

APPLICATION FOR A SINGLE PREMIUM IMMEDIATE ANNUITY POLICY (SPIA)

5000 Yonge Street
Toronto, ON M2N 7J8

PRIMARY ANNUITANT AND OWNER Mr Mrs Ms Miss

1. First Name _____ Initial _____
Last Name _____

2. Address _____
_____ Postal Code _____

3. Male Female

4. Date of Birth _____ 5. S.I.N. _____
Day Month Year

Note: This is an application for a prescribed Annuity contract, therefore the Owner and the Primary Annuitant must be the same person.

SECONDARY ANNUITANT Mr Mrs Ms Miss

6. First Name _____ Initial _____
Last Name _____

7. Address (if different than primary) _____
_____ Postal Code _____

8. Male Female

9. Date of Birth _____ 10. S.I.N. _____
Day Month Year

11. BENEFICIARY Estate of primary annuitant (or surviving annuitant under a joint annuity) **OR**

Name (Print) _____
S.I.N. _____
Relationship _____
 irrevocable, or revocable

Except for Quebec, all beneficiary designations are revocable unless specifically made irrevocable. In Quebec, the designation of a spouse as primary beneficiary is irrevocable unless specifically made revocable.

Where there is more than one beneficiary, benefits will be shared equally, unless otherwise stated.

12. Policy to be issued in: English French

DETAILS OF ANNUITY

13. SINGLE PREMIUM \$ _____ (min \$5,000)
(not required if 17 is completed)

14. Purchase Date _____
Day Month Year

15. Date of first annuity Payment _____
Day Month Year

16. Source of Funds
 Non-Registered RSP RPP/LIRA/LIF/LRIF/PRIF RIF

(a) Contract to be governed by laws of _____
(insert name of province or if federal plan "Canada" as applicable)

(b) **SPOUSE:** Do you have a spouse within the meaning of the applicable pension legislation? Yes No
Note: If you have a spouse within the meaning of the applicable pension legislation, then you may have to complete a spousal waiver.

(c) **COMMUTED VALUE OF PENSION BENEFIT** (Applicable if the source of the deposit is Federal, Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario and Prince Edward Island pension funds):
Was the commuted value of the pension benefit, which is being transferred to this policy determined, in a manner that differentiates on the basis of sex? Yes No
If "Yes", then state the portion of the pension benefit being transferred which was determined in a manner which so differentiates _____ %*
This information is available from your pension plan administrator.
 Other; explain in Advisor's report. _____

17. Amount of payment \$ _____

18. Frequency of payments
 Monthly Annually Quarterly Semi-annually

19. Cheque Mailing Address (if different than primary address)

Postal Code _____

TYPE OF ANNUITY

(a) Is this annuity to be indexed (only applies to Registered Funds)? Yes No
If "Yes", at _____ % per year. (Annual maximum 4%)

(b) Is the annuity integrated with Old Age Security? Yes No
If "Yes", by \$ _____ per month.

1. SINGLE LIFE ANNUITY

Life only-please complete section entitled "Acknowledgement-Single Life only/Joint life only without a guaranteed period"
 Life guaranteed for _____ months
 Life guaranteed to age 90

2. JOINT LIFE ANNUITY *

Type:
 Joint Life only-please complete section entitled "Acknowledgement-Single Life only/Joint life only without a guaranteed period"
 Joint Life guaranteed for _____ months
 Joint Life guaranteed to primary annuitant's age 90
Continuation by _____ % on the death of the primary annuitant
Note: Default option: continuation % has to be 100% on death of secondary annuitant. Deemed a single owner annuity for tax purposes.

3. TERM CERTAIN ANNUITY

Term Expiry:
 After _____ months (applies only to non-registered funds)
 Primary annuitant's age 90



IP-NB151 1/06

ACKNOWLEDGEMENT-SINGLE LIFE ONLY / JOINT LIFE ONLY WITHOUT A GUARANTEED PERIOD

The undersigned (or each of them) hereby acknowledges that he or she, understands and agrees that the policy shall terminate and no further annuity payments, death benefits or other benefits shall be payable if:

The Life only policy is selected and the Annuitant dies on or after the date of the first annuity payment; or
the Joint Life only policy is selected, and the last survivor of the Joint Annuitants dies on or after the date of the first annuity,
the policy shall terminate and no further annuity payments, death benefits or other benefits shall be payable.

Signed at _____ on _____

_____	_____
Primary annuitant/Owner	Witness
_____	_____
Secondary Annuitant (for Joint Life only)	Witness

DECLARATION OF OWNER/ANNUITANT

I hereby apply to Transamerica Life Canada for an annuity policy as specified above and acknowledge and agree with the terms and conditions attached to this form as well as the following terms with respect to:

QUOTATION NUMBER _____ CONFIRMATION DATE _____
Day Month Year

The **rates** used to calculate the annuity payment are **guaranteed only if:**

- An Application is received at Our Head Office within 5 business days;
- Non-Registered funds are received with the application;
- Registered funds are received within 45 days of receipt of the application.

Note: Any changes to the quote, if one was issued to you, including but not limited to, the date all funds are received at HOC (Purchase date), the single premium amount or the first pay date will result to a change in the annuity payment. If using Cannex quotes, the quote must be confirmed with TLC within 24 hours.

TRANSFER OF FUNDS

I hereby agree to give irrevocable direction to the following Companies to transfer funds to Transamerica Life as premiums under the policy applied for, and I authorize Transamerica Life Canada to discuss such transfer with the respective companies.

Name of Transferor and/or Carrier	Approximate amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Head Office Amendments to this Application:

I declare the above statements are correct and shall be the basis for issuance of an annuity policy. Acceptance of the policy by the applicant/owner shall constitute approval and ratification of any corrections, additions or changes by Transamerica Life Canada to this application.

Transamerica and/or its affiliates may use the personal information provided in relation to this application to determine which other insurance, investment and related products and services may meet your particular needs and to offer such products and services to you. If you consent to such use and wish to receive this information, **check here:**

Signed at _____ this _____ day of _____, _____

_____	_____
Owner	Secondary annuitant, if any

Witness	

DISCLOSURE BY TRANSAMERICA ADVISOR

Disclosure Statement for the Province of British Columbia

The life insurance product you are being offered is supplied by Transamerica Life Canada, a company licensed to conduct business in all provinces and territories of Canada. The agent/agency soliciting this insurance application is a licensed life insurance agent representing Transamerica Life Canada and will receive compensation from Transamerica Life Canada on the completion of this transaction. You are not obligated to transact any other business with Transamerica Life Canada, the agent/agency or any other person or entity as a condition of this application.

- You are applying for a Transamerica Single Premium Immediate Annuity Policy (SPIA) contract ("Contract"). The information you have provided in this application is true and complete and is the basis for the issuance of this Contract, and you agree to advise us in writing of any material changes in the information as soon as possible.
- You have received and will be bound by the provisions of the Contract (and attached endorsements, if applicable), as amended from time to time.
- You understand that no agent or broker or other person other than Transamerica itself has the authority to waive, amend, or modify any question or provision of this Application, the Contract, or any endorsement or rider to the Contract.
- Upon receipt of this application, we will establish a file in which will be placed personal information about you concerning (a) this application, (b) any Contract, endorsement, rider or other document issued in connection with this application, (c) other documents or information relating to the investigation, servicing and administration of this application or Contract, and (d) any claim in connection with your file. We collect personal information about you from this application and any supplementary forms, and from our advisors, agents and representatives and other organizations and persons you identify in support of your application. We use your personal information for the purposes of underwriting, investigating the information provided in the application, servicing and administering this application and/or Contract, for investigation and administering of claims, and for such other purposes as are specified in this application. Your information may be shared with Transamerica's affiliates and your advisor of record for the purposes identified above. Your Social Insurance Number will be used for income reporting purposes in the context of the administration of your Contract and its benefits. Your banking information will be disclosed to the financial institution(s) processing your pre-authorized deposit plan.

Employees or authorized representatives of Transamerica who will be responsible for functions relevant to the purposes identified above, and other persons authorized by you or by law, will have access to the personal information contained in your file. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to Transamerica Life Canada, Attn: Privacy Officer, 5000 Yonge Street, Toronto, ON, M2N 7J8. **By completing and signing this application, you consent to the collection, use and disclosure of your personal information as described herein.**

- All payments made under the Contract to you, your spouse, the beneficiary, or your estate, as the case may be, may be subject to tax.
- The effective date of the Contract will be the date shown on the confirmation notice as the effective date of the first deposit. You should contact Transamerica if you have not received a confirmation notice 60 days after making any deposit.
- Transamerica may correct any errors or omissions on this application through an amendment letter to be sent to the Contract Owner at the address indicated on this application.

For Quebec Residents Only:

Language Preference Agreement (Quebec residents who have requested English language only). If you are a Quebec resident, you agree with the following statement: It is my express wish that this application and any related documents be in English. J'ai exigé que le présent formulaire et tous les documents s'y rattachant soient rédigés en anglais.



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