



JOHN L. MURRAY
Agent

Mutual Life of Canada
Box 880, Liverpool, N.S. B0T 1K0
Bus. 354-5902, Res. 683-2050

October 14, 1981

Mr. Bob Stafford, C.A.
SMITH & STAFFORD
327 Main St., Liverpool
Queens County, N.S.
BOT 1K0

Dear Bob:

RE: Policy #9187,283 - Thomas H. Raddall - IAAC

Here is the explanation that I have received from head office concerning the \$861 refund of Mr. Raddall's IAAC. The policy was issued according to application. Therefore it is an Income Averaging Annuity - Life, with a gross qualifying amount of \$48,840. The purchase date was August 4, 1981. The income date, that is the date at which the income begins to flow to Mr. Raddall, is January 4, 1982. The income frequency is monthly with a guaranteed period of seven years.

This was placed on an impaired basis, and consequently, the periodic income is now \$717.73. The amount forward averaged was \$40,228.44. The gross qualifying amount and deferred period differed from the original quote, plus the impaired rating increased the pay out, and consequently the higher periodic income is realized with a lower amount forward averaged.

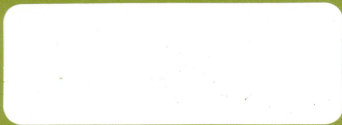
I hope this explains the refund and the increased periodic income for tax purposes. If there is any question about what I have stated in this letter, please contact me and I will get further explanation from head office. I will send a copy of this letter to Mr. Raddall so that he may peruse same.

Best regards,



John L. Murray

JLM:wlm
c.c. - Mr. Thomas H. Raddall✓



The Mutual Life Assurance Company of Canada

We, The Mutual Life Assurance Company of Canada, agree with you, the Policyholder, to pay the benefits of this policy in accordance with its provisions.

Signed at Head Office, Waterloo, Ontario.

Secretary

President

POLICY PARTICULARS

Policy Number	9187,283	August 4, 1981	Policy Date
Annuitant	THOMAS HEAD RADDALL		Age 77 yrs 8 mths Admitted

Policyholder THE ANNUITANT

Payee and Beneficiaries as stated in the application unless subsequently changed

PLAN SINGLE PREMIUM ANNUITY

DEFERRED LIFE ANNUITY

- Annuity Payable	- monthly
- Annuity Amount	- \$717.63
- Number of Guaranteed Payments	- 84
- Income Date	- January 4, 1982

Premium \$40,228.44 paid August 4, 1981

This policy is an Income Averaging Annuity for income tax purposes.

This policy does not participate in the surplus distribution of the Company.

BENEFIT AND GENERAL PROVISIONS**Claims**

Any claim for benefit must be made in writing to our Head Office. The claimant must provide due proof of the claim and the right to receive the benefit.

Annuity Benefit

The annuity shown on the Policy Particulars page is payable at regular intervals to the Payee. The payments commence on the Income Date if the Annuitant is then living and continue until the death of the Annuitant or until all the guaranteed payments have been made, if later.

If the Annuitant dies on or after the Income Date but before all the guaranteed payments have been made, the remaining payments are made to the beneficiary as they become due. If this is an immediate annuity and the Annuitant dies before the Income Date, the guaranteed payments are made to the beneficiary as they become due. However the beneficiary may request that the present value of the remaining guaranteed payments be paid in one sum unless you direct otherwise. The present value will be calculated with the interest rate being used by us on the date of death for a new annuity-certain that will continue for the same length of time as the remaining guaranteed payments.

If the Annuitant dies after all the guaranteed payments have been made, the annuity ceases with the last payment before death.

The amount of the annuity payment depends upon the age and sex of the Annuitant. Therefore proof of the Annuitant's age is required before any payment is made. If the age or sex is misstated the amount of the payment is the amount provided by the same premium at the correct age and sex.

If any payment depends upon the survival of the Annuitant, proof may be required that the Annuitant is living at the date of the payment.

Death Benefit

If this is a deferred annuity and the Annuitant dies before the Income Date the death benefit payable to the beneficiary is an amount equal to the premium.

Settlement Options

Benefits payable on the death of the Annuitant may be paid in cash, used to provide an annuity or settled on any other agreed basis.

The choice of settlement may be made by you and, if you do not make a choice, by a beneficiary. With our consent a beneficiary may change a settlement chosen by you unless you direct otherwise.

Details of the options and the conditions under which they are available will be provided on request.

The Contract

This policy and the application for it and any amendments to this contract agreed upon in writing after the policy is issued constitute the entire contract. The policy may not be amended nor any provision waived except by endorsement or rider signed by the officials of the Company authorized to sign policies.

Currency of this Policy

Canadian

BENEFIT AND GENERAL PROVISIONS(cont'd)

Assignments

If this policy is assigned, written notice of the assignment must be sent to our Head Office. We assume no responsibility for the validity of any assignment.



APPLICATION PART 1 - APPLICATION FOR ANNUITY

NOTE: PROOF OF AGE MUST BE SUBMITTED WITH ALL ANNUITY APPLICATIONS EXCEPT DIA'S, GIA'S AND RIA'S UNDER AGE 60 AND ANNUITIES CERTAIN (UNLESS REGISTERED OR NON REGISTERED WITH CERTAIN PERIOD TO AGE 90.)

A ANNUITANT(S): Person(s) on whose life or lives the continuance of the annuity depends Former surname(s) if name changed

Mr. <input checked="" type="checkbox"/>	Other <input type="checkbox"/>						
Miss: <input type="checkbox"/>		<u>THOMAS HEAD</u>		<u>RADDALL</u>			
Mrs: <input type="checkbox"/>		(Print name in full. Surname last)		(Underline given name commonly used)			
		(Province, state or country)					
Born	Day <u>3</u>	Month <u>APR</u>	Year <u>03</u>	Age <u>77</u>	Birth Place <u>ENGLAND</u>	Social Insurance Number <u>106-252-558</u>	

B APPLICANT(S): Same as ANNUITANT(S): Yes No If No, print name in full, surname last Former surname(s) if name changed

Mr. <input type="checkbox"/>	Other <input type="checkbox"/>						
Miss: <input type="checkbox"/>							
Mrs: <input type="checkbox"/>							
		(Underline given name commonly used)					
		(Province, state or country)					
Born	Day	Month	Year	Age	Birth Place	Social Insurance Number	(Postal Code)
		(Number & Street)		(Town or City)		(Province)	
		(Postal Code)					
APPLICANT'S POSTAL ADDRESS		<u>BOX 459</u>		<u>LIVERPOOL</u>		<u>NS B0T-1K0</u>	

C CURRENT POLICYHOLDER ON DEATH OF APPLICANT (Optional nomination available only when ANNUITANT(S) and APPLICANT are not the same person. Name one person only)

Full Name

D PAYEE OF ANNUITY

Annuity payments are to be made to THOMAS HEAD RADDALL SAME
(Relationship to Annuitant)

BENEFICIARY ON DEATH OF ANNUITANT(S) - This is a revocable appointment unless prohibited by law. Complete only if annuity is deferred or provides for a guaranteed number of annuity payments.

Before the first annuity payment ESTATE (Relationship to Annuitant)

AFTER the first annuity payment ESTATE (Relationship to Annuitant)

E REGISTRATION

1 (a) Is policy to be registered as a Retirement Savings Plan? Yes No

(b) Is policy to be registered as a Retirement Income Fund? Yes No

2 (a) Is applicant (or Contributor if Spousal plan) a member of a Registered Pension Plan? Yes No

(b) If YES, amount of contribution being made annually for - (i) Current Service NIL OR \$ (ii) Past Service: NIL OR \$

3 Amount of deductible (Savings) portion of contributions made to other Registered Retirement Savings Plans? NIL OR \$

4 Is the premium equal to, or less than the stipulated percentage of the payor's earned income (excluding investment income) or the appropriate dollar limit under the current Income Tax Act after deducting any amounts shown in 2 and 3 from the applicable percentage Yes No

5 If policy is to be registered as a Spousal Retirement Savings Plan -

Full name of Spouse	Social Insurance Number	—	—	Percentage of Premium paid by Spouse	%
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6 If the entire premium, or a portion of the premium, is from a transfer is it:

a) from another plan registered under the Income Tax Act of Canada

Registered Retirement Income Fund

Registered Retirement Savings Plan (Name of Original Plan)

Registered Pension Plan

Deferred Profit Sharing Plan

Plan No. _____

Certificate No. _____

Is Plan registered through this Company? Yes No

If from a Registered Retirement Savings Plan, was the original plan registered for at least 5 years? Yes No

If a portion of the funds was locked in under a provincial pension benefits act, indicate the amount \$

Pension income from Armed Forces, RCMP personnel and others, or

b) from sources eligible for transfers to an RRSP.

Retiring Allowance

Other (give details)

F REPLACEMENT

Is this application intended to replace an existing insurance policy or annuity, or a pending application, or a policy or policies terminated within the past 6 months or which may be terminated within the next 6 months?

(a) In this company Yes No

(b) In another company Yes No

G ANNUITY APPLIED FOR

1	Daily Interest Annuity				First annuity income payment to start at age	yrs	
2	Guaranteed Interest Annuity: Initial period interest rate	%			First annuity income payment to start at age	yrs	
3	Retirement Income Annuity						
	First annuity income payment to start at age	yrs	(Deferred period must be at least 5 years)	Dividend Option	Equity (Complete acknowledgement card)	Deposit at interest	Premium reduction or cash
	(Premium reduction or cash NOT available if policy registered in accordance with the Income Tax Act of Canada and any applicable provincial income tax acts)						
	Waiver of premium on annuitant. (a) Present occupation (give details) (b) Name of employer (c) How long so employed (d) Are any applications for disability coverage on your life pending in other insurance companies, sickness and accident insurance companies or fraternal societies or associations? Yes No If "Yes" give particulars of all applications on a separate page. (e) Have you engaged or do you intend to engage in any activity such as motorized racing, underwater diving, sky diving or parachuting, mountain climbing etc.? Yes No If "Yes" complete appropriate questionnaire. (f) During the past 2 years have you flown or do you intend to fly other than as a fare paying passenger on scheduled commercial air lines? Yes No If "Yes" complete aviation questionnaire form 1EK. Parent Waiver on death or disability (optional) complete application for Waiver of Premium and usual evidence of insurability. Parent Waiver on death or disability (automatic) if applicant is eligible for the automatic inclusion of the Parent Waiver on death or disability the following question must be answered. Has your physical or mental health prevented you from continuous and full time employment in your usual occupation during the past 3 months? Yes No If "Yes" complete application for waiver of premium and usual evidence of insurability. Payor Waiver (including spousal registered retirement savings plan). Complete application for Waiver of Premium and usual evidence of insurability.						
4	Single Premium Non-Participating Annuity (other than Income Averaging Annuity)						
	Life Annuity (one life only)	Survivor Annuity (more than one life)	Annuitant Certain (no life involvement)	First annuity income payment to start in	Month	Year	
	Increasing Annuity with fixed annual increase of	%	Annuitant is to be: Immediate	Deferred			
	Other (describe fully)						

5 X Income Averaging Annuity (Annuity income payments will be subject to tax in accordance with the Income Tax Act of Canada and any applicable provincial income tax act).

<input checked="" type="checkbox"/> Life Annuity (one life only)	<input checked="" type="checkbox"/> Annuitant Certain (no life involvement)	First annuity income payment to start in	Month	Year
Annuitant is to be: Immediate	Deferred X (Cannot be deferred more than 10 months)		JAN	82
Gross qualifying income \$ <u>48,340</u>	Taxation year received <u>1981</u>	Amount to be maximum averaged (if less than maximum permitted) \$ <u>44,089.44</u>	Net single Premium \$ <u>4,250.76</u>	
Describe source of qualifying income <u>INCOME FROM PERFORMING RIGHTS OF HIS NOVEL - FOR MOTION PICTURE</u>				

6 Income/Equity Annuity (Complete acknowledgement card)

Equity Fund	%	Income Fund 2	%	(Show percentage of premiums (less expenses) to be applied to EQUITY FUND. Balance to INCOME FUND 2)	First annuity income payment to start at age	yrs	(Deferred period must be at least 10 years)
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7 Retirement Income Fund - Complete Section 7 on next page.

H THIS SECTION MUST BE COMPLETED IN EVERY CASE (Leave premium amount blank if exact amount unknown.)

Premium Amount \$	Cash paid to Agent with Application \$	If the Premium Fund is applicable, is it to be NONWITHDRAWABLE? Yes No	
Premium is payable: Single X Yearly Semi-annual Automatic Cheque Plan	(Specify)	(If new Automatic Cheque Plan, complete form 1241)	Salary Savings (Complete payroll authorization card)
Annuity income payments are to be payable: Monthly X Other	Number of guaranteed annuity income payments	34	(If Income Averaging Annuity, the maximum period is 15 years and must end BEFORE Annuitant's 86th birthday)

I LANGUAGE OF POLICY: English X French

Special Instructions: 56-180-0
RE: PPS Request # 56-173-0 MEDICAL INFO. INCLUDED FOR RATED QUOTE

ACKNOWLEDGEMENT (If Waiver of Premium applied for): I/We acknowledge receipt of a form describing the Medical Information Bureau and underwriting procedures

DECLARATION AND AGREEMENT: I/We apply to The Mutual Life Assurance Company of Canada for an annuity policy described above and declare that the above and all statements and answers given by me/us in connection with this application are full, complete and true.

I/We agree that

- the policy applied for becomes effective when the application is accepted by the Company at its Head Office, if the initial premium has been paid, and there has been no change in the insurability of the lives insured since the signing of the application.
- the Company is not willing to issue a policy as applied for, any policy issued in lieu thereof by the Company becomes effective only when the policy is delivered to and accepted by me/us, if the initial premium has been paid, and there has been no change in the insurability of the lives insured since the signing of the application; and
- my/our acceptance of the policy is a ratification of any amendments made to the application by the Company as shown on the Amendments Page in the policy.

Signed at LIVERPOOL NS Witness John L. Murray Signature of APPLICANT Thomas H. Randall

Signed on 2 | 7 | 81 Witness _____

We care

Whenever you have a question about this policy, or want information on any of our other products and services, contact your agent or the Mutual Life branch office nearest to you. As a company, we try our best to provide every one of our policyholders with the most complete, personalized service possible.



The Mutual Life Assurance Company of Canada