

Dealer/Nominee Transfer Form

Use this form to transfer from:

- Dealer/Nominee to Dealer/Nominee
- Nominee-Name to Client-Name
- Client-Name to Nominee-Name

(Please complete all sections)

In this form, the terms "you, "your" and "owner" refer to the person who has policyholder's rights under the contract. The term "we" refers to *ivari*.

1. CONTRACT DETAILS

Current Owner(s) or Beneficial Owner(s) Name(s):

Owner 1 Last Name:

First Name:

Owner 2 Last Name:

First Name:

Existing Policy Number:

2. TRANSFER REQUEST

FROM: Dealer/Nominee Name:

Dealer/Nominee Code:

Cross-Reference Number:
(if applicable)

Plan Types: ☐ Nominee Non-Registered
☐ Nominee Registered (RRSP*)

☐ Nominee Registered (RRIF**)
☐ Client Non-Registered

☐ Client RRSP*
☐ Client RRIF**

TO: Dealer/Nominee Name:

Dealer/Nominee Code:

Cross-Reference Number:
(if applicable)

Plan Types: ☐ Nominee Non-Registered
☐ Nominee Registered (RRSP*)

☐ Nominee Registered (RRIF**)
☐ Client-Name Non-Registered

☐ Client-Name RRSP*
☐ Client-Name RRIF**

* includes LRSP, LIRA, RLSP

** includes LIF, PRIF, RLIF, New Ontario LIF

† also requires completion of (IP421 or IP1119) form depending on the source of funds

COMPLETE ONLY IF THE TRANSFER IS TO CLIENT NAME NON-REGISTERED PLANS

Declaration of tax residency

Please answer the following three statements. Depending on your situation, you may answer "yes" to more than one.

a) I am a tax resident of Canada. ☐ YES ☐ NO ☐ YES ☐ NO

b) I am a tax resident or a citizen of the United States. ☐ YES ☐ NO ☐ YES ☐ NO

Please provide your taxpayer identification number (TIN) from the United States:

Owner 1 _____ Owner 2 _____

If you do not have a TIN from the United States, have you applied for one? ☐ YES ☐ NO ☐ YES ☐ NO

c) I am a tax resident in a country other than Canada or the United States. ☐ YES ☐ NO ☐ YES ☐ NO

If "yes" to statement c), provide your country of tax residence and taxpayer identification numbers (TIN).

If you do not have a TIN for a specific country, give the reason using one of these choices:

Reason 1: I will apply or have applied for a TIN but have not yet received it.

Reason 2: My country of residence does not issue TINs to its residents.

Reason 3: Other reason, provide details.

	COUNTRY OF TAX RESIDENCE	TAXPAYER IDENTIFICATION NUMBER (TIN)	IF NO TIN, PROVIDE REASON 1, 2 OR 3
OWNER 1			
OWNER 2			

3. ACKNOWLEDGMENT OF CURRENT NOMINEE/TRUSTEE

Complete if dealer/trustee is changing in a nominee registered plan.

The current dealer/trustee agrees to transfer all rights of the contract to the receiving dealer/trustee.

Authorized Signature of current Dealer/Trustee

Date Signed (DD/MM/YYYY):

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4. BENEFICIARY CHANGE

Terms applicable to a transfer to a Client RRSP or Client RRIF policy:

The death benefit will be paid to the estate if no beneficiary is designated.

If a beneficiary is designated irrevocably, you cannot exercise certain contractual rights without the irrevocable beneficiary's consent. Minors named as irrevocable beneficiaries cannot give such consent.

A contingent beneficiary has no rights as long as a primary beneficiary is living.

Where the (i) dealer/trustee is changed in a nominee registered plan, (ii) the transfer is from a client-named policy to a nominee registered plan; (iii) the transfer is from a nominee non-registered to a nominee registered plan, **the previously-designated beneficiary must be changed to "the trustee in trust for the beneficial owner"**.

New Beneficiary Designation:

Where the transfer is to a Client-Name RRSP or Client-Name RRIF policy, please complete the section below, as applicable:

Last Name:

First Name:

Initials:

Relationship to Annuitant:

(Relationship to owner in Quebec)

☐ Primary

☐ Revocable

Share of Benefits (%)

Date of Birth (DD/MM/YYYY):

☐ Contingent

☐ Irrevocable

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4. BENEFICIARY CHANGE (continued)

In Quebec: If you name your married or civil union spouse as beneficiary, this designation is irrevocable unless you specifically indicate that the designation is revocable.

In Quebec: In the case of a minor beneficiary, the Death Benefit will be paid to the Tutor(s) of the minor.

Last Name:		First Name:		Initial(s):	
Relationship to Annuitant: (Relationship to owner in Quebec)					
<input type="radio"/> Primary		<input type="radio"/> Revocable		Share of Benefits (%)	
<input type="radio"/> Contingent		<input type="radio"/> Irrevocable		Date of Birth (DD/MM/YYYY):	
Trustee for minor beneficiaries (except for Quebec)					
Last Name:		First Name:		Initial(s):	
Street Address:				Apt.:	
City:		Province:		Postal Code:	
Date of Birth (DD/MM/YYYY):				Relationship to minor:	
Consent of the irrevocable beneficiary, if applicable. The irrevocable beneficiary consents to the transfer in section 2 and acknowledges that by consenting to the transfer, all rights and benefits she/he may have previously under the contract will cease to apply. A minor irrevocable beneficiary cannot provide this consent.					
Irrevocable Beneficiary Signature				Date Signed (DD/MM/YYYY):	
Witness Signature				Date Signed (DD/MM/YYYY):	

5. ACKNOWLEDGEMENT OF OWNER OR BENEFICIAL OWNER

Your signature below confirms that:

- The statements and answers in this form are true and complete.
- The transfer applies only to the full transfer of the contract.
- You understand that creditor protection may not be available if the contract is held in the name of the dealer/nominee/trustee.
- You designate the dealer/nominee as your agent and authorize us to accept instructions from the dealer/nominee to execute transactions, including purchases, surrenders and switches. We are not liable for following the instructions from the dealer/nominee.
- If your contract is held in nominee name, correspondence and other communication to you may, at the request of the dealer/nominee, be sent to the dealer/nominee.
- If there is any errors, omission or changes in the information in this form, you will inform *ivari* immediately.
- As the policy owner(s), I/we acknowledge that I/we have an obligation under the *Income Tax Act* to notify *ivari* of any changes in my/our tax residency status. I/We acknowledge that the information contained in this form and information regarding my/our policy, contract and account may be reported to Canada Revenue Agency (CRA).
- **Except in a nominee registered to a client non-registered transfer and a client registered to a nominee non-registered transfer, the contract maturity date, and deposit maturity dates, DSC, maturity and death benefits will remain unchanged.** In the two listed cases, the transfer will be processed as a withdrawal from and a purchase back into the contract. Guarantees are impacted. This transaction may trigger sales charges and is a taxable event.

Signature of Owner or Beneficial Owner	Date Signed (DD/MM/YYYY):	Province
Signature of Owner or Beneficial Owner	Date Signed (DD/MM/YYYY):	Province
Authorized Signature on behalf of Trustee (nominee registered contracts only)	Date Signed (DD/MM/YYYY):	Province

6. ADVISOR INFORMATION

Advisor Signature		Date Signed (DD/MM/YYYY):
GA/Dealer Code	SA/Rep Code	Advisor/Rep Name



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