

# APPLICATION FOR EMPIRE LIFE GUARANTEED INVESTMENT FUNDS (EMPIRE LIFE GIF)

Use this application to apply for the following Empire Life GIF contracts:

**Empire Life Guaranteed Investment Funds 75/75 (Empire Life GIF 75/75)**  
**Empire Life Guaranteed Investment Funds 75/100 (Empire Life GIF 75/100)**  
**Empire Life Guaranteed Investment Funds 100/100 (Empire Life GIF 100/100)**

**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/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 and International Tax Information (FATCA/CRS) section has been completed, if the contract is non-registered. Note - Provincial Health Cards cannot be used to verify identity.
- Determination of Politically Exposed Persons and Heads of International Organizations section has been completed, if the contract is non-registered.
- Determination of third party interests has been completed.
- 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

empire.ca • 1 800 561-1268



# Empire Life GIF Fund Names and Codes

Purchase Fee Options: Front End (FE) Low Load (LL) No Load (NL) Deferred Sales Charge (DSC)

The minimum initial deposit is \$1,000 for a savings plan and \$10,000 for a retirement income fund.

Empire Life Segregated Fund Options	75/75 (Class K)				75/100 (Class L)				100/100 (Class M)			
	FE	LL	NL	DSC*	FE	LL	NL	DSC*	FE	LL	NL	DSC*
Money Market GIF	11010	11210	11310	11510	12010	12210	12310	12510	13010	13210	13310	13510
Bond GIF	11020	11220	11320	11520	12020	12220	12320	12520	13020	13220	13320	13520
Strategic Corporate Bond GIF	11033	11233	11333	11533	12033	12233	12333	12533	13033	13233	13333	13533
Income GIF	11025	11225	11325	11525	12025	12225	12325	12525	13025	13225	13325	13525
Short Term High Income GIF	11032	11232	11332	11532	12032	12232	12332	12532	13032	13232	13332	13532
Balanced GIF	11035	11235	11335	11535	12035	12235	12335	12535	13035	13235	13335	13535
Monthly Income GIF	11048	11248	11348	11548	12048	12248	12348	12548	13048	13248	13348	13548
Dividend Balanced GIF	11046	11246	11346	11546	12046	12246	12346	12546	13046	13246	13346	13546
Asset Allocation GIF	11040	11240	11340	11540	12040	12240	12340	12540	13040	13240	13340	13540
Global Asset Allocation GIF	11043	11243	11343	11543	12043	12243	12343	12543	13043	13243	13343	13543
Dividend Growth GIF	11045	11245	11345	11545	12045	12245	12345	12545	13045	13245	13345	13545
Canadian Equity GIF	11047	11247	11347	11547	12047	12247	12347	12547	13047	13247	13347	13547
Multi-Strategy Canadian Equity GIF	11049	11249	11349	11549	12049	12249	12349	12549	13049	13249	13349	13549
Elite Equity GIF	11050	11250	11350	11550	12050	12250	12350	12550	13050	13250	13350	13550
Small Cap Equity GIF	11055	11255	11355	11555	12055	12255	12355	12555	13055	13255	13355	13555
American Value GIF	11060	11260	11360	11560	12060	12260	12360	12560	13060	13260	13360	13560
Multi-Strategy US Equity GIF	11061	11261	11361	11561	12061	12261	12361	12561	13061	13261	13361	13561
Multi-Strategy Global Equity GIF	11062	11262	11362	11562	12062	12262	12362	12562	13062	13262	13362	13562
Multi-Strategy Global Growth GIF	11063	11263	11363	11563	12063	12263	12363	12563	13063	13263	13363	13563
Global Equity GIF	11070	11270	11370	11570	12070	12270	12370	12570	13070	13270	13370	13570
Global Sustainable Equity GIF	11071	11271	11371	11571	12071	12271	12371	12571	13071	13271	13371	13571
International Equity GIF	11075	11275	11375	11575	12075	12275	12375	12575	13075	13275	13375	13575
Global Smaller Companies GIF	11072	11272	11372	11572	12072	12272	12372	12572	13072	13272	13372	13572
Global Dividend Growth GIF	11077	11277	11377	11577	12077	12277	12377	12577	13077	13277	13377	13577
Emblem Diversified Income Portfolio GIF	11079	11279	11379	11579	12079	12279	12379	12579	13079	13279	13379	13579
Emblem Conservative Portfolio GIF	11081	11281	11381	11581	12081	12281	12381	12581	13081	13281	13381	13581
Emblem Balanced Portfolio GIF	11083	11283	11383	11583	12083	12283	12383	12583	13083	13283	13383	13583
Emblem Moderate Growth Portfolio GIF	11085	11285	11385	11585	12085	12285	12385	12585	13085	13285	13385	13585
Emblem Growth Portfolio GIF	11087	11287	11387	11587	12087	12287	12387	12587	13087	13287	13387	13587
Emblem Aggressive Growth Portfolio GIF	11089	11289	11389	11589	12089	12289	12389	12589	13089	13289	13389	13589
Emblem Global Conservative Portfolio GIF	11091	11291	11391	11591	12091	12291	12391	12591	13091	13291	13391	13591
Emblem Global Balanced Portfolio GIF	11093	11293	11393	11593	12093	12293	12393	12593	13093	13293	13393	13593
Emblem Global Moderate Growth Portfolio GIF	11095	11295	11395	11595	12095	12295	12395	12595	13095	13295	13395	13595
Emblem Global Aggressive Growth Portfolio GIF	11097	11297	11397	11597	12097	12297	12397	12597	13097	13297	13397	13597
Multi-Strategy Global Conservative Portfolio GIF	11067	11267	11367	11567	12067	12267	12367	12567	13067	13267	13367	13567
Multi-Strategy Global Balanced Portfolio GIF	11068	11268	11368	11568	12068	12268	12368	12568	13068	13268	13368	13568
Multi-Strategy Global Moderate Growth Portfolio GIF	11069	11269	11369	11569	12069	12269	12369	12569	13069	13269	13369	13569
Multi-Strategy Global Growth Balanced Portfolio GIF	11064	11264	11364	11564	12064	12264	12364	12564	13064	13264	13364	13564

**Note:** The following purchase fee combinations are permitted within the same contract: (1) FE, NL and DSC; or, (2) NL and LL. No other purchase fee option combinations are allowed.

\*Deposits to the contract under the DSC option are not permitted after December 31st of the year the annuitant turns 80 years old.

# EMPIRE LIFE GIF APPLICATION

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

FundSERV dealer/rep code         -	Wire Order No. 
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<b>1.0 Application For (Select one)</b>	<input type="radio"/> Empire Life GIF 75/75	<input type="radio"/> Empire Life GIF 75/100	<input type="radio"/> Empire Life GIF 100/100
	<b>Maximum Issue Age*: 90</b>	<b>Maximum Issue Age*: 80</b>	<b>Maximum Issue Age*: 80</b>
	*Maximum issue age is December 31st of the year the annuitant turns the specified age.		

<b>2.0 Language</b>	If not specified, we will communicate in the language of this application. <input type="radio"/> English <input type="radio"/> French
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<b>3.0 Purpose of Investment</b>	<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 _____
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<b>4.0 Contract Type</b>	<input type="radio"/> Non-registered <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
Where required by law, the applicable spousal waiver must be submitted in order to transfer locked-in funds into a locked-in plan.	Is this to be a spousal plan? <input type="radio"/> no <input type="radio"/> yes - complete section 6.2.
	<b>If the plan is locked-in, specify the governing pension legislation:</b> <input type="radio"/> Federal <input type="radio"/> BC <input type="radio"/> AB <input type="radio"/> SK <input type="radio"/> MB <input type="radio"/> ON <input type="radio"/> QC <input type="radio"/> NB <input type="radio"/> NS <input type="radio"/> NL
	<b>For RIFs that are locked-in under pension legislation, you must submit proof of age for the annuitant.</b> Acceptable documents for proof of age include birth certificate, driver's licence, passport, baptismal certificate and citizenship card.

<b>5.0 Contract Owner</b>  If the contract is to be registered under the <i>Income Tax Act</i> (Canada), the contract owner must be the annuitant. If contract owner/joint owner is a corporation or other entity, complete form <b>C-0044</b> .  *Email address may be used to contact you about this application, any contract issued based on this application, or to provide customer service.	First name				Middle Initial
	Last name or legal name of corporation/entity				
	Address (number, street) (If using a PO Box, also provide your physical address)				
	City	Province	Postal code		
	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth   d   d   -   m   m   m   -   y   y   y   y	SIN 		
	Preferred contact number	-			
	Email address*				
	Name of Employer				
	Job title				
	Occupation				

<b>5.1 Joint Owner</b>  <b>Non-registered contracts only.</b>  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.  **Email address may be used to contact you about this application, any contract issued based on this application, or to provide customer service. If both owners provide an email address, each must provide a different email address.	First name				Middle Initial
	Last name or legal name of corporation/entity				
	Address (number, street) (If using a PO Box, also provide your physical address)				
	City	Province	Postal code		
	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth   d   d   -   m   m   m   -   y   y   y   y	SIN 		
	Preferred contact number	-			
	Email address*				
	Name of Employer				
	Job title				
	Occupation				

**5.2 Successor Owner (subrogated policyholder in Quebec)**

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	Middle initial
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Last name
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Date of birth
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**Quebec only:**  As contract owner, I hereby appoint the joint owner as my subrogated policyholder.  
 As joint owner, I hereby appoint the contract owner as my subrogated policyholder.

**Non-registered contracts only.**

**5.3 Verification of Owner and International Tax Information (FATCA/CRS)**

**Non-registered contracts only.**

The advisor must verify the owner's identity by reviewing a current, authentic government issued photo identification documents in the presence of the owner and confirming the name and photo are those of the owner.

If an owner does not have a valid government issued photo identification, verify the owner's identity by completing section 1.2 of the D-0011 Verification of Identity of Owner(s)/ Determination of Politically Exposed Persons and Third Party Interests.

If a using a citizenship card for verification, it must have an issue date prior to January 2012.

<input type="radio"/> Passport <input type="radio"/> Driver's Licence <input type="radio"/> Other _____
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Document #	Expiry date
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Jurisdiction and country of issue	Date of verification
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**Contract Owner**

**Where do you reside for tax purposes?** (check all that apply)

Canada

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?  yes  no

Other – specify country \_\_\_\_\_ TIN \_\_\_\_\_

**If you do not have a TIN, specify the reason:**

I will apply or have applied for a TIN but have not yet received it.

My jurisdiction of tax residence does not issue TINs to its residents.

Other – specify reason \_\_\_\_\_

<input type="radio"/> Passport <input type="radio"/> Driver's Licence <input type="radio"/> Other _____
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Document #	Expiry date
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Jurisdiction and country of issue	Date of verification
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**Joint Owner**

**Where do you reside for tax purposes?** (check all that apply)

Canada

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?  yes  no

Other – specify country \_\_\_\_\_ TIN \_\_\_\_\_

**If you do not have a TIN, specify the reason:**

I will apply or have applied for a TIN but have not yet received it.

My jurisdiction of tax residence does not issue TINs to its residents.

Other – specify reason \_\_\_\_\_

**5.4 Politically Exposed Persons and Heads of International Organizations**

**Non-registered contracts only.**

\*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.

**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?±±**

**For questions 1 and 2:**

**Contract Owner**  yes  no If yes, provide details: \_\_\_\_\_

**Joint owner**  yes  no If yes, provide details: \_\_\_\_\_

**3. Specify the source(s) of funds for this specific transaction (i.e. where the money originated from):**

- Business Income (e.g. dividends, management bonuses)  Employment Income  Pension Funds  Gifts  
 Sale of Assets  Inheritance  Other: \_\_\_\_\_

**4. Specify the source(s) of wealth (i.e. sources from which the owner(s) accumulated their wealth):**

- Business Undertakings  Family Trust  Employment Income  Investments  Real Estate  Inheritance  
 Other: \_\_\_\_\_

**6.0 Annuitant**

**Non-registered contracts only.**

**Must be completed if the annuitant is NOT the contract owner or the joint owner.**

First name		Middle initial	
Last name			
Address (number, street) (If using a PO Box, also provide your physical address)			
City		Province	Postal code
Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth   d   d   -   m   m   m   -   y   y   y   y	Preferred contact number       -     -	
Relationship to owner(s)			

**6.1 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		Middle initial	
Last name			
Relationship to owner(s)			

## 6.2 Spouse/ Common-law Partner

- A**  Spouse/common-law partner contributor  
**B**  Funds being transferred to this contract originated from a spousal/common-law RSP  
**C**  Spouse/common-law partner is to be successor annuitant under RIF\*  
**D**  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.**

**Registered contracts only.**  
 Check all that apply.  
 Some restrictions may apply.

First name	Middle initial
Last name	
SIN (only if selecting A or B)	Date of birth (only if selecting D)
	d   d   -   m   m   m   -   y   y   y   y

## 7.0 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. In order to effect a beneficiary designation, the applicable spousal waiver must be submitted where required by law.

If a beneficiary is not named for an annuitant, or if all named beneficiaries predecease the annuitant, any benefit that becomes payable will be paid to the owner (if not the annuitant) or the owner's estate. **Percentages for all primary beneficiaries for each annuitant must total 100%.** If you name more than one beneficiary and do not indicate a percentage share or "equal shares", you will be deemed to have indicated "equal shares".

**Minors:** Benefits will not be paid directly to a minor beneficiary. Outside Quebec, 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 Quebec, benefits due to a beneficiary, while a minor, will be paid to the beneficiary's tutor(s) or legal guardian(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 primary beneficiary designation is revocable unless you indicate "irrevocable". In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless you indicate "revocable". If you designate a primary 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 written consent. If your contract is governed by the laws of Nova Scotia and you designate a primary beneficiary as irrevocable you must also complete an Irrevocable Beneficiary Designation Supplement (INS-3207). **An irrevocable beneficiary who is a minor cannot provide consent.** Therefore, if an irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges unless, where permitted by law, a court order is obtained.

**Contingent beneficiary:** A contingent beneficiary becomes the beneficiary if all of the primary beneficiaries have died before the annuitant. **Percentages for all contingent beneficiaries for each annuitant must total 100%. Contingent beneficiary designations are always revocable.**

### Beneficiary(ies)

First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to annuitant*	Date of birth	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	d   d   -   m   m   m   -   y   y   y   y		
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to annuitant*	Date of birth	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	d   d   -   m   m   m   -   y   y   y   y		
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to annuitant*	Date of birth	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	d   d   -   m   m   m   -   y   y   y   y		
First name	Middle name	Last name or legal name of corporation/entity	<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to annuitant*	Date of birth	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
	d   d   -   m   m   m   -   y   y   y   y		

### Trustee for minor beneficiary(ies) named above:

First name	Middle initial	Last name
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\*Relationship to the annuitant, except in Quebec, specify relationship to the owner(s).



<b>12.1 Scheduled Switches</b>  Switches are only permitted within the same purchase fee option.	Switch start date   d   d   -   m   m   m   -   y   y   y   y		
	<b>Amount \$</b>	<b>From fund code</b>	<b>To fund code</b>

<b>13.0 Special Instructions</b>	
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<b>14.0 Declaration, Acknowledgement, Authorization, Consent and Trading Authorization</b>	<p><b>By signing below, I confirm that:</b></p> <ul style="list-style-type: none"> <li>• I have read, understood and agree to the statements in the Declaration, Acknowledgement, Authorization, Consent and Trading Authorization on page 9 of this application;</li> <li>• I have read and understood the Use of Your Personal Information section of the <i>Empire Life Guaranteed Investment Funds 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;</li> <li>• I understand that this contract contains variable benefits; and</li> <li>• I acknowledge that I have accessed an electronic copy of the <i>Empire Life Guaranteed Investment Funds Information Folder and Contract Provisions</i> and the <i>Fund Facts</i>, or my advisor has provided me with these documents.</li> </ul>
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<b>14.1 Signatures</b>	This application was completed and signed in the owner's province of residence. If not, it was signed in the province/territory of:
<b>Signature of owner</b> (or first authorized signature for a corporate owner) X	Date   d   d   -   m   m   m   -   y   y   y   y
<b>Second authorized signature</b> (for corporate owner or joint owner) X	Date   d   d   -   m   m   m   -   y   y   y   y
<b>Signature of annuitant</b> (if different than owner and of legal age) X	Date   d   d   -   m   m   m   -   y   y   y   y
If using a corporate account or the account of someone who is not the annuitant or owner, the owner of the account signs below. By signing below, I confirm I have read, understood and agree to the statements in the PAD agreement and Banking Authorization.	
<b>Signature of account holder</b> X	
Account holder first name 	Last name 



**15.0 Determination of Third Party Interests**

**You must answer 'Yes' or 'No' for all plans. If yes, complete entire section.**

For the purposes of this section, a "third party" is a person or entity (other than the annuitant or owner) who instructs the owner to take actions on the policy.

<b>In making this Application, is the owner acting on behalf of a third party?</b> <input type="radio"/> yes <input type="radio"/> no			
First name			Middle initial
Last name or legal name of corporation/entity			
Date of birth   d   d   -   m   m   m   -   y   y   y   y		Address (number, street)	
City		Province	Postal code
Name of employer			
Job title(s)			
Occupation			
Type of business			
Relationship to owner(s)			
Jurisdiction of registration (i.e. country, province, territory)		Incorporation number	

**16.0 Advisor Declaration and Acknowledgement**
**I declare that:**

- I have witnessed all signatures or, for "non face-to-face" meetings without contemporaneous video feed, I confirm that to the best of my knowledge and belief, each individual who signed this form is the party indicated on the form;
- I have 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 16.0) 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 *Principles of Sale*;
- I have provided a copy of the application, the current *Empire Life Guaranteed Investment Funds Information Folder and Contract Provisions*, and the *Fund Facts* to the owner(s), if the owner(s) has (have) not accessed an electronic copy;
- 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.

<b>Signature of advisor</b> (as witness to all signatures)		Advisor code
X		
Advisor first name		
Last name		
Name of Agency		
<b>Signature of training supervisor</b> (where required in Quebec only)		Date
X		d   d   -   m   m   m   -   y   y   y   y

## 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 Empire Life 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 a registered retirement savings plan or registered retirement income fund 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 Empire Life.

### 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.payments.ca](http://www.payments.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.payments.ca](http://www.payments.ca).

### For inquiries regarding your PAD, contact:

Phone: 1 800 561-1268  
 Fax: 1 800 419-4051  
[investment@empire.ca](mailto: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. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances. To access a copy of the most recent privacy policy, please visit the Empire Life website at [www.empire.ca](http://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, The Empire Life Insurance Company, 259 King Street East, Kingston, ON K7L 3A8;
- 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 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, contractors 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, 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 15.0, 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.**