



**INDIVIDUAL SAVINGS PLAN
ALLOCATION OF CONTRIBUTIONS AND
RE-ALLOCATION OF EXISTING INVESTMENTS**

ANNUITANT NAME

POLICY NUMBER

RE-ALLOCATION OF EXISTING INVESTMENTS	
All existing funds in the above policy will be re-allocated as per allocations below:	
INVESTMENT OPTIONS	RE-ALLOCATION %
1. INVESTMENT ACCOUNTS Investment Account for a term of _____ years.	
2. MARKET PARTICIPATION OPTION (MPO) – see Notes	
CANADIAN EQUITY INDEX FUND	
U.S. EQUITY INDEX FUND	
INTERNATIONAL EQUITY INDEX FUND	
CANADIAN BOND INDEX FUND	
3. TRUE DAILY INTEREST	
TOTAL ALLOCATION	100%

ALLOCATION OF FUTURE CONTRIBUTIONS	
Contributions will be deposited to the Daily Interest Account. Allocations can be made to any/all of the following options:	
INVESTMENT OPTIONS	CONTRIBUTION ALLOCATION %
1. INVESTMENT ACCOUNTS When the accumulator is at least \$_____ (minimum \$1,000), create an Investment Account for a term of _____ years.	
2. MARKET PARTICIPATION OPTION (MPO) – see Notes	
CANADIAN EQUITY INDEX FUND	
U.S. EQUITY INDEX FUND	
INTERNATIONAL EQUITY INDEX FUND	
CANADIAN BOND INDEX FUND	
3. TRUE DAILY INTEREST	
TOTAL ALLOCATION	100%

Notes:

- For first time MPO purchase, the "Receipt and Acknowledgment of Information Folder and Fund Facts" section below must be signed.
- For an MPO Seg Fund purchase to occur on a weekly transaction date, the deposit must be made at least three business days prior to that date.

The allocation factors for future contributions may be changed at any time. Please contact your independent insurance advisor or the Wawanesa Life Annuity Services Department at 1-800-263-6785.

RECEIPT AND ACKNOWLEDGMENT OF INFORMATION FOLDER AND FUND FACTS (for first time MPO transactions)
<p>I have received a Wawanesa Life Information Folder and Fund Facts. My advisor has reviewed these documents with me.</p> <p><i>NOTE: For Non Registered and RRIF accounts, Annuitant must be less than 85 years old at the time of the initial deposit into the MPO.</i></p> <p>_____</p> <p>POLICY OWNER (Signature)</p>

SIGNATURE
<p>A photocopy or an electronic reproduction of this document will be as valid as the original.</p> <p>_____</p> <p>DATE</p> <p>_____</p> <p>POLICY OWNER (Signature)</p>

Please return form to: THE WAWANESA LIFE INSURANCE COMPANY, 400-200 MAIN STREET, WINNIPEG, MB R3C 1A8

PHONE 1-800-263-6785
FAX 1-888-985-3872
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CONTRIBUTION ALLOCATION 09/2019

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