



Third Party Policy Dealing Indemnity.

(A Fund Adviser Appointment form must be completed in all instances)

I/We (name(s) in full) request that Canada Life International Limited (the "Company") makes the initial investment links identified in the section headed "investment details" in my/our Premiere Account/Wealth Preservation Account ("the Policy") Application Form (the "Initial Investments") and accepts and makes any future investment links selected by my/our Financial Adviser or Appointed Fund Adviser (the "Future Investments") for allocation to my/our Policy.

In order that the Company may make the investment links referred to above, I/we confirm by signing this form below, that I/we hereby indemnify the Company, keep the Company indemnified and hold the Company harmless against any loss, liability, damage, cost (including without limitation legal and other professional costs) and expense incurred or suffered by the Company as a result of or connection with:

- any instructions, given or executed on my/our behalf by my/our Financial Adviser or Appointed Fund Adviser on the Platform relating to the Initial Investments or Future Investments; and
- any acts or omissions of my/our Financial Adviser or Appointed Fund Adviser (including without limitation any advice given, decisions made or any dealing in or holding of the Initial Investments or Future Investments by any such person).

I/we shall inform the Company if I/we wish to revoke or amend the appointment of my/our Financial Adviser or Appointed Fund Adviser in any way. Unless and until the Company receives such notice, the Company may permit my/our Financial Adviser or Appointed Fund Adviser to execute my/our instructions on the Platform without recourse to me/us as if the instructions had been given by me/us.

I/we understand that it is the responsibility of my/our Financial Adviser and/or Appointed Fund Adviser to ensure that they are at all times appropriately authorised and/or regulated to undertake such activities, or to give instructions, on my/our behalf.

The Company may in its absolute discretion refuse to permit my/our Financial Adviser or Appointed Fund Adviser to execute instructions on the Platform.

Notwithstanding the above, the Company reserves the right to request further declarations for specific investments where the Company determines this to be necessary or in the best interests of me/us in respect of the Policy or Policyholders of the Company generally.

Agreed and accepted by:

	Policyholder	Policyholder
Signature	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Today's date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



Canada Life
International

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6851 December 08