

Annuitant's Name: _____

Policy No: _____

Section A – Source of Funds

- Additional Contribution of \$ _____ to this policy (cheque attached)
- Transfer from FaithLife Financial policy number _____ (Also complete Withdrawal Form FLF346)
- Transfer from another institution as indicated on Transfer Authorization Form FPR012

Section B – Investment Details – Segregated Funds Option *(Please state per cent of contribution to be allocated)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Allocate payment above | <input type="checkbox"/> Change monthly PAD allocation | <input type="checkbox"/> Change Income Payment allocation |
| _____ % Money Market 2 | _____ % Canadian Equity (Growth 2) | |
| _____ % Canadian Bond (Indexed) | _____ % Canadian Equity (Indexed) | |
| _____ % Balanced (Jarislowsky)* | _____ % U.S. Equity (Indexed) | |
| _____ % Balanced (Scheer Rowlett) | _____ % Global Equity 2 | |
| _____ % Balanced (TDQC) | _____ % International Equity (Indexed) | |
| _____ % Canadian Equity (Core 2) | _____ % Total | |
| | 100 | |

* This fund is not available for non-registered policies.

Section C – Fund Transfer Details *(Only for transfer from one fund to another for this policy)*

I request units to be transferred as follows: (please state per cent of fund)

NOTE: If income payments are being made from this policy, also complete Section B, "Change Income Payment allocation".

FROM (Fund Name)	%		TO (Fund Name)	%

Total 100%

I understand that:

1. The contribution and/or transfer will take place on the date this form is received at FaithLife Financial's Administrative Office.
2. If a fund transfer results in any one fund having a value less than \$500, the remaining value will also be transferred in the same proportions.

Owner's Signature: _____

Date: _____

Representative's Name: _____

Rep #: _____

Open Territory