



Annuitant Information	
ACCOUNT NUMBER	CONTRACT NUMBER
SURNAME	GIVEN NAME(S)

Payment Amount	
<input type="checkbox"/> Minimum <input type="checkbox"/> Maximum (LIF Only) <input type="checkbox"/> Specified	MAXIMUM (\$) SPECIFIED (\$) <input type="checkbox"/> Net <input type="checkbox"/> Gross

Tax Method	
<input type="checkbox"/> Minimum (no tax withheld) <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> Other	SPECIFIED (%)

Payment Frequency	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	PAYMENT DATE (MM/DD/YYYY)

Payment Method (Complete only if the banking information is changing)				
<input type="checkbox"/> Direct Deposit (Attach Void Cheque)	NAME OF FINANCIAL INSTITUTION	TRANSIT NO.	INST. NO.	ACCOUNT NO.

Signatures		
SIGNATURE OF ANNUITANT	DATE (MM/DD/YYYY)	ACCEPTED BY AUTHORIZED OFFICER

Additional Notes