

CLASS PLUS 2.1

APPLICATION

CP2.1

Any amount allocated to a segregated fund is invested at the risk of the owner and may increase or decrease in value.

When you receive your contract confirmation notice, record your contract number here for reference.

Contract number:



Advisor Checklist

- Owner/annuitant age meets the product guidelines.
- Banking information/void cheque has been provided, if pre-authorized debit requested.
- Investment instructions have been provided.
- Governing pension legislation has been provided, if the funds are locked-in.
- Proof of age has been provided, if the plan is a locked-in retirement income fund.
- Spousal information has been provided, if the plan is spousally registered.
- Verification of owner has been completed, if the contract is non-registered.
- Determination of third party interests has been completed.
- FATCA/CRS section has been completed, if the contract is non-registered.
- A copy of the application, the Information Folder and Contract Provisions, and the Fund Facts has been provided to the owner.

Contracts are issued by:

The Empire Life Insurance Company

Send signed copy to:

Empire Life

259 King Street East

Kingston ON K7L 3A8

www.empire.ca

Class Plus 2.1 Fund Names and Codes

Purchase Fee Options: Front End (FE) Low Load (LL) Deferred Sales Charge (DSC)

	Class Q Fund Codes (minimum deposit \$10,000)					
	Single Tiered			Joint Tiered		
	FE	LL	DSC	FE	LL	DSC
Segregated Fund Options						
Empire Life Money Market GIF	00101	02101	05101	00102	02102	05102
Empire Life Bond GIF	00201	02201	05201	00202	02202	05202
Empire Life Income GIF	00251	02251	05251	00252	02252	05252
Empire Life Balanced GIF	00351	02351	05351	00352	02352	05352
Empire Life Monthly Income GIF	00481	02481	05481	00482	02482	05482
Empire Life Asset Allocation GIF	00401	02401	05401	00402	02402	05402
Empire Life Global Balanced GIF	00301	02301	05301	00302	02302	05302
Empire Life Dividend Balanced GIF	00461	02461	05461	00462	02462	05462
Empire Life Elite Balanced GIF	00511	02511	05511	00512	02512	05512
Empire Life Emblem Diversified Income Portfolio GIF	00791	02791	05791	00792	02792	05792
Empire Life Emblem Conservative Portfolio GIF	00811	02811	05811	00812	02812	05812
Empire Life Emblem Balanced Portfolio GIF	00831	02831	05831	00832	02832	05832
Empire Life Emblem Moderate Growth Portfolio GIF	00851	02851	05851	00852	02852	05852
Empire Life Emblem Growth Portfolio GIF	00871	02871	05871	00872	02872	05872

Note: FE and DSC purchase fee options can be combined within the same contract. The LL purchase fee option cannot be combined with any other purchase fee options within the same contract.

CLASS PLUS 2.1 APPLICATION

FundSERV dealer/rep code: Wire Order No.:

Throughout this application, "Empire Life" means The Empire Life Insurance Company.

1.0 Language	If not specified, we will communicate in the language of this application <input type="radio"/> English <input type="radio"/> French			
1.1 Guaranteed Withdrawal Benefit (GWB) Option	<input type="radio"/> Single Tiered LWA Option (complete 3.0 to 3.6) <input type="radio"/> Joint Tiered LWA Option (complete 4.0 & 4.1)			
2.0 Purpose of Investment	<input type="radio"/> Long term investment <input type="radio"/> Estate planning <input type="radio"/> Retirement savings <input type="radio"/> Emergency fund <input type="radio"/> Short term savings <input type="radio"/> Education <input type="radio"/> Real estate purchase <input type="radio"/> Operating funds <input type="radio"/> Other _____			
SINGLE TIERED LWA				
3.0 Contract Type	<input type="radio"/> Non-registered <input type="radio"/> Registered – Is it spousal? <input type="radio"/> no <input type="radio"/> yes - complete section 3.6 <input type="radio"/> RSP <input type="radio"/> LIRA <input type="radio"/> LRSP <input type="radio"/> RLSP <input type="radio"/> RIF <input type="radio"/> LIF <input type="radio"/> RLIF <input type="radio"/> PRIF <input type="radio"/> LRIF If the plan is locked-in, specify the governing pension legislation: <input type="radio"/> Federal <input type="radio"/> Provincial (specify): _____ For RIFs that are locked-in under pension legislation, you must submit proof of age for the annuitant. Acceptable documents for proof of age include birth certificate, driver's licence, passport, baptismal certificate and citizenship card.			
3.1 Contract Owner If the contract is to be registered under the <i>Income Tax Act</i> (Canada), the owner must be the annuitant. If owner/joint owner is a corporation or other entity, complete form C-0044 .	First name		Initial	Last name or legal name of corporation/entity
	Address (number, street)		City	Province
	Postal code			
	<input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yy)	Social Insurance Number (SIN)	Telephone
	Name of Employer			
Occupation (including job titles) – If retired, indicate former occupation. If self-employed, specify nature of business. If unemployed, state reason for unemployment.				
3.2 Joint Owner Non-registered contracts only Joint owners are deemed to be joint owners with right of survivorship, unless we are advised otherwise. In Quebec joint owners who wish to obtain the same legal effect as the right of survivorship must each appoint the other owner as his/her subrogated policyholder.	First name		Initial	Last name or legal name of corporation/entity
	Address (number, street)		City	Province
	Postal code			
	<input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yy)	Social Insurance Number (SIN)	Telephone
	Name of Employer			
Occupation (including job titles) – If retired, indicate former occupation. If self-employed, specify nature of business. If unemployed, state reason for unemployment.				
3.3 Successor Owner (subrogated policyholder in Quebec) Non-registered contracts only	If there is no successor owner/subrogated policyholder named, and no surviving joint owner, the annuitant will become the owner. (Not applicable if owner and annuitant are the same person.)			
	First name		Initial	Last name
	Date of birth (dd/mmm/yy)			
Quebec only:				
<input type="radio"/> As contract owner , I hereby appoint the joint owner specified in section 3.2 as my subrogated policyholder. <input type="radio"/> As joint owner , I hereby appoint the contract owner specified in section 3.1 as my subrogated policyholder.				
3.4 Annuitant Non-registered contracts only Must be completed if the annuitant is NOT the contract owner.	First name		Initial	Last name
	Address (number, street)		City	Province
	Postal code			
	<input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yy)	Telephone	Relationship to owner

3.5 Successor Annuitant Non-registered contracts only	Complete only if the contract is to continue after the death of the annuitant. If the annuitant dies, the successor annuitant will automatically become the annuitant and the contract will continue with no death benefit payable at that time.				
	First name	Initial	Last name		
Relationship to owner					
3.6 Spouse/ Common-law Partner Registered contracts only Check all that apply. Some restrictions may apply.	A <input type="radio"/> Spouse/common-law partner contributor B <input type="radio"/> Funds being transferred to this contract originated from a spousal/common-law RSP C <input type="radio"/> Spouse/common-law partner is to be successor annuitant under RIF* D <input type="radio"/> RIF payments to be established based on the spouse/common-law partner's age* *You MUST submit proof of age for spouse/common-law partner.				
	First name	Initial	Last name		
<input type="radio"/> Male <input type="radio"/> Female	SIN (only if selecting A or B)		Date of birth (only if selecting D) (dd/mmm/yy)		
JOINT TIERED LWA (NON-REGISTERED CONTRACTS ONLY)					
4.0 Contract Owner and Annuitant	First name	Initial	Last name		
	Address (number, street)		City	Province	Postal code
	<input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yy)	Social Insurance Number (SIN)	Telephone	
	Name of employer				
	Occupation (including job titles) – If retired, indicate former occupation. If self-employed, specify nature of business. If unemployed, state reason for unemployment.				
4.1 Joint Owner and Joint Life The joint life must be the spouse/common-law partner of the annuitant. The annuitant and joint life must be joint owners with right of survivorship. In Quebec, the joint owners must each appoint the other owner as his/her subrogated policyholder.	First name	Initial	Last name		
	Address (number, street)		City	Province	Postal code
	<input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yy)	Social Insurance Number (SIN)	Telephone	
	Name of employer				
	Occupation (including job titles) – If retired, indicate former occupation. If self-employed, specify nature of business. If unemployed, state reason for unemployment.				
Quebec only: <input type="radio"/> As contract owner , I hereby appoint the joint owner specified in section 4.1 as my subrogated policyholder. <input type="radio"/> As joint owner , I hereby appoint the contract owner specified in section 4.0 as my subrogated policyholder.					

5.0 Verification of Owner and Joint Owner

Non-registered contracts only.

The advisor must verify each individual owner's identity by reviewing a current and original government issued photo identification document in the presence of the owner and confirming the name and photo are those of the owner.

*A close relative is your child, mother, father, spouse/civil union spouse/common-law partner; the mother or father of your spouse/civil union spouse/common-law partner; or child of your mother or father.

**A close associate is an individual who is closely connected to the owner(s) for personal or business reasons.

±The head of an international organization is the primary person who leads that organization, for example a president or CEO.

±±An International organization is set up by the governments of more than one country by means of a formally signed agreement between the governments.

E.g. World Bank, International Monetary Fund, World Health Organization, International Energy Forum, International Criminal Court.

Owner	<input type="radio"/> Driver's licence <input type="radio"/> Passport <input type="radio"/> Provincial health card (except in MB, ON and PEI) <input type="radio"/> Other _____	
	Document #	Jurisdiction and country of issue
	Expiry date	Date of verification
	Where do you reside for tax purposes? (check all that apply) <input type="radio"/> Canada <input type="radio"/> U.S. (resident or citizen) – Tax Identification Number (TIN) _____ If you do not have a TIN from the U.S., have you applied for one? <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Other – specify country _____ TIN _____ If you do not have a TIN, specify the reason: <input type="radio"/> I will apply or have applied for a TIN but have not yet received it. <input type="radio"/> My jurisdiction of tax residence does not issue TINs to its residents. <input type="radio"/> Other – specify reason _____	

Joint Owner	<input type="radio"/> Driver's licence <input type="radio"/> Passport <input type="radio"/> Provincial health card (except in MB, ON and PEI) <input type="radio"/> Other _____	
	Document #	Jurisdiction and country of issue
	Expiry date	Date of verification
	Where do you reside for tax purposes? (check all that apply) <input type="radio"/> Canada <input type="radio"/> U.S. (resident or citizen) – Tax Identification Number (TIN) _____ If you do not have a TIN from the U.S., have you applied for one? <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Other – specify country _____ TIN _____ If you do not have a TIN, specify the reason: <input type="radio"/> I will apply or have applied for a TIN but have not yet received it. <input type="radio"/> My jurisdiction of tax residence does not issue TINs to its residents. <input type="radio"/> Other – specify reason _____	

1. Have you, any of your close relatives* or any other persons closely associated with you:**

a) Held one of the following positions in the last 5 years in Canada?

- Governor General, lieutenant-governor or head of federal or provincial government;
- member of the Senate or House of Commons or member of a provincial legislature;
- deputy minister of federal or provincial government or equivalent rank;
- head of a federal or provincial government agency;
- leader or president of a political party represented in a legislature;
- mayor of a city, town, village, or rural or metropolitan municipality;
- president of a corporation wholly owned directly by Her Majesty in right of Canada or a province;
- military officer with a rank of general or above;
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; or
- ambassador, or attaché or counsellor of an ambassador

b) Ever held one of the following positions in a country other than Canada?

- head of state/government;
- member of executive council of government or legislature;
- leader/president of a political party represented in a legislature;
- deputy minister or equivalent;
- head of a government agency
- military officer with a rank of general or above;
- judge;
- president of a state-owned company/bank; or
- ambassador, or attaché or counsellor of an ambassador

2. Are you, any of your close relatives* or any other persons closely associated with you currently the head of an international organization± or the head of an organization established by an international organization?±±**

Owner yes no If yes, provide details: _____

Joint owner yes no If yes, provide details: _____

6.0 Beneficiary Information

If the contract is locked-in under pension legislation, the rights of the annuitant's spouse/common-law partner may override this beneficiary designation. If you name more than one beneficiary and do not indicate a percentage share, any death benefit payable will be divided equally among all surviving beneficiaries. If the annuitant is not the owner and no beneficiary is named, the beneficiary will default to the owner, otherwise to the estate of the annuitant.

Minors: Benefits will not be paid directly to a minor beneficiary. Outside Québec, you should name a trustee for a minor beneficiary and any benefits due to the beneficiary, while a minor, will be paid to the trustee on the beneficiary's behalf. In Québec, benefits due to a beneficiary, while a minor, will be paid to the tutor(s) unless you have appointed an administrator or established a formal trust. After the beneficiary reaches the age of majority, any benefits due to the beneficiary will be paid directly to the beneficiary unless you have established a formal trust and such trust is still in effect at the time the benefit is payable.

Irrevocable/revocable designations: A beneficiary designation is revocable unless you check the irrevocable box. In Quebec, a spouse is irrevocable unless you check the revocable box. If you designate a beneficiary as irrevocable, you cannot change or revoke the beneficiary or exercise rights and privileges such as withdrawals, assignments, or transferring ownership without the irrevocable beneficiary's signature. If the irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges until the minor reaches the age of majority.

Contingent beneficiary: A contingent beneficiary becomes the beneficiary if all of the primary beneficiaries named have died before the annuitant as applicable. A contingent beneficiary is always revocable.

Primary Beneficiary(ies)

Name (first, middle, last name or legal name of corporation/entity)	Relationship to annuitant (in Quebec, relationship to owner)	Share %	Designation
			<input type="radio"/> Revocable <input type="radio"/> Irrevocable
			<input type="radio"/> Revocable <input type="radio"/> Irrevocable
			<input type="radio"/> Revocable <input type="radio"/> Irrevocable
			<input type="radio"/> Revocable <input type="radio"/> Irrevocable

Contingent Beneficiary(ies)

Name (first, middle, last name or legal name of corporation/entity)	Relationship to annuitant (in Quebec, relationship to owner)	Share %

Trustee for minor beneficiary(ies) named above:

Name (first, middle, last)

7.0 Initial Deposits

Select all that apply.

*The single PAD deposit may be withdrawn upon the effective date of the contract.

Make cheque payable to **Empire Life**.

- Deposit included with this application – Amount \$ _____
- Transfer from Empire Life policy/contract number: _____ Amount \$ _____
- Transfer from another company – company name: _____ Amount \$ _____
- A single pre-authorized debit (PAD) deposit* – Amount \$ _____
(Attach a VOID CHEQUE or pre-authorized transaction form from your financial institution.)

For non-registered contracts only, what is the original source of funds (e.g. sale of house, inheritance)?

8.0 Payment Options

Select one.

Complete Withdrawals column in section 10.0.

Retirement Income Payments (RIF, LIF, RLIF, LRIF, PRIF)

- Minimum payment as prescribed by the *Income Tax Act* (Canada)
- Maximum payment as prescribed by the provincial/federal pension legislation (locked-in funds)
- The Lifetime Withdrawal Amount (LWA)
- Level amount of \$ _____ **GROSS** or **NET** of applicable taxes

Scheduled Withdrawals

- Withdrawal amount of \$ _____ **GROSS** or **NET** of withdrawal fees

Guaranteed Withdrawal Benefit (GWB): The Lifetime Withdrawal Amount (LWA)

8.1 Frequency

- Weekly Bi-weekly Semi-monthly Monthly Quarterly Semi-annually Annually

Start date (dd/mmm/yy)

9.0 Pre-Authorized Debit (PAD)

Attach a VOID CHEQUE or pre-authorized transaction form from your financial institution

Frequency Weekly Bi-weekly Semi-monthly Monthly Quarterly Semi-annually Annually

Amount (minimum \$100/Fund) \$

PAD start date (dd/mmm/yy)

10.0 Investment Instructions *Includes retirement income payments, scheduled withdrawals or LWA. To list additional funds, attach a separate page. If there is a discrepancy between the fund name and fund code, the fund code will be used.	FE and DSC purchase fee options can be combined within the same contract. LL purchase fee option CANNOT be combined with FE or DSC within the same contract.				
	Refer to page I for fund names and codes.				
	Fund name	Fund code	Front-end load	Deposits Initial deposit ○ % or ○ \$	Withdrawals* Allocation ○ % or ○ \$
			%	PAD	%
			%		%
10.1 Scheduled Switches	Amount \$	From fund code	To fund code	Switch start date (dd/mmm/yy)	
Only permitted within the same Purchase Fee Option.					
10.2 Excess Withdrawal Alert (EWA)	This service notifies you for most partial withdrawals exceeding the LWA. This service will be turned on unless you tell us to turn it off. Unless we are advised otherwise the EWA Service will reset to ON every year. ○ Turn off EWA				
11.0 Declaration, Acknowledgement, Authorization, Consent and Trading Authorization	By signing below, I confirm that: <ul style="list-style-type: none"> • I have read, understood and agree to the statements in the Declaration, Acknowledgement, Authorization, Consent and Trading Authorization on the reverse of this application; • I have read and understood the Use of Your Personal Information section of the <i>Class Plus 2.1 Information Folder</i>, consent to the use of my personal information as described and am in receipt of the contract provisions for the contract applied for; and • I understand that this contract contains variable benefits and acknowledge receipt of the <i>Class Plus 2.1 Information Folder and Contract Provisions</i> and the <i>Fund Facts</i>. 				
12.0 Signatures	This application was completed and signed in the owner's province of residence. If not, it was signed in the province/territory of:				
	Signature of owner (or first authorized signature for corporate owner) X			Date (dd/mmm/yy)	
	Second authorized signature (for corporate owner or joint owner) X			Date (dd/mmm/yy)	
	Signature of annuitant (if different than owner and of legal age) X			Date (dd/mmm/yy)	
	If using a corporate account or the bank account of someone who isn't the annuitant or owner, complete the following:				
	Signature of account holder X		Account holder name (please print)		
13.0 Determination of third party interests You must answer 'Yes' or 'No' for all plans. If the third party is a legal entity (e.g. partnership, club or other entity), attach a copy of the charter document and signing authority.	Is someone other than the owner or annuitant depositing money into or going to have an ownership interest in the policy? ○ yes ○ no – If yes, complete the entire section.				
	Name (first, middle, last) or legal name of corporation/entity			Date of birth (dd/mmm/yy)	
	Address (number, street)		City	Province	Postal code
	Occupation (job title and duties) — if retired, indicate former occupation			Relationship to owner	
	Incorporation number and jurisdiction of registration (i.e. country, province, territory)				
14.0 Advisor Declaration and Acknowledgement	I declare that: <ul style="list-style-type: none"> • I have witnessed all signatures, determined third party interests and, if a non-registered contract, I have verified the identity of the owner(s); • I have checked for any indication the owner(s) may be a U.S. Person or tax resident of another country outside of Canada or the U.S.; • I have explained the features of this contract and contents of this application to the owner(s) and annuitant; • All answers provided in the application and related forms (other than those in this section 14.0) are those of the owner(s) or annuitant as applicable; • I have provided to the owner(s) the names of all advisors who have access to their personal information and to the contract; • I provided to the owner(s) a statement of disclosure outlining the licences I have and in which jurisdictions, the companies I represent, the fact I receive compensation for the sale of annuity products (including the possibility I may receive additional compensation in the form of bonuses, conference programs or other incentives) and any conflicts or potential conflicts of interest; • If this application was signed in Newfoundland and Labrador, I have provided the owner(s) with the <i>Principles of Sale</i>. • I have provided a copy of the application, the current <i>Class Plus 2.1 Information Folder and Contract Provisions</i> and the <i>Fund Facts</i> to the owner; • I am not aware of any additional information material to the acceptance of this application; and • I understand that Empire Life will not pay compensation to advisors who do not have a valid licence and E&O insurance on file with Empire Life for the province in which this application was signed. 				
	Signature of advisor (as witness to all signatures) X			Advisor code	
	Name of advisor (please print)		Name of GA, AGA, or MGA (please print)		
	Signature of training supervisor (where required in Quebec only) X			Date (dd/mmm/yy)	

DECLARATION, ACKNOWLEDGEMENT, AUTHORIZATION, CONSENT AND TRADING AUTHORIZATION**I declare that:**

- I have read and understood the meaning and importance of all the questions, answers and statements in this application, the contract provisions and any supplementary forms (collectively the "application");
- I was present when the answers and statements about me (collectively "my answers") were recorded in the application. I have reviewed my answers and confirm them to be true to the best of my knowledge and belief, and that my answers may be relied upon by Empire Life.

I understand and agree that:

- I will notify you if there is a change in my tax residency status.
- The contract is a non-participating annuity contract as described in the contract provisions;
- If I am applying for a registered contract, I request that Empire Life apply to have this contract registered as an RRSP or RRIF under the *Income Tax Act* (Canada) and any other applicable Act(s). This contract will be subject to the provisions of these Act(s), and in accordance with the provisions of any applicable endorsements. All payments made out of the contract will be subject to tax under the provisions of the Act(s);
- Certain benefits and values determined based on the value of the fund class units acquired in the segregated funds are not guaranteed;
- My acceptance of the contract confirmation notice and any endorsement to the contract will constitute acceptance of the provisions of the contract and of any modification made to this application due to errors or omissions. I further agree that Empire Life will not be under any risk or obligation unless a) the initial deposit is paid, and b) the contract confirmation notice is delivered to me;
- Any deposits made to the contract are the responsibility of the owner and that cheques for such payments must be payable to The Empire Life Insurance Company;

PAD Agreement

- The Pre-Authorized Debit (PAD) applies to regular scheduled premiums;
- PAD arrangements may be terminated on 10 days' written notice beginning the day the notice is mailed either by Empire Life or by me. If terminated, subsequent premiums will be payable to Empire Life using any of the methods of payment then being offered, according to the terms of the contract. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit www.cdnpay.ca;
- For the purposes of this agreement, all debits from my account will be treated as a personal PAD;
- **I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal;**
- I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact Empire Life or visit www.cdnpay.ca;
- **For inquiries regarding your PAD, contact:**
Phone: 1 800 561-1268
Fax: 1 866 762-6163
investment@empire.ca

Banking Authorization:

- I authorize Empire Life to withdraw premium payments, as required and as per my instructions, and I understand that these amounts may be variable and may increase or decrease.
- I authorize my financial institution to honour any withdrawal (debit) from my account under the PAD, or any deposit (credit) to my account as outlined in this application, and return to Empire Life any amount deposited to which I am not entitled.
- If applicable, I authorize Empire Life to withdraw the initial deposit and/or one-time lump sum deposit in accordance with my instructions.

I acknowledge that:

- I received satisfactory information concerning the product I am applying for before signing this application and I understand that my advisor may be paid on a commission basis;
- Empire Life will maintain the information contained in this application and any related documents in my file. My file enables Empire Life and its employees, agents or representatives, on a continuing basis, to assess this application, appraise the risk, assess any claim that I or my beneficiaries may make for income payments or other benefits, administer my file, answer any questions I may have about this application or my file in general, and provide me with information about my file and Empire Life products and services;
- My file will be kept at the head office of Empire Life. Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. To access a copy of the most recent Privacy Policy, please visit the Empire Life website at www.empire.ca. I am entitled to consult my file and, when applicable, have it corrected. To exercise my rights, I must send written notification to: Chief Privacy Officer, Empire Life, P.O. Box 1000, Kingston, Ontario, K7L 4Y4;
- I have authorized Empire Life to collect, use and disclose personal information about me on a continuing basis for the purpose of my file. I understand that if I try to withdraw this consent, Empire Life will be unable to assess my application or claim and issue any benefits or income payments, and may therefore cancel the contract at its sole discretion. If this occurs, neither I nor my estate will be able to exercise any rights under the contract;

I authorize:

- Empire Life, its reinsurers, employees, agents and representatives, and any other person authorized by me to collect, use and exchange personal information about me as required in order to achieve the objectives of my file;
- Empire Life to collect from and/or disclose information to my advisor(s) (and agency) on an ongoing basis in order to provide me with ongoing service and advice related to my file. I understand that I can change my advisor or withdraw this authorization by writing to Empire Life;
- The owner, successor owner, the beneficiary, heirs and the personal representative or liquidator of my estate to provide Empire Life, its reinsurers and their agents, with all the information and authorizations necessary to obtain the information required to appraise the claim, if I die. I also authorize Empire Life to communicate the reasons for any claim decision to the beneficiary entitled to the proceeds under the contract.

TRADING AUTHORIZATION**I authorize:**

- Empire Life to accept instructions from my advisor to execute financial and non-financial transactions, including but not limited to purchases, withdrawals, switches and resets, in accordance with my instructions and the contract provisions;
- Empire Life to deliver confirmations, statements and other documents to any third party named in section 13.0, if applicable.

I acknowledge that:

- Empire Life may carry out any authorized transaction requests on my behalf and I will pay any applicable fee or charges due to Empire Life as a result of those transactions.

I understand and agree that:

- Empire Life will not be liable in any way for any claims, demands, actions or losses of any kind that might be made by me or my heirs, beneficiaries, executors and/or administrators, or any other third party, as a result of Empire Life acting on transaction requests.

A copy of the signed Declaration, Acknowledgement, Authorization, Consent and Trading Authorization will be as valid as the original.