

Agency or company name		Code	Date of the request Y M D	
Agent			Code	S.U.
Account no.	Holder's last and first name (in block letters)		FundServ contract Dealer code Code du représentant	

Under section 146.3 of the *Income Tax Act* (Canada) and any applicable provincial tax legislation, I hereby request:  
To change my retirement savings contract – **the existing contract** to a Registered Retirement Income Fund (RRIF).

**1- ANNUITANT**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street Apt.  
City Province Y M D Postal code \_\_\_\_\_

Social Insurance Number \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender:  M  F Language:  English  French

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

**2- ANNUITANT'S SPOUSE**

This section must be completed if one of the following situations applies:  
The spouse is the youngest and his/her age must be used to calculate the payment.

Last name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender:  M  F

**3- PAYMENT OF INCOME**

Type of payment:  Gross  Net

**Terms:**

Minimum  Amount \$ \_\_\_\_\_  Amount \$ \_\_\_\_\_ indexed at \_\_\_\_\_ % (Maximum 8%)

**Frequency:**

Monthly  Annual (except January) Starting: \_\_\_\_\_ Y M D

Method:  Direct deposit\* (Complete section 7)

\*The annuitant authorizes Industrial Alliance Trust Inc. (hereafter called "the Company") to deposit payments in his/her account, whose number is specified on the attached cheque specimen. The Company is not responsible for these deposits and can discontinue them at any time and require a personal endorsement on a cheque.

**4- STATEMENT AND SIGNATURE (The Annuitant must read, consent to and sign this section)**

I, the Annuitant:

- confirm that I have requested that this application be drafted in the English language only. *Par les présentes, je confirme avoir demandé que la présente proposition soit rédigée en anglais uniquement;*
- consent to the collection, use and disclosure of my personal information by the Industrial Alliance Trust Inc. in the ways and for the purposes identified in the Agreement relative to guaranteed investment certificates and the daily interest account ("Agreement").
- declare that the written and/or electronic information provided with respect to the application for this product is complete and accurate and is the basis for the issuance of this Plan and the insurance of the investments by the Industrial Alliance Trust Inc.
- Agree to advise the Industrial Alliance Trust Inc. of any change to the information provided in this application
- Acknowledge that I have read the contractual provisions provided in this Application as well as those provided in the declaration of Trust relative to my Plan and in the Agreement; acknowledge that I have received a copy and understand that these provisions form an integral part of the agreement concluded between the Industrial Alliance Trust Inc. and I and agree to comply with them.
- Request that the Industrial Alliance Trust Inc. advise me of any offer or possibility, including any credit possibility that may be of interest to me and for which I am eligible.

**Request for registration: must be completed for RSP and RIF accounts.**

I hereby apply for a Retirement Savings Plan or a Retirement Income Fund of Industrial Alliance Trust Inc. I request that Industrial Alliance Trust Inc. (the "Trustee") apply for the registration of the Plan or the Fund as a Registered Retirement Savings Plan or a Registered Retirement Income Fund eligible in virtue of the federal and provincial income tax laws, in accordance with their regulations and amendments (hereafter, the "applicable income tax legislation"). I have read and understand the terms and conditions of the Declaration of Trust set forth on the reverse hereof, which declaration may be amended from time to time and I agree to comply with the terms thereof.

X

Annuitant's signature/ Corporate Signing Officer

Date (YYYY-MM-DD)

X

Annuitant's spouse's signature (if applicable)

Date (YYYY-MM-DD)

**5- SPECIAL INSTRUCTIONS**

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**6- DECLARATION AND SIGNATURE (THE ANNUITANT MUST READ THIS SECTION, CONSENT TO IT AND SIGN.)**

**ANNUITANT**

I, the annuitant, confirm that all declarations that I have made and that all answers that I have given in this request are complete and true.  
I hereby certify that the provisions of this request are an integral part of the contract concluded between the Company and the annuitant.  
I request that the Company advise me of any other offer or possibility, including any credit possibility, that may be of interest to me and to which I can subscribe.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of annuitant (mandatory) Signature of representative/witness (mandatory)

**ANNUITANT’S SPOUSE (If section 2, “ANNUITANT’S SPOUSE,” has been completed, refer to that section.)**

I hereby declare that the information provided in section 2 is complete, exact and true, and I understand that the Company will rely on this information, presuming that it is accurate.

**X** \_\_\_\_\_  
Signature of annuitant’s spouse

All signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**If you haven’t received confirmation fifteen days after signing this document, contact our nearest office.**

**7- ELECTRONIC FUNDS TRANSFER (MANDATORY)**

1. Banking information or attached a void cheque	Branch (5 digits)	Institution (3 digits)	Account number (max. 12 digits)
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2. Name as shown on bank record (include other name if joint account). **When the account belongs to a company, a copy of the minutes and signature of authorized persons is required. For a joint account, all signatories must sign this authorization.**

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature (as written in bank records) Other signature, if joint account

**8- NECESSARY DOCUMENTS**

- A photocopy of the ANNUITANT’s proof of birth (or any other official document proving age) is required and must be attached to this form.
- A photocopy of the ANNUITANT’S SPOUSE’s proof of birth (or any other official document proving age) is required if section 2 is filled in, and must be attached to this form.
- Personalized cheque specimen