

APPLICATION
FOR
**REGISTERED
GUARANTEED RETIREMENT ANNUITY**
(G.R.A.)





APPLICATION FOR GUARANTEED RETIREMENT ANNUITY (R.S.P.)

ANNUITANT

NAME M F DATE OF BIRTH
LAST FIRST MIDDLE DAY MONTH YEAR

ADDRESS SOC. INS. NO.

CITY PROVINCE POSTAL CODE

PHONE #: H. B. OCCUPATION:

SPOUSAL CONTRIBUTOR

SPOUSE NAME D.O.B. S.I.N.

LAST FIRST MIDDLE DAY MONTH YEAR

BENEFICIARY

NAME RELATIONSHIP
LAST FIRST MIDDLE

DETAILS OF INVESTMENTS AND PAYMENTS

| INVESTMENT OPTIONS | CASH or TRANSFER * | PRE-AUTHORIZED DEBIT (P.A.D.) CONTRIBUTIONS | \$ OR % |
|--|---------------------------------|---|---------------------------------|
| INVESTMENT ACCOUNTS () YEAR TERM | \$ | INVESTMENT ACCOUNT ACCUMULATOR WHEN THE BALANCE REACHES \$ _____ (MINIMUM OF \$500), AN INVESTMENT ACCOUNT FOR A TERM OF () YEARS WILL BE CREATED. | |
| () YEAR TERM | \$ | | |
| () YEAR TERM | \$ | | |
| | | MARKET PARTICIPATION OPTION (MPO)** ACCUMULATORS (NO MINIMUM) | |
| MARKET PARTICIPATION OPTION (MPO)** | CANADIAN EQUITY INDEX FUND | \$ | CANADIAN EQUITY INDEX FUND |
| | U.S. EQUITY INDEX FUND | \$ | U.S. EQUITY INDEX FUND |
| | INTERNATIONAL EQUITY INDEX FUND | \$ | INTERNATIONAL EQUITY INDEX FUND |
| | CANADIAN BOND INDEX FUND | \$ | CANADIAN BOND INDEX FUND |
| TRUE DAILY INTEREST | \$ | TRUE DAILY INTEREST | |
| TOTAL CONTRIBUTION | \$ | TOTAL P.A.D. CONTRIBUTION ATTACH P.A.D. AGREEMENT AND SAMPLE CHEQUE | |

* For transfers, unless interest rate guarantee form is attached, rate on the date of receipt of funds will apply. Also attach form T2033.
 ** In order to make deposits to the MPO, the "Receipt and Acknowledgment of Information Folder and Fund Facts" section on page 2 must be signed.

LOCKED-IN RRSP

Check here ONLY if plan is being established as a 'LOCKED-IN RRSP/LIRA' which is necessary to receive proceeds from a registered pension plan. It will be subject to the LOCKED-IN agreement which forms part of the terms and conditions of this plan.

MATURITY DATE

Benefits are payable on the Annuitant's 71st birthday.

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; receiving investment contributions; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and independent insurance brokers who require this information to perform their jobs; providers of information processing and storage, programming, printing, mailing and distribution services; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I recognize that in providing services to me in the future and providing me with the benefits included in the policy I am applying for, Wawanesa Life may need to collect, use and disclose additional personal information about me. I confirm that this consent applies to that personal information as well.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to provide me with the product or service being applied for or having to terminate the policy.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesa.com/life.

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8.

RECEIPT AND ACKNOWLEDGMENT OF INFORMATION FOLDER AND FUND FACTS (for current and/or future MPO transactions)

I have received a Wawanesa Life Information Folder and Fund Facts. My independent insurance broker has reviewed these documents with me.

ANNUITANT (Signature)

SIGNATURES

I apply to The Wawanesa Life Insurance Company for a Guaranteed Retirement Annuity (R.S.P.).

I have paid to the Company's agent the sum of \$_____ for deposit to investments as shown on page 1 of this application.

I request that The Wawanesa Life Insurance Company apply for registration of this policy as a Retirement Savings Plan under Section 146 of the Income Tax Act. I understand that the policy will be subject to the provisions of the said Act and that all annuity benefits will be subject to tax under the provisions of the Act.

I confirm that I have read, understood and accepted the terms and conditions contained in the Consent & Disclosure Regarding Personal Information.

A photocopy or an electronic reproduction of this document will be as valid as the original.

ANNUITANT (Signature)

SELLING BROKER (Signature)

DATE

ALLOCATION OF THIS SALE

AGENT OF RECORD (Please print) _____
BROKER NUMBER _____%

SERVICING AGENT (Please print) _____
BROKER NUMBER _____%

OTHER (Please print) _____
BROKER NUMBER _____%

Factors must add to 100%

PLEASE RETURN FORM TO:
The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8





GRA CUSTOMER COPY

IMPORTANT

CUSTOMER COPY MUST BE GIVEN TO THE CUSTOMER

RECEIPT

Complete this section ONLY if the annuitant has paid a deposit on this application.

RECEIVED \$ _____ IN CONSIDERATION OF A GUARANTEED RETIREMENT ANNUITY APPLICATION.

DETAILS OF INVESTMENTS

The deposit and/or transfer of funds will be invested as follows:

| INVESTMENT OPTIONS | AMOUNT |
|--|--------|
| INVESTMENT ACCOUNTS | |
| () YEAR TERM | \$ |
| () YEAR TERM | \$ |
| () YEAR TERM | \$ |
| MARKET PARTICIPATION OPTION (MPO) | |
| CANADIAN EQUITY INDEX FUND | \$ |
| U.S. EQUITY INDEX FUND | \$ |
| INTERNATIONAL EQUITY INDEX FUND | \$ |
| CANADIAN BOND INDEX FUND | \$ |
| TRUE DAILY INTEREST | \$ |
| TOTAL CONTRIBUTION | \$ |

DATE _____

SELLING BROKER (Signature) _____

NOTICE OF CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

We collect, use and disclose personal information in order to administer products and services you have requested. Personal information is collected, used and disclosed for the purposes of: establishing and maintaining communications with you; receiving investment contributions; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet your needs; compiling statistics and acting as required or authorized by law.

We may share your personal information with the following people, organizations and service providers: Wawanesa Life employees and independent insurance brokers who require this information to perform their jobs; providers of information processing and storage, programming, printing, mailing and distribution services; people to whom you have granted access; and people who are legally authorized to view your personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. Your information may be shared as required by the laws of those jurisdictions.

In order to provide services to you in the future and provide you with the benefits included in the policy, Wawanesa Life may need to collect, use and disclose additional personal information about you. We may not require you to provide consent at that time.

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THE WAWANESA LIFE INSURANCE COMPANY

400-200 MAIN STREET, WINNIPEG, MANITOBA R3C 1A8, CANADA 1-800-263-6785 LIFECUSTSERV@WAWANESA.COM