

CONTRACT INFORMATION

Policy Reference Number		Owner's Name
Joint Owner		Owner's Social Insurance Number
Irrevocable Beneficiary Name (if applicable)		Annuitant (if other than owner)
GA/Dealer Code	SA/Rep Code	Advisor Name

ADDITIONAL DEPOSIT* Amount \$ cheque copy of direct deposit slip copy of T2033 transfer instructions attached

PAC AUTHORIZATION* Amount \$ (Minimum \$50.00) Start Date (Month, Day 1st - 28th)
 New Change

ATTACH VOID CHEQUE
SYSTEMATIC WITHDRAWAL PLAN* (SWP) Amount \$ Start Date (Month, Day 1st - 28th) Monthly Quarterly Semi-annually Annually

ATTACH VOID CHEQUE
DOLLAR COST AVERAGING (DCA)* (Minimum \$50.00) Amount \$ Start Date (Month, Day 1st - 28th) From (one Fund only)
 New Change To **SEE DCA ALLOCATION BELOW**
Allocation Change Please note that if the contract has Dollar Cost Averaging, Systematic Withdrawal Plan, or RIF/LIF payments, further changes may be required.

REQUEST FOR SURRENDER/REDEMPTION* Full Redemption **OR** Partial Redemption

IF PARTIAL, please select Gross **OR** Net (**You must select one. If no option is selected, gross will be selected by default.**)

Note: a) Gross is subject to applicable charges, fees, taxes, etc. b) Net is after applicable charges, fees, taxes, etc.

*** MUST COMPLETE INVESTMENT ALLOCATION INSTRUCTIONS BELOW:**
INVESTMENT ALLOCATION INSTRUCTIONS (written notification must be provided for each additional deposit)

Fund Name	Fund Number	Amount (%) (\$ or Units)	PAC Allocation (%)	SWP Allocation (%)	DCA Allocation (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 RESET OPTION** Please accept this authorization to exercise the Reset Option for the value of the above contract on the date this request is received by Head Office. New maturity date will be 10 years from date of receipt of this form at Head Office (not Applicable to IMS/IMS RRIF/Money Market/ELAP/BIG/Agent Plan/SEG 1).

 FUND SWITCH** These instructions apply only to **this transaction**. Complete Investment Instruction chart below.

****If a "Limited Power of Attorney/Letter of Authorization" (LPOA/LOA) is on file with Transamerica, the owner's signature is not required, but the advisor's signature is required, provided that such LPOA/LOA has not been revoked or superceded.**
TRANSFER OF SEGREGATED FUNDS (NOT APPLICABLE FOR TRANSFERS FROM GROWSafe/GROWSafe² to GROWSafe³ or from IMS I, II, III, IMS RRIF to GROWSafe³) Complete Investment Instruction chart below.

 INTACT TRANSFER [retain existing fund(s) and/or allocation(s)]

OR
 MODIFIED TRANSFER [change fund(s) and/or allocation(s) – **applicable charges apply**]

INVESTMENT INSTRUCTIONS

From:	Fund Name	Fund Number	Amount (\$) or (%)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

To:

	Fund Name	Fund Number	Amount (\$) or (%)
Policy Reference Number (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION

Owners Signature	Joint Owner's Signature (if applicable)	
Irrevocable Beneficiary's Signature (if applicable)	Spouse's Signature for Locked-in Plans (if applicable)	
Advisor's Signature	Date Signed	Signed at