

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





ANNUITANT

NAME, ADDRESS, CITY, PROVINCE, POSTAL CODE, PHONE NUMBER, EMAIL, DATE OF BIRTH, SOC. INS. NO., OCCUPATION

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

DETAILS OF INVESTMENTS AND PAYMENTS

Table with columns: INVESTMENT OPTIONS, TRANSFER * (\$), PAYMENT DETAILS (Payments will be made by direct deposit). Rows include Investment Accounts, Market Participation, and True Daily Interest.

* 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.

DIRECT DEPOSIT ENROLLMENT

ACCOUNT HOLDER, BRANCH ADDRESS, TRANSIT No., F.I. No., ACCOUNT NO., TYPE OF ACCOUNT: CHEQUING, SAVINGS



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 www.wawanesalife.com.

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

I request that The Wawanesa Life Insurance Company apply for registration of this policy as a Retirement Income Fund under Section 146.3 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 AGENT (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 MB, R3C 1A8
TOLL FREE: 1-800-263-6785 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com Email: annuities@wawanesa.com**

