. Unclear and/or incomplete information will delay the start of the selected investment and a premium under a new policy or additional premium to an existing policy will be allocated to the no-load Ideal Money Market Fund. Upon receipt of the required information, a switch will be processed to the selected Fund(s) using the switch date as the effective date.

Top of Form

- For a new Policy check the box beside *New plan* and complete each section of the application, as required.
- For an additional premium check the box beside *Additional premiums* and enter the existing Policy number. Complete sections 9 to 18 as required, and sections 5, 7 and 8 for a change in Contingent Policyholder, Successor Annuitant and Beneficiary.

1 New Plan Information Separate Policies are required for savings and retirement income plans, registered and non-registered funds, locked-in and non locked-in funds, locked-in funds governed by different jurisdictions, and spousal and non-spousal funds. Back-end load and no-load premium allocation options can be accommodated under the same policy, however, the No-Load with reset option and the Platinum No-Load option require separate policies. To select the plan, check the applicable box.

2a & 4a Policyholder and Additional Policyholder Information Provide information on the Policyholder in section 2a and complete section 4a if there is an Additional Policyholder. For *Nature of principal business or occupation*, enter the types of business or occupations of the Policyholder and Additional Policyholder, e.g., "public relations firm", "lawyer", etc. If retired, enter the former occupation, e.g., "retired teacher", "retired from XYZ Company", etc. The Policyholder can be a non-resident for a transfer of registered funds within Canada. Complete Canada Revenue Agency (CRA) form *NRTA1 - Authorization for Non-Resident Tax Exemption* and submit with the application. Provide details for each Additional Policyholder on a separate piece of paper and attach to the application.

4a For the **authorization** of future changes to the Policy requiring a signature check the appropriate box to indicate whether one Policyholder or all Policyholders must sign. If this area is not completed, the signatures of all Policyholders will be required.

2b & 4b Identity Verification of Policyholder and Additional Policyholder Complete these sections for a new Policy purchased with external funds. Valid proof of the identities of the Policyholder and Additional Policyholder is a birth certificate, driver's licence, *provincial health insurance card, passport, Record of Landing or Permanent Resident Card.

***Ontario, Manitoba and P.E.I.**- in these provinces it is prohibited to ask to see a client's health card. **Quebec** – you cannot ask to see a client's health card, but you may accept it if it is offered by the client.

Where the Policyholder or Additional Policyholder is a corporation/company, submit a certificate of resolution (certified true extract) or a certified copy of the By-Laws of the Company and a copy of one of the following documents: certificate of corporate status, articles/letter of incorporation, partnership agreement, articles of association, GST returns, annual provincial securities record, or any record that confirms the existence of the corporation/company. Provide the names of the directors and address of the corporation/company in the application or on a separate piece of paper and attach to the application.

3 Spousal Information Complete this section if the Policy is a spousal RSP or spousal RIF or to elect that minimum annual income payments are to be determined based on the Spouse's age. The latter option does **not apply** to a New Brunswick LIF and is **not available** for a Quebec LIF if the Spouse is older than the Annuitant.

7 Successor Annuitant Information A Successor Annuitant can be named or changed during the lifetime of the Annuitant.

8 Beneficiary Information Complete to name a Beneficiary. If not completed, the Beneficiary will default to the Policyholder's estate. **Quebec only** – to name the Spouse as a revocable Beneficiary, the Policyholder must initial in the space provided.

LRIF, LIF & Prescribed RIF – This section should not be completed if the Annuitant is married, as pension legislation provides that the Beneficiary under an LRIF, LIF or Prescribed RIF must be the Spouse.

9 Source of Funds For a registered plan, check the appropriate box to indicate the source of funds. For a transfer from an existing Standard Life policy, check the box for *Internal Transfer* and enter the policy number the funds are being transferred from on the line provided. For a transfer of funds, enter the estimated amount. Attach the required CRA transfer form (not required for internal transfers, except T2220 transfers). If funds are locked in, specify provincial pension legislation and provide the Policyholder with the appropriate endorsement form. See opposite page for CRA transfer forms and Standard Life endorsement forms.

10 Premium Payment Information and Allocation Instructions See opposite page for Ideal Segregated Fund names and numbers, and premium minimums.

Select the Ideal Segregated Fund(s) and premium load option(s) by entering the Fund name and Fund number in the **Premium Allocation Option** column. Back-end and no-

load options can be accommodated under the same Policy, however, the No-Load with reset option and the Platinum No-Load option require separate policies.

Under **Premium Payment** check the appropriate box, **Amount** or **Percent** and enter the dollar amount or percentage of the premium to be allocated to the selected Fund(s). For a **pre-authorized chequing (PAC)** plan, enter the dollar amount to be allocated to the selected Fund(s) and complete section 11.

To select **dollar cost averaging**, indicate the Funds between which the switch is to be made by entering the amounts in the From Fund and To Fund columns. Switches are not permitted between Funds with a back-end load option and no-load option or vice versa. The minimum for the Platinum No-Load option is \$1,000 per fund. Minimums for all other options are \$250 per Fund for savings plans and \$1,000 per Fund for registered retirement income plans. Complete section 12.

For a **systematic withdrawal plan** (non-registered savings plans only) check the appropriate box, **Amount** or **Percent**, enter the dollar amount or percentage to be withdrawn from the selected Fund(s) and complete section 13. For the Platinum No-Load option, withdrawals of \$5,000 or more can be made provided that the Policy has a minimum balance of \$250,000. For all other options, withdrawals of \$100 or more can be made provided that the Policy has a minimum balance of \$5,000.

For **retirement income payments** check the appropriate box, **Amount** or **Percent**, and enter the dollar amount or percentage to be withdrawn from the selected Fund(s) and complete section 13.

11 PAC Plan For a PAC plan, check the appropriate box to indicate the payment frequency. Enter the first draw date and regular draw date. PAC withdrawals are available between the 1st and the 31st of the month. Attach a void cheque or provide a confirmation from the bank with the following details: bank name, transit number, bank code and Policyholder's/Payor's bank account number.

12 Dollar Cost Averaging If selected in section 10, check the appropriate box to indicate the switch frequency. Specify the start and, if applicable, the end date. A dollar cost averaging plan may be cancelled at any time by providing Standard Life with 10 business days' notice.

13 SWP and Retirement Income Payment Information Check the appropriate box to indicate the payment frequency and enter the first payment date. SWP and retirement income payments are available between the 1st and the 31st of the month. Payments will be electronically deposited or mailed within five business days of the selected payment date. Enter the amount per frequency for SWP and retirement income payments if the level or indexed income payment option is selected in the lower area of this section. Indicate whether payments are net (selected payment is net of taxes and applicable charges) or gross (taxes and applicable charges will be deducted from the selected payment) and the type of payment method. For direct deposit, attach a void cheque or provide a confirmation from the bank with the following details: bank name, transit number, bank code and Policyholder's bank account number.

Retirement income payments only: Select the payment option and amount of withholding tax. If the amount of withholding tax is not indicated, the minimum tax will be withheld. Indicate if minimum income payments are to be based on the Spouse's age (this option does **not apply** to a New Brunswick LIF and is **not available** for a Quebec LIF if the Spouse is older than the Annuitant).

Note: Income payments due before January 10th will be delayed due to the yearly recalculation of Legislative minimum and maximum income amounts.

15 Authorization and Signatures The Policyholder, Additional Policyholder, Annuitant and Payor must sign and date the application in this section. For a corporation/company as Policyholder or Additional Policyholder, an authorized signing officer must sign even if this person has already signed as Annuitant or Payor. Complete and submit the Third Party Determination form PC 5097 when the payor is not the Policyholder or Additional Policyholder.

16 Spousal Consent For an LRIF or LIF plan, the Spouse must sign in this section to consent to the transfer of locked-in funds administered under the *Pension Benefits Act* in the provinces of **Newfoundland and Labrador, Nova Scotia and Ontario**.

17 Insurance Representative Information Enter the information requested including the codes for the insurance representative and sales office. For **manual** processing, enter the insurance representative's 6-digit code (e.g. 099999) and the sales office (distributor) code (5 letters) provided by Standard Life. For **electronic** processing, enter the representative and distributor codes. The servicing insurance representative will be the person who signs the application form, unless indicated otherwise for split cases. To identify the servicing insurance representative, add the remarks "servicing representative" beside the insurance representative's name. The servicing representative receives copies of client statements/notices and has access to the client's records through ClientINFO.

18 Insurance Representative Declaration, Certification and Signature The insurance representative must reply to the question, sign and date in this section.

Notes Use this area to provide any additional information required to process the application.

The 4th copy of the application form is to be left with the client together with the *Ideal Segregated Fund Information Folder*, which includes the Policy Provisions. Send the original to Standard Life.

* *These instructions are valid as of the date of printing and are subject to change.*

Ideal Segregated Fund Names and Numbers				
Fund Name	Fund Numbers			
	Back-End Load	No-Load	No-Load with Reset	Platinum No-Load
Fixed Income Funds				
Ideal Money Market	103	303	503	403
Ideal Canadian Bond	101	301	501	401
Ideal Corporate High Yield Bond	108	308	508	408
Ideal International Bond	109	309	509	409
Monthly Income Funds				
Ideal Income Balanced	105	305	505	405
Ideal Monthly Income	113	313	513	413
Ideal Global Monthly Income	125	N/A	525	425
Dividend Funds				
Ideal Canadian Dividend Growth	104	304	504	404
Ideal Dividend Income	120	N/A	520	420
Ideal U.S. Dividend Growth	121	N/A	521	421
Ideal Global Dividend Growth	119	319	519	419
Canadian Equity Funds				
Ideal Balanced	100	300	500	400
Ideal Canadian Equity	102	302	502	402
Ideal Canadian Small Cap	110	310	510	410
Global Equity Funds				
Ideal U.S. Equity	106	306	506	406
Ideal International Equity	107	307	507	407
Ideal Global Equity	114	314	514	414
Ideal European Equity	126	N/A	526	426
Ideal U.S. Mid Cap	127	N/A	527	427
Focus Funds				
Ideal Canadian Equity Focus	122	N/A	522	422
Ideal U.S. Equity Focus	124	N/A	524	424
Ideal Global Equity Focus	123	N/A	523	423
Portfolios				
Ideal Conservative	115	315	515	415
Ideal Moderate	116	316	516	416
Ideal Growth	117	317	517	417
Ideal Aggressive	118	318	518	418

Premium Minimums – All Options Except Platinum		
Type of Plan	Initial Premium (New Policy)	Additional Premiums
Savings Plan	\$1,000 lump sum (\$250 per Fund) or \$50 PAC per Fund	\$250 per Fund or \$50 PAC per Fund
Retirement Income Plan	\$10,000 (\$5,000 per Fund)	\$1,000 per Fund
Premium Minimums – Platinum No-Load Option Only		
Type of Plan	Initial Premium (New Policy)	Additional Premiums
Savings Plan	\$250,000 (\$5,000 per Fund)	\$5,000 per Fund or \$1,000 PAC
Retirement Income Plan	\$250,000 (\$5,000 per Fund)	\$5,000 per Fund

Canada Revenue Agency (CRA) Forms		
Transfer to	Source of Funds	CRA Form
Savings Plan	Earned income (funds not previously registered)	N/A
	Transfer from a DPSP (including marital breakdown)	T2151
Savings or Retirement Income Plan	Transfer from an existing RSP or RIF (full or partial surrender including excess amount from a RIF) (same Policyholder)	T2033 or equivalent
	Transfer from a RIF of a deceased spouse or common-law partner in excess of the minimum amount for the year	N/A - Based on instructions from beneficiary (spouse or common-law partner)
	Transfer of commuted RSP annuity payments	T2030
	Transfer from an existing RSP or RIF due to marital breakdown	T2220
	Transfer from an RPP (including marital breakdown)	T2151

Standard Life Endorsement Forms				
Province	LRSP/LIRA	LIF	LRIF	PRIF
Alberta	Alberta Addendum Form 1	Alberta Addendum Form 2	N/A	N/A
British Columbia	PC 2577	PC 2804	N/A	N/A
Manitoba	PC 2581	PC 2841	PC 4302	N/A
New Brunswick	PC 2580	PC 2957	N/A	N/A
Newfoundland & Labrador	PC 2977	PC 2941	PC 4303	N/A
Northwest Territories	See Federal (PBSA)			
Nova Scotia	PC 2579	PC 2958	N/A	N/A
Ontario	PC 2583	PC 6253	N/A	N/A
Prince Edward Island	See Federal (PBSA)			
Quebec	PC 2631	PC 2805	N/A	N/A
Saskatchewan	PC 2578	N/A	N/A	PC 4735
Yukon	See Federal (PBSA)			
Federal (PBSA)	PC 2969	PC 2842	N/A	N/A

Withholding Tax Rates for:			
• RIF/LRIF/LIF/Prescribed RIF Income Payments			
• Lump Sum Surrenders/Withdrawals on Registered Plans			
Amounts	Federal* (all provinces except Quebec)	Quebec	
		Federal Tax*	Provincial Tax*
Up to and including \$5,000	10%	5%	16%
Over \$5,000 - up to and including \$15,000	20%	10%	16%
Over \$15,000	30%	15%	16%

* Withholding tax on the excess amount over the minimum based on the total yearly RIF/LRIF/LIF/Prescribed RIF income payments and lump sum surrenders/withdrawals on registered plans.

* These instructions are valid as of the date of printing and are subject to change.

New plan or Additional premiums Policy no.: _____

1 New Plan Information *(Please select one plan type)*

Savings Plans <input type="checkbox"/> Non-registered savings plans	Registered Savings Plans* <input type="checkbox"/> Registered Savings Plan (RSP) <input type="checkbox"/> Spousal RSP <input type="checkbox"/> Locked-in retirement account (LIRA) / Locked-in RSP (LRSP) <input type="checkbox"/> Other, please specify _____ <i>*To be registered as an RSP under the Income Tax Act (Canada).</i>	Retirement Income Plans <input type="checkbox"/> Retirement income fund (RIF) [†] <input type="checkbox"/> Spousal RIF [†] <input type="checkbox"/> Life income fund (LIF) [†]	<input type="checkbox"/> Locked-in RIF (LRIF) [†] <input type="checkbox"/> Prescribed RIF (PRIF, Saskatchewan only) [†] <input type="checkbox"/> Other [†] , please specify _____ [†] To be registered as a RIF under the Income Tax Act (Canada)
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2a Policyholder Information

For registered plans, the Policyholder is also the Annuitant. S.I.N. is required for tax purposes.

Last name / Corporation name		First name
Street address		City
Province		Postal code
Tel. (res.) ()	Tel. (bus.) ()	S.I.N.
Date of birth (DD-MM-YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Language <input type="checkbox"/> English <input type="checkbox"/> French
Nature of principal business or occupation		

2b Identity Verification of Policyholder

Valid proof of the Policyholder's identity must be obtained by law. For a corporation or other entity, we require proof of existence. See the documents listed on the instruction sheet.

Type of document: <input type="checkbox"/> Driver's licence <input type="checkbox"/> Birth certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Other <i>(please specify)</i>
Document number	Place of issue
Legal name on document	Province of registration

3 Spousal Information

Complete:
 • for a spousal RSP
 • for a spousal RIF
 • if you elect that RIF payments be based on your Spouse's age.
 S.I.N. is required for tax purposes.

Last name		First name
Date of birth (DD-MM-YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	S.I.N.
Tel. (res.) ()	Tel. (bus.) ()	

4a Additional Policyholder Information

For non-registered savings plans only. Where there is more than one Policyholder, upon the death of a Policyholder who is not an Annuitant,

- in all provinces except Quebec, Joint Ownership with Rights of Survivorship will be deemed to have been elected;
- in Quebec, the Additional Policyholder will be considered to be the Contingent Policyholder.

In both cases, this means that the deceased Policyholder's share will automatically pass to the surviving Policyholder. S.I.N. is required for tax purposes.

Last name		First name
Street address		City
Province		Postal code
Tel. (res.) ()	Tel. (bus.) ()	S.I.N.
Date of birth (DD-MM-YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	S.I.N.
Nature of principal business or occupation		Authorization: <input type="checkbox"/> One Policyholder can sign <input type="checkbox"/> All Policyholders must sign

4b Identity Verification of Additional Policyholder

Valid proof of the Additional Policyholder's identity must be obtained by law.

Type of document: <input type="checkbox"/> Driver's licence <input type="checkbox"/> Birth certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Other <i>(please specify)</i>
Document number	Place of issue
Legal name on document	Province of registration

5 Contingent Policyholder Information

For non-registered savings plans only. Complete this section if you want to name someone to succeed you as the Policyholder upon your death and the Additional Policyholder's death. The Contingent Policyholder will become the Policyholder only if the Policyholder and Additional Policyholder predecease the Annuitant.

For all provinces, should no Policyholder, Additional Policyholder and Contingent Policyholder survive, the Annuitant will become the Policyholder.

Last name		First name
Date of birth (DD-MM-YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Tel. (res.) ()	Tel. (bus.) ()	
Relationship to Policyholder		

6 Annuitant Information

For non-registered savings plans only. (Complete if the Annuitant is not the Policyholder).

Upon the death of the Annuitant, the Policy ends unless a Successor Annuitant is named in the Successor Annuitant Information section. S.I.N. is required for tax purposes.

Last name		First name	
Date of birth (DD-MM-YYYY)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	S.I.N.
Tel. (res.) ()		Tel. (bus.) ()	

7 Successor Annuitant Information

For RIFs and non-registered savings plans only.

If you want the Policy to continue after the death of the Annuitant, you must name a Successor Annuitant. In such case, on the death of the Annuitant, no death benefit is payable and the Policy will continue.

For a RIF, you can only designate your Spouse as Successor Annuitant.

Last name		First name	
Date of birth (DD-MM-YYYY)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Tel. (res.) ()		Tel. (bus.) ()	

8 Beneficiary Information

If you are using this form for additional premiums and you are designating a Beneficiary in this section, please note:

- If the existing Beneficiary of the Policy is **revocable**, the existing Beneficiary will be revoked and the new Beneficiary named here will be the sole Beneficiary of the Policy.
- If the existing Beneficiary of the Policy is **irrevocable**, the consent of the existing Beneficiary is required prior to making a change to the beneficiary designation.

If this application is signed by an individual who has been granted power of attorney by the Policyholder, a beneficiary designation is only valid in certain circumstances. Consult your legal advisor.

Policyholder's estate, or

Last name		First name	
Relationship to Policyholder			

In Quebec, the designation of a Spouse as Beneficiary is irrevocable unless otherwise indicated. The definition of the word "Spouse" in relation to beneficiary designation includes spouse by marriage and spouse by civil union. It does not include common-law spouse.

Please initial in the box to the right if you wish the designation of your Spouse to be revocable.

Where the Policyholder is the Annuitant, any Death Benefit will be paid to the Beneficiary. Where the Policyholder is not the Annuitant, while living, the Policyholder (not the named Beneficiary) is entitled to any Death Benefit.

For a registered retirement income fund, if a Successor Annuitant has been designated, the Successor Annuitant will be able, after the death of the Policyholder, to revoke any beneficiary designation previously made by the Policyholder.

For a registered retirement income fund, unless the Successor Annuitant had changed the beneficiary designation, any payment(s) becoming due upon the death of the Successor Annuitant will be paid to the Beneficiary named by the Policyholder (not the Successor Annuitant's estate).

9 Source of Funds

For registered plans only.

Please indicate the source of funds and attach the appropriate form.

<input type="checkbox"/> Earned income	<input type="checkbox"/> T2030	<input type="checkbox"/> Internal Transfer _____
<input type="checkbox"/> T2151	<input type="checkbox"/> T2220	<input type="checkbox"/> Other (please specify) _____
	<input type="checkbox"/> T2033 or equivalent	

Are your funds locked in? No Yes If "yes", specify province of legislation

Estimated amount of transfer: \$

10 Premium Payment Information and Allocation Instructions

Please make all cheques payable to The Standard Life Assurance Company of Canada. (Lump sum premiums cannot be withdrawn via EFT).

Is this a Standard Life employee plan? Yes

Premium Allocation option		Premium payment	Pre-authorized chequing (PAC) plan*	Dollar cost averaging*		Systematic withdrawal plan (SWP) and Retirement income payments**
Ideal Segregated Fund name	Fund no.	Amount (\$) or Percent (%) <input type="checkbox"/> \$ <input type="checkbox"/> %	Amount (\$)	Amount		Amount (\$) or Percent (%) <input type="checkbox"/> \$ <input type="checkbox"/> %
				From Fund (\$)	To Fund (\$)	
TOTAL		\$/100%	\$	\$	\$	\$/100%

* Please complete the corresponding sections below.

† If you have not indicated the order of Funds from which your SWP and Retirement income payments are to be surrendered, income payments will be surrendered from the Funds in accordance with the Standard Life Default Schedule.

11 PAC Plan

For RSPs, spousal RSPs and non-registered savings plans only.

Please attach a void cheque or valid proof from the bank (required).

Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Every two months
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Annually	
First draw date (DD-MM-YYYY)	Regular draw date (DD-MM-YYYY)			

12 Dollar Cost Averaging

Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Every two months
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Annually	
Start date (DD-MM-YYYY)				End date (DD-MM-YYYY) (if applicable)

13 SWP and Retirement Income Payment Information

A SWP is available for non-registered savings plans only.

Retirement income payments:

The first payment date can be no later than December 31st of the calendar year following the purchase date.

Please attach a void cheque or valid proof from the bank (required).

SWP and Retirement income payments

Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Every two months
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Annually	
First payment date (DD-MM-YYYY)	Amount per frequency			<input type="checkbox"/> Net <input type="checkbox"/> Gross

Payment method: Direct deposit Mail to Policyholder's address.

Retirement income payments only

Scheduled payment option:	<input type="checkbox"/> Minimum payment	<input type="checkbox"/> LIF /LRIF maximum payment	<input type="checkbox"/> Level amount
	<input type="checkbox"/> Indexed amount increasing at a rate of _____ % (maximum 20%) per annum		
Withholding tax:	<input type="checkbox"/> Minimum tax withheld	<input type="checkbox"/> Federal _____ %	<input type="checkbox"/> Provincial (Quebec Residents Only) _____ %
<input type="checkbox"/> I elect that the minimum income payments be based on my Spouse's age. (Complete section 3 - Spousal Information)			

14 Banking Information (Please provide a void cheque OR valid proof from the bank)

This section is only required for PAC agreements, SWPs and Retirement income payments.

Name of financial institution	Transit number	Bank code	Account number
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15 Authorization and Signatures

- I (We) declare that the statements and answers in this application are true and I (we) agree that this application and declaration as well as the Policy Provisions shall be the basis of the Policy between Standard Life and me (us). I (We) acknowledge that I (we) have received the complete application form.
- I (We) acknowledge receipt of the Standard Life *Ideal Segregated Fund Information Folder*, including the *Ideal Segregated Fund Highlights* and policy provisions, and I (we) understand that some benefits provided in respect of premiums allocated to an Ideal Segregated Fund are **not guaranteed** and will fluctuate with the market value of the assets of the Fund.
- If I am applying for a registered Policy, I have asked Standard Life to apply for registration of the Policy under the *Income Tax Act (Canada)* and any applicable provincial income tax legislation.
- If I am purchasing a locked-in plan, I acknowledge that I have read, understood and agreed to the terms and conditions in the endorsement set forth by my provincial jurisdiction. Furthermore, I understand that the terms and conditions in said locked-in endorsement will take precedence over the attached Policy Provisions.
- If I am over 61 years of age and purchasing an Ideal Segregated Fund registered savings plan for the first time, I understand that the conditions for the Savings Maturity Benefit Guarantee cannot be satisfied in the registered savings plan. I also understand that upon transfer of the registered savings plan to a Standard Life registered retirement income plan, the 10-year minimum to qualify for the Payout Guarantee will be reduced by the number of years that my registered savings plan was in force.
- If I am purchasing a non-registered savings plan or a registered retirement income plan and the Annuitant is age 80 or older when the first premium is paid under the Policy, I understand that the Death Benefit payable upon the Annuitant's death is impacted, as explained in the Policy Provisions.
- By providing direct deposit information, I (we) authorize Standard Life to deposit scheduled payments due from this Policy into the bank account indicated on the void cheque. Standard Life will have no further liability with respect to these payments.
- If I (we) have indicated on the application that I (we) want to pay regular premiums using a PAC plan, I (we) authorize the bank or other financial institution I (we) have named to honour my (our) instructions.
- I (We) authorize Standard Life to establish a financial services file for insurance, annuity, credit and related services in which information concerning my (our) application for insurance will be placed, as well as information concerning any insurance claim.
- Only insurance representatives associated with this Policy (and their firms), employees or individuals responsible for underwriting, investigation, administration and claims, or any person whom I (we) authorize, will have access to this file. My (Our) file will be kept in the Company's offices.
- I (We) authorize The Standard Life Assurance Company of Canada or any of its affiliated companies to disclose personal information to other financial institutions, my (our) insurance representative, my (our) authorized dealer and any other third parties, when necessary, for administrative or processing purposes.
- I (We) am (are) entitled to consult the personal information contained in my (our) file and, if applicable, to have it rectified by sending a written request to the following address:

Information Access Office
The Standard Life Assurance Company of Canada
1245 Sherbrooke Street West
Montreal, Quebec H3G 1G3

Note: For registered plans, the Policyholder is also the Annuitant.

By signing below, you confirm your agreement with the above statements.

_____	_____
Policyholder	Additional Policyholder (if applicable)
_____	_____
Annuitant (Non-registered savings plan only, if different from Policyholder)	Payor (PAC agreement only, if different from Policyholder)
_____	_____
Date (DD-MM-YYYY)	Province of signature

16 Spousal Consent

In some jurisdictions (see Completion Instructions), when the Annuitant is a member or former member of a pension plan registered under the applicable provincial pension benefits legislation, the consent of the Spouse is required for the transfer of locked-in funds.

I consent to the purchase of this locked-in plan.

Spouse (as defined by the applicable pension jurisdiction)

Date (DD-MM-YYYY)

NOTE: In the provinces of **Alberta, British Columbia, Manitoba and Saskatchewan**, the Spouse does not have to sign this section. However, a spousal consent form or spousal waiver form is required. Submit the appropriate spousal consent or spousal waiver pension board form with this application.

17 Insurance Representative Information

Important: Insurance representative information is needed to process this application form.

The servicing insurance representative (for Standard Life records) will be the person who signs this application form.

Note: Split commissions are not currently available for electronic transactions.

Insurance representative name

Insurance representative code

Telephone number
()

Fax number
()

E-mail address

Distributor (e.g. GA, dealer) name

Distributor code

% split (for split commissions)

I do not have an insurance representative code.

Check here if there are more than one insurance representative (maximum three) and attach details.

18 Insurance Representative Declaration, Certification and Signature

If you determine or suspect that a third party is involved, please complete form PC 5097.

- As required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations*, I have ascertained the identities of the persons whose signatures appear as Policyholder (and Additional Policyholder, if applicable) by examining the original documents provided.
- I have completed this application form with the policyholder and hold a valid life insurance license in the jurisdiction where the application was signed.
- I confirm that I have disclosed to the policyholder that as a result of this application, I may receive compensation and non-monetary benefits in the form of commission, bonuses, conference programs or other incentives.
- I confirm that I have disclosed to the policyholder any conflict of interest or potential conflict of interest associated with this transaction.

Third Party Determination:

- Will the Policyholder (and Additional Policyholder, if applicable) be acting on behalf of a third party?
 - Yes (Complete form PC 5097)
 - I was unable to determine whether the Policyholder (and Additional Policyholder, if applicable) is acting on behalf of a third party, but I have reasonable grounds to suspect that this is the case (Complete form PC 5097).
 - No
- To the best of my knowledge, the information supplied within this application is accurate.
- By signing below I am confirming that I have made a reasonable effort to determine if the Policyholder (and Additional Policyholder, if applicable) is acting on behalf of a third party. To the best of my knowledge the information supplied with this application is accurate.

Insurance representative signature

Date (DD-MM-YYYY)

Notes

Disclosure Statement

The transaction represented by this application is between the Policyholder(s) and Standard Life. The person soliciting this application is an independent contractor and will receive compensation from Standard Life upon the completion of this transaction. The Policyholder(s) is(are) not obligated to transact any other business with Standard Life as a condition of this transaction.

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