

CP2.1

CLASS PLUS 2.1

APPLICATION FOR A TAX-FREE SAVINGS ACCOUNT (TFSA)

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 future reference.
Contract number:



Advisor Checklist

- Owner age meets the product guidelines.
- Banking information/void cheque has been provided, if pre-authorized debit requested.
- Investment instructions have been provided.
- 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)

Segregated Fund Options	Class Q Fund Codes (minimum deposit \$10,000)					
	Single Tiered			Joint Tiered		
	FE	LL	DSC	FE	LL	DSC
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 FOR A TAX-FREE SAVINGS ACCOUNT (TFSA)

Throughout this application, "Empire Life" means The Empire Life Insurance Company, and the issuer of this TFSA.

FundSERV dealer/rep code:	Wire Order No.:
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1.0 Language	If not specified, we will communicate in the language of this application. <input type="radio"/> English <input type="radio"/> French			
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 _____			
3.0 Contract Owner	First name		Initial	Last name
	Address (number, street)		City	Province
	<input type="radio"/> Male <input type="radio"/> Female		Social Insurance Number (SIN)	Date of birth (dd/mmm/yy)
	Telephone		Name of employer	
	Occupation* (including job titles)			

The owner is the annuitant. "Owner" shall also mean the holder of the TFSA.

*If retired, indicate former occupation. If self-employed, specify nature of business. If unemployed, state reason for unemployment.

3.1 Successor Owner (subrogated policyholder in Quebec)	Must be your spouse/common-law partner. Upon the death of the owner, the successor owner will automatically become the owner and the annuitant and the contract will continue with no death benefit payable at that time.			
	First name	Initial	Last name	Date of birth (dd/mmm/yy)

4.0 Beneficiary Information

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)

<p>5.0 Initial Deposits</p> <p>Select all that apply Only the owner may deposit funds to the contract. *The single PAD deposit may be withdrawn upon the effective date of the contract.</p> <p>Make cheque payable to Empire Life.</p>	<input type="radio"/> Deposit included with this application		Amount \$					
	<input type="radio"/> A single pre-authorized debit (PAD) deposit* (Attach a VOID CHEQUE or pre-authorized transaction form from your financial institution.)		Amount \$					
	<input type="radio"/> Transfer from Empire Life policy/contract number:		Amount \$					
	<input type="radio"/> Transfer from another TFSA – transferring company name:		Estimated transfer amount \$					
	<p>If funds transferred are from former spouse/common-law partner's TFSA as a result of marriage breakdown, please provide:</p> <table border="1"> <tr> <td>Former spouse/common-law partner's first name</td> <td>Middle initial</td> <td>Last name</td> </tr> <tr> <td colspan="3">Former spouse/common-law partner's SIN</td> </tr> </table>			Former spouse/common-law partner's first name	Middle initial	Last name	Former spouse/common-law partner's SIN	
Former spouse/common-law partner's first name	Middle initial	Last name						
Former spouse/common-law partner's SIN								

<p>6.0 Pre-Authorized Debit (PAD)</p>	<p>Attach VOID CHEQUE or pre-authorized transaction form from your financial institution</p>	
	<p>Frequency <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually</p>	
Amount (minimum \$100/Fund) \$	PAD start date (dd/mmm/yy)	

<p>7.0 Payment Options</p> <p>Complete Withdrawals in section 8.0.</p>	<p>Scheduled withdrawals (We will withdraw the amount requested on the date selected.)</p> <input type="radio"/> Withdrawal amount of \$ _____ <input type="radio"/> GROSS or <input type="radio"/> NET of withdrawal fees	
	<p>Guaranteed Withdrawal Benefit (GWB) – <input type="radio"/> The Lifetime Withdrawal Amount (LWA)</p>	
	<p>Frequency <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually</p>	
	<p>Start date (dd/mmm/yy)</p>	

<p>8.0 Investment Instructions</p> <p>*Includes scheduled withdrawals and LWA</p> <p>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.</p>	<p>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.</p>					
	Refer to page I for fund names and codes.		Deposits		Withdrawals*	
	Fund name	Fund code	Front-end load	Initial deposit <input type="radio"/> % or <input type="radio"/> \$	PAD	Allocation <input type="radio"/> % or <input type="radio"/> \$
			%			%
			%			%
			%			%
			%			%
			%			%
			%			%

<p>8.1 Scheduled Switches</p> <p>Only permitted within the same Purchase Fee Option.</p>	Amount \$	From fund code	To fund code	Switch start date (dd/mmm/yy)

<p>8.2 Excess Withdrawal Alert (EWA)</p>	<p>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. <input type="radio"/> Turn off EWA</p>
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9.0 Special Instructions					
10.0 Declaration, Acknowledgement, Authorization, Consent and Trading Authorization	<p>By signing below, I confirm that:</p> <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 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>. <p>I request that Empire Life file an election to register this qualifying arrangement as a Tax-Free Savings Account.</p>				
11.0 Signatures	<p>This application was completed and signed in the owner's province of residence. If not, it was signed in the province/territory of:</p> <table border="1" data-bbox="352 863 1525 936"> <tr> <td>Signature of owner X</td> <td>Date (dd/mmm/yy)</td> </tr> </table> <p>If using a joint personal bank account, complete the following:</p> <table border="1" data-bbox="352 982 1525 1052"> <tr> <td>Signature of account holder X</td> <td>Account holder name (please print)</td> </tr> </table>	Signature of owner X	Date (dd/mmm/yy)	Signature of account holder X	Account holder name (please print)
Signature of owner X	Date (dd/mmm/yy)				
Signature of account holder X	Account holder name (please print)				
12.0 Advisor Declaration and Acknowledgement	<p>I declare that:</p> <ul style="list-style-type: none"> • I have (i) verified the identity of the owner; (ii) determined to the best of my ability that the owner is not acting on behalf of a third party, or, if so, have provided the required information on the attached prescribed form (D-001 I), and (iii) witnessed all signatures; • I have explained the features of this plan and contents of this application to the owner and all answers provided in the application and related forms (other than those in this section 12.0) are those of the owner; • 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 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; • 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. <table border="1" data-bbox="352 1577 1525 1650"> <tr> <td>Signature of advisor (as witness to all signatures) X</td> <td>Advisor code</td> </tr> </table> <p>Name of advisor (please print)</p> <p>Name of Agency (please print)</p> <table border="1" data-bbox="352 1797 1525 1860"> <tr> <td>Signature of training supervisor (where required in Quebec only) X</td> <td>Date (dd/mmm/yy)</td> </tr> </table>	Signature of advisor (as witness to all signatures) X	Advisor code	Signature of training supervisor (where required in Quebec only) X	Date (dd/mmm/yy)
Signature of advisor (as witness to all signatures) X	Advisor code				
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 am a resident of Canada.

I understand and agree that:

- The contract is a non-participating annuity contract as described in the contract provisions;
- Empire Life will file an election to register this qualifying arrangement as a Tax-Free Savings Account under section 146.2 of the *Income Tax Act* (Canada);
- I will notify Empire Life when I am no longer a resident of Canada;
- 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;

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.