# APPLICATION FOR **RETIREMENT INCOME FUND** (R.I.F.)





## APPLICATION FOR RETIREMENT INCOME FUND (R.I.F.)

ANNUITANT								
NAME			М [	F	DATE OF BIRTH	DAY MONTH YEAR		
ADDRESS SOC. INS. NO.								
CITY	PROVINCE			POSTAI	L CODE			
PHONE NUMBER OCCUPATION: RETIRED OR OTHER (please specify)								
BENEFICIARY								
NAME		RELATIONSHIP						
SPOUSAL INFORMATION								
(a) Is the Minimum Payment to be based on the Spouse's age?								
(b) If the beneficiary is the Spouse, are income payments to continue to the Spouse after the death of the Annuitant?								
If (a) or (b) is answered 'Yes', please complete the following:								
SPOUSE NAME			D.O.B. S.I.N.					
DETAILS OF INVESTMENTS AND PAYMENTS								
		TRANSFER *	PAYMENT DETAILS (Payments will be made by direct deposit)					
	IVESTMENT OPTIONS	(\$)	Complete Direct Deposit Enrollment below <u>and</u> attach a VOID cheque.					
			Minimum Payment (X) OR	Specific Amount	Frequency (Mon, SA, Ann)	First Payment Date Day / Mon / Year		
INVESTMENT ACCOUNTS ( ) YEAR TERM						1 1		
( ) YEAR TERM ( ) YEAR TERM						1 1		
						1 1		
MARKET	CANADIAN EQUITY INDEX FUND					1 1		
PARTICIPATION	U.S. EQUITY INDEX FUND					1 1		
OPTION	INTERNATIONAL EQUITY INDEX FUND					1 1		
(MPO)**	CANADIAN BOND INDEX FUND					1 1		
TRUE DAILY INTEREST						1 1		
	TOTAL CONTRIBUTION							
* For transfers,	unless interest rate guarantee form is a	ittached, rate on t	he date of receipt of fu	ınds will apply. A	lso attach form T203	33.		
** 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.								
DIRECT DEPOSIT ENROLLMENT								
ACCOUNT HOL	DER			TYPE OF AC	COUNT: CHEQ	UING SAVINGS		
BRANCH ADDRESS								
TRANSIT No.	F.I. No.		ACCOUNT NO.					

RIF 07/2020 Page 1 of 2



#### **MATURITY DATE**

Benefits are payable on the Annuitant's 100th 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 agents 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 <a href="www.wawanesalife.com">www.wawanesalife.com</a>.

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 advisor has reviewed these documents with me.								
NOTE: Annuitant must be less than 85 years old at the time of the initial deposit into the Market Participation Option.								
ANNUITANT (Signature)								
SIGNATURES								
Income Tax Act. I understand that the policy will provisions of the Act.	ompany apply for registration of this policy as a Retibe subject to the provisions of the said Act and that a	all annuity benef	fits will be subject to tax under the					
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 AGENT (Signature)	DATE						
ALLOCATION OF THIS SALE								
AGENT OF RECORD (Please print)	BROKER NUMBER	%	Factors would add to 4000/					
SERVICING AGENT (Please print)	BROKER NUMBER	%	Factors must add to 100%					
OTHER (Please print)	BROKER NUMBER	%						

### PLEASE RETURN FORM TO:

The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, Manitoba R3C 1A8 TOLL FREE: 1-800-263-6785 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com

RIF 07/2020 Page 2 of 2

