

**Annuitant Detail**

ID Verification Required:

- ID Verification form attached
- Copy of client's cheque attached, OR
- Funds debited from client's account:

\_\_\_\_\_ (Financial Institution and Account Number)

Client No.  Contract No.  Last name, first name  SIN

Do funds represent spousal contributions?  Y, N  
 Are funds subject to pension lock-in?  Y, N If Y, \_\_\_\_\_ (Jurisdiction)  
 For RRIF, are funds from a Qualifying (Pre-1993) RRIF?  Y, N

If address and phone number have changed, provide details: \_\_\_\_\_

**Deposit Detail**

RRSP  RRIF

Region  Referral  Sub

Amount  Deposit to:  Term  Existing Variable  New Variable

Special Options:  **Ratemaker**  **Cashable** (12 month only)

Deposit Date  (DD/MMM/YYYY)

**Term Information**

Term No.

Days	<input type="text"/>
Months	<input type="text"/>
Years	<input type="text"/>

Maturity Date  (DD/MMM/YYYY)

Interest Rate

Interest Proceeds:  Compound  Transfer to Variable

**Source of Funds**

Deposit to RRSP  Cash Sweep  Cheque  Cash

Transfer In from: \_\_\_\_\_ \* If transfer in of pension funds, complete 'Origination of Pension Funds' below.

Other \_\_\_\_\_

**RRIF Payment Detail (complete only if first deposit to new contract)**

Current Year	Payment Type	Minimum	Maximum	Payment Schedule	Payment Due (DD/MMM/YYYY)	Payment (per frequency)
Next Year	} Specified	<input type="text"/>	<input type="text"/>	} M-Monthly Q-Quarterly S-Semi-Annual A-Annual	<input type="text"/>	<input type="text"/>
					} Maximum (LIF, LRIF Only)	<input type="text"/>

\*specify day: 15th or month-end

Direct Deposit (Void Cheque Attached)  Route (Inst)  Transit  Account #

\_\_\_\_\_ (name and address of financial institution)

**Origination of Pension Funds**

Certain information regarding the originating employer and pension plan is required at the time of acceptance of new locked-in RRSP/RRIF funds.

1. Indicate if you are the original Pension Plan member  Or Beneficiary Spouse  Or Former Spouse Due to Relationship Breakdown
2. Name of Company you worked for where these pension amounts accumulated: \_\_\_\_\_
3. Position held with this company: \_\_\_\_\_
4. Town and Province where you worked at the time you terminated employment with this company: \_\_\_\_\_
5. Year you terminated employment with this company: \_\_\_\_\_

Annuitant Signature \_\_\_\_\_ Agent Name \_\_\_\_\_ Agent No. \_\_\_\_\_

Agent Phone No. \_\_\_\_\_ Date (DD/MMM/YYYY) \_\_\_\_\_

**Commission**   **Transaction**

Process to ACS  Y  N **Tran Type**  N  **ID Keyed**   **TranCode**  **Adv Reg Tran**

Entered By: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_