



# GIC-TYPE products

## Investment & Retirement

Additional deposit form



### Additional deposit form and T2033 Form for

- ▶ Retirement Savings Plan
- ▶ Retirement Income Fund
- ▶ Locked-in Retirement Account
- ▶ Life Income Fund

# ADDITIONAL DEPOSIT FORM GIC-TYPE PRODUCTS

## 1. PLAN TYPE

- ☐ Retirement Savings Plan (RSP) ☐ Retirement Income Fund (RIF)
- ☐ RSP - Contributions Made by Spouse ☐ Life Income Fund (LIF) - Addendum
- ☐ Locked-in Retirement Account (LIRA) - Addendum ☐ NON-REGISTERED Retirement Savings Plan

☐ I request that UV Insurance apply for registration of this Contract as a registered retirement savings plan or a registered retirement income fund under the *Income Tax Act* (Canada) and any other applicable laws. I understand that this Contract is subject to the provisions of applicable laws mentioned in the Contract provisions and of any endorsements or addenda regarding locked-in Funds. All benefits paid under this Contract are subject to tax, in compliance with the provisions of applicable laws.

## 2. POLICYHOLDER (ANNUITANT) INFORMATION

☐ Female ☐ Male

First Name

Last Name

☐ I confirm that the information on file is accurate.

☐ The information currently on file is inaccurate. Here is the information to be modified:

Address

App.

City

Province

Postal Code

Date of Birth (yyyy/mm/dd)

Social Insurance Number

Business Number (BN) (9 digits)

Québec Entreprise Number (NEQ) (10 digits)

Telephone (residence)

Telephone (work)

Ext.

E-mail

## 3. POLITICALLY EXPOSED FOREIGN PERSONS

This Section must be completed in case of a non-registered lump sum payment of \$100,000 or more.

Have you personally or a member of your family held a senior-level position in a foreign government or organization (political party, army, court of law or state-owned company)?

☐ Yes ☐ No

If yes, please provide the following information:

Last Name and First Name

Position Held

Relationship

Source of Funds

Contract Number

## 4. POLICYHOLDER(S)/PAYOR(S) IDENTITY VERIFICATION

**This section must be completed in case of a non-registered payment only.**

☐ I confirm that the information on file is accurate.

☐ The information currently on file is inaccurate:

Last Name and First Name of Policyholder/Authorized Signing Officer

Occupation or Type of Business

Document Number

☐ Birth Certificate

☐ Passport

☐ Driver's Licence

☐ Other:

Territory of Competence :

Date of Birth (yyyy/mm/dd)

☐ American Citizen ☐ Tax Resident (other than Canada) TIN:

Last Name and First Name of Payor, if not the Policyholder

Occupation or Type of Business

Document Number

☐ Birth Certificate

☐ Passport

☐ Driver's Licence

☐ Other:

Territory of Competence :

Date of Birth (yyyy/mm/dd)

☐ American Citizen ☐ Tax Resident (other than Canada) TIN:

## THIRD PARTY DETERMINATION

Is the applicant/owner acting on the instructions of an undisclosed individual or entity?

☐ No ☐ Yes (If yes, collect the following information.)

Instructions are provided by : ☐ an individual ☐ a corporation

☐ another type of entity (please specify):

Name of third party:

Date of Birth (yyyy/mm/dd)

Relationship to applicant/owner:

Address (not only a PO box number):

Principal occupation or business (be specific):

If a corporation is the third party, provide: Incorporation number:

Place of incorporation:

## 5. SPOUSE

If the contribution to your plan is made by your spouse, the receipt will be issued to him or her.

☐ I confirm that the information on file is accurate.

☐ The information currently on file is inaccurate. Here is the information to be modified:

Last Name

First Name

Social Insurance Number

Date of Birth (yyyy/mm/dd)

Address

App.

City

Province

Postal Code

## 6. INVESTMENT

## GIC-TYPE PRODUCT

<input type="checkbox"/> <b>Cheque:</b> \$ _____ <input type="checkbox"/> <b>Unique Pre-authorized Debit:</b> \$ _____	<b>Transfer:</b> <input type="checkbox"/> internal <input type="checkbox"/> external \$ _____ (approx.)    Name of Delivering Institution: _____ <input type="checkbox"/> T2033 <input type="checkbox"/> T2151 <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>I confirm that the transfer form has been sent to the delivering institution.</b>
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Name of Product	NON-REGISTERED			RSP or LIRA		RIF or LIF	
	Allocation (\$ or %)	Interest Rate	Type of Interest: Compound (C) / Simple, paid annually (SA) / Simple, paid monthly (SM)	Allocation (\$ or %)	Compound Interest Rate	Allocation (\$ ou %)	Compound Interest Rate
1-Year Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM		%		%
2-Year Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM		%		%
3-Year Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM		%		%
4-Year Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM		%		%
5-Year Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM		%		%
10-Year Uniflex		(1 <sup>st</sup> year) %	<input type="checkbox"/> C		(1 <sup>st</sup> year) %		
10-Year Step-Up Uniflex		(1 <sup>st</sup> year) %	<input type="checkbox"/> C		(1 <sup>st</sup> year) %		
Market Index Uniflex+							
Daily Interest Account (DIA)							

☐ **Pre-authorized Debit:** monthly payment of \$ \_\_\_\_\_ (minimum = \$25/month)

**Automatic Conversion :** whenever the balance of the daily interest account reaches \$ \_\_\_\_\_ (minimum = \$500), it will be invested in the products specified below at current rates.

Name of Product	NON-REGISTERED			RSP	
	Allocation (\$ or %)	Type of Interest: Compound (C) / Simple, paid annually (SA) / Simple, paid monthly (SM)			Type of interest: Compound (C)
1-Year Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM			<input type="checkbox"/> C
2-Year Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM			<input type="checkbox"/> C
3-Year Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM			<input type="checkbox"/> C
4-Year Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM			<input type="checkbox"/> C
5-Year Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM			<input type="checkbox"/> C
10-Year Uniflex		<input type="checkbox"/> C			<input type="checkbox"/> C
10-Year Step-Up Uniflex		<input type="checkbox"/> C			<input type="checkbox"/> C
Market Index Uniflex+					

Notes :

## 7. SURRENDER REQUEST

If you want to request the surrender of your contract or certificate, please fill out the Cash Value Request form (EQC031) on our website at [uvinsurance.ca](http://uvinsurance.ca), Investment & Retirement – Forms section.

## 8. RETIREMENT INCOME

Note: I understand that payments are subject to tax and that UV Insurance shall deduct taxes payable under tax laws at the source.

- ☐ I confirm that the information on file is accurate.
- ☐ The information currently on file is inaccurate. Here is the information to be modified:

### Calculation of minimum payment

- ☐ Based on Age of the Annuitant ☐ Based on the Spouse's Age  
**Please complete Section 5.**

### Payment

- ☐ Minimum
- ☐ Gross Amount = \$ \_\_\_\_\_

This amount must exceed the minimum amount (and not exceed the maximum amount in the case of a LIF).

- ☐ Maximum (LIF only)

### Payment frequency

- ☐ Annually ☐ Monthly

### Date of first payment

(between the 1<sup>st</sup> and the 28<sup>th</sup> day of the month)

(yyyy/mm/dd)

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### Payment by

- ☐ Direct Deposit ☐ Cheque  
**Please complete Section 10.**

## 9. DESIGNATION OF GENERAL AGENT AND ADVISOR

- ☐ I confirm that the information on file is correct. If not, **please complete this section 9.**

Name of General Agent

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Name of Financial Security Advisor

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General Agent's Code

Financial Security Advisor's Code

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## 10. DIRECT DEPOSIT AUTHORIZATION OR PRE-AUTHORIZED DEBIT

### ☐ Pre-authorized Debit

I hereby authorize my financial institution to debit my account and pay UV Insurance an amount of \$ \_\_\_\_\_ ☐ per month or ☐ unique PAD.

### Date of first PAD or of unique PAD

(yyyy/mm/dd)

(between the 1<sup>st</sup> and the 28<sup>th</sup> day of the month)

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### ☐ Direct Deposit Authorization

I hereby authorize UV Insurance to deposit amounts owed to me in my account. I agree to reimburse any amount paid in excess of amounts I am entitled to, and I authorize my financial institution to refund any such amount to UV Insurance.

Financial institution

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Transit n°

Institution n°

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Account n°

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**Please attach a specimen cheque from the financial institution specified above. If several signatures are required, please include these.**

**X**

Signature(s)

## 11. BENEFICIARY ON THE DEATH OF THE POLICYHOLDER (ANNUITANT)

If you wish to change your beneficiary designation, please complete the Change of beneficiary form (EQC013) found on our website at [uvinsurance.ca](http://uvinsurance.ca), Investment & Retirement - Forms section.

Last Name and First Name of the first beneficiary

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Relationship

Date of Birth (yyyy/mm/dd)

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\_\_\_\_\_ % ☐ Revocable ☐ Irrevocable

Last Name and First Name of the second beneficiary (if any)

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Relationship

Date of Birth (yyyy/mm/dd)

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\_\_\_\_\_ % ☐ Revocable ☐ Irrevocable

For a LIRA or a LIF, the spouse may receive benefits despite any beneficiary designation. A verification of the beneficiary designation is made only upon retirement or death.

## 12. CORPORATION

If the policyholder (annuitant) is a corporation, please fill the form EQC088 and join it to the application.

## 13. DECLARATION

The transaction represented by this Application is between the policyholder (annuitant) and UV Insurance. The Financial Security Advisor submitting the Application is an authorized representative of UV Insurance and will receive compensation from UV Insurance upon completion of this transaction. The policyholder (annuitant) is not obligated to transact any other business with the Financial Security Advisor, UV Insurance or any other organization as a condition of this Application.

I authorize UV Insurance to use, for administrative purpose only, the information included in this Application, including my social insurance number. I have read and agree to the provisions of the Contract, including the provision about files and personal information. I also understand the general conditions of the investments I have selected. I declare that, to the best of my knowledge, I shall not become insolvent by proceeding with this transaction and that there are no reasonable grounds to believe that I am in precarious financial position. I hereby declare that the information provided in this Application and in all additional documentation is true, complete and accurately indicated and shall constitute the basis of any contract issued as a result of this Application. I hereby state that I am not an American citizen. However, in the case in which I would be an American citizen, my Taxpayer Identification Number (TIN) can be found in section 4.

**FINANCIAL SECURITY ADVISOR:** I confirm that the information received to complete sections 2, 4, 5 and 10 of this Application was verified through official and original documents.

Signed at \_\_\_\_\_

Date 

Y	Y	Y	Y	M	M	D	D
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Signature of Policyholder (Annuitant)

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Signature of Financial Advisor

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**AREA 1 – ANNUITANT**

Last name	First name and initials	Social insurance number
Address		Telephone

**Part A – Transfer from an ☐ RRSP, a ☐ RRIF or a ☐ TFSA**

Individual plan or arrangement name: \_\_\_\_\_ Number : \_\_\_\_\_

Name of RRSP issuer, RRIF carrier or TFSA issuer	Address
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**Part B – Description of amount to be transferred**

Please transfer ☐ all of the property, ☐ the lump sum of \$ \_\_\_\_\_, or ☐ \_\_\_\_\_ payments of \$ \_\_\_\_\_ \$ which represents all or part of the property of my unmatured RRSP, RRIF or TFSA identified in Part A.

☐ In cash or ☐ in kind.

**Part C – Identifying the RRSP, RRIF, TFSA or RPP the funds are being transferred to**

<input type="checkbox"/> Please transfer the above-mentioned RRSP property to my RRSP.	Individual plan number and name
<input type="checkbox"/> Please transfer the above-mentioned RRSP or RRIF property to my RRIF.	Individual fund number and name
<input type="checkbox"/> Please transfer the above-mentioned TFSA property to my TFSA.	Arrangement number and name
<input type="checkbox"/> Please ensure that the transfer of the above-mentioned RRSP or RRIF property is credited to my account as a member of this registered pension plan (RPP).	Canadian Revenue Agency's registration number and name
Name of RRSP issuer, RRIF carrier, TFSA issuer or RPP administrator <b>UV INSURANCE</b>	Adresse <b>PO BOX 696, DRUMMONDVILLE QC J2B 6W9</b>
Date	Annuitant's signature <b>x</b>
	Signature of irrevocable beneficiary (in any) <b>x</b>

**AREA 2 – TRANSFEREE**

- UV Insurance agrees to the above request for a direct transfer of property. Upon reception of the property, UV Insurance will credit it to the annuitant or member under the plan, fund or arrangement identified in Part C of Area 1. If the plan, fund or arrangement is an RRSP, a RRIF or a TFSA that conforms to a specimen, it will conform with the specimen identified as: \_\_\_\_\_ (Specimen number and name). UV Insurance will check the plan, fund or arrangement identification in Part C of Area 1, and add or correct information as necessary.
- The plan, fund or arrangement is registered under the Income Tax Act (Canada) or, otherwise, UV Insurance will apply for such registration according to Information Circulars 72-22 and 78-18.

Transferee's name <b>UV INSURANCE</b>	Date
Authorized Person's Signature <b>x</b>	Position or office

**AREA 3 – TRANSFEROR (DO NOT ISSUE A T4RSP OR T4RIF SLIP FOR THE AMOUNT TRANSFERRED.)**

- We have transferred \$ \_\_\_\_\_ from the RRSP, RRIF or TFSA identified in Part A of Area 1 to UV Insurance. If RRIF property is transferred to another RRIF or an RPP, we have paid or will pay the annuitant the minimum amount for the year.
- Is the transfer from a qualifying RRIF? ☐ Yes ☐ No ☐ Does not apply
- Has the annuitant's spouse or common-law partner ever contributed amounts to the RRSP? ☐ Yes ☐ No ☐ Does not apply
- Does the RRIF include amounts transferred from an RRSP to which the annuitant's spouse or common-law partner has contributed? ☐ Yes ☐ No ☐ Does not apply

Spouse or common-law partner's last name	First name and initials	Social insurance number
5. UV Insurance has to continue to administer \$ _____ as a locked-in amount, as required by the Pension Benefits Standards Act or a provincial act (specify the act) _____. For some provinces, you can transfer pension funds and locked-in RRSP funds to a locked-in RRIF. I certify that the information given on this form is correct and complete. <input type="checkbox"/> Does not apply		
Transferor's name		Date
Authorized person's signature <b>x</b>		Position or office

**AREA 4 – RECEIPT BY UV INSURANCE (DO NOT ISSUE AN OFFICIAL RECEIPT FOR THE AMOUNT TRANSFERRED.)**

We have received \$ \_\_\_\_\_ for transfer and administration according to Area 1 and, if applicable, Area 3.

Transferee's name <b>UV INSURANCE</b>	Date
Authorized Person's Signature <b>x</b>	Position or office