EMPIRE LIFE GUARANTEED INVESTMENT FUNDS (EMPIRE LIFE GIF) APPLICATION FOR A TAX-FREE SAVINGS ACCOUNT (TFSA)

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

\bigcirc	Owner age meets the product guidelines.
\bigcirc	Banking information/void cheque has been provided, if pre-authorized debit requested.
\bigcirc	Deposit is being made by the owner.
\bigcirc	Investment instructions have been provided.
\bigcirc	A copy of the application, the Information Folder and Contract Provisions, and the Fund Fact
	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.

	75/75 (Class K) 75/100 (Class L)			L)	100/100 (Class M)							
Empire Life Segregated Fund Options	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 FOR A TAX-FREE SAVINGS ACCOUNT (TFSA)

Throughout this application, and the issuer of this TFSA	"Empire Life" means The Empire Life Insur A.	rance Company, FundSERV dealer/rep	o code: Wire Order No.:							
1.0 Application For (Select one)	○ Empire Life GIF 75/75	○ Empire Life GIF 75/100	○ Empire Life GIF 100/100							
	Maximum Issue Age*: 90	Maximum Issue Age*: 80	Maximum Issue Age*: 80							
	*Maximum issue age is December 31st of	of the year the annuitant turns the specified age.								
Language	If not specified, we will communicate in t	not specified, we will communicate in the language of this application. English French								
2.0 Contract Owner The contract owner is the	First name		Middle initial							
annuitant. "Contract owner" shall also mean the holder of										
the TFSA. *Email address may be used	Address (number, street) (If using a PO E	Box, also provide your physical address								
to contact you about this	a:									
application, any contract issued based on this	City		Province Postal code							
application, or to provide customer service.	Sex Date of birth	SIN								
customer service.	Jex		\							
	Male Female dd - m m m - y y y y Preferred contact number									
	Canadian resident? O yes O no									
	Email address*									
2.1 Successor Owner (subrogated policyholder	Must be your spouse/common-law p automatically become the contract owner at that time.									
in Quebec)	First name		Middle initial							
	Last name									
	Date of birth									
	d d - m m m - y y y	У								
3.0 Beneficiary In	formation									

3.0 Beneficiary Information

If a beneficiary is not named, or if all named beneficiaries predecease the owner, any benefit that becomes payable will be paid to the owner's estate. **Percentages for all primary beneficiaries 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 the 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 owner.

Percentages for all contingent beneficiaries for each annuitant must total 100%. Contingent beneficiary designations are always revocable.

3.0 Beneficiary Information (cont'd)

Beneficiary(ies)									
First name		Middle name		Last nan	ne or legal	l name of	corporation/er	ntity	O Primary O Contingent
Relationship to the owner		Date of birth	m m	- y y	у у	OR equal shares	%	O Revocable O Irrevocable	
First name		Middle name		Last nar	ne or legal	l name of	corporation/er	ntity	O Primary O Contingent
Relationship to the owner		<u> </u>	Date of birth	 m m	- y y	_y _y	OR equal shares	%	Revocable Irrevocable
First name		Middle name	Last nan	ne or legal	corporation/er		O Primary O Contingent		
Relationship to the owner			Date of birth	 m m	- y y		equal sharesOR	%	O Revocable
First name		Middle name			ne or legal	l name of	corporation/er		O Primary O Contingent
Relationship to the owner			Date of birth	 m m	- v v	v v	equal sharesOR	%	Revocable Irrevocable
Trustee for minor ber	oficiary(ios)	named above:					OIL	76	O II Tevocable
First name	ieliciar y (les)	married above.	Middle initial	Last nan	ne				
4.0 Maturity Date	Complete only if applying for Empire Life GIF 100/100 The maturity date must be at least 15 years from the deposit date. If no maturity date is provided, the default will be December 31st of the year the annuitant turns 105 years old. Deposits made with less than 15 years to the maturity date will receive a 75% maturity benefit guarantee. O 15 years O Other please specify:								
5.0 Initial Deposits		luded with this app		d	m m -	<u> </u>	Amount \$		
Select all that apply. Only the contract owner		e-authorized debit (PAD) deposit* (Attach a VOID CHEQUE horized transaction form from your financial institution.)					Amount \$		
may deposit funds to the contract. * The single PAD deposit may be withdrawn upon the	○ Transfer fro	from Empire Life policy/contract number:					Amount \$		
effective date of the contract. Make cheque payable to	Transfer from another TFSA – transferring company name: Estimated transfer amo						ount		
Empire Life	If funds transferred are from former spouse/common-law partner's TFSA as a result of marriage breakdown, please provide:								
	Former spouse/common-law partner's first name Middle initial Last name L								
	Former spouse/common-law partner's SIN								
6.0 Pre-Authorized Debit (PAD)	Attach VOID CHEQUE or pre-authorized transaction form from your financial institution								
Twice per month, on the Ist and I5th	Frequency Weekly Bi-weekly Semi-monthly Monthly Quarterly Semi-annually Annually								
	Amount (minir	num \$50/fund)			PAD start o	date m m	m - y y	у	у

7.0 Systematic Withdrawal Plans	○ Withdrawal amount of \$		GROSS or (NET of withd	rawal fees					
Complete Withdrawals (SWP) in section 8.0.	Frequency Weekly Semi-monthly* Monthly Quarterly Semi-annually Annually									
*Twice per month, on the										
Ist and 15th	Start date (please allow 3-5 days for deposit									
	[d d - m m m - y y y y]									
8.0 Investment Instructions	The following purchase fee combination (I) FE, NL and DSC; or, (2) NL and LL	No other purcha	ase fee optio	on combination	ns are allow					
	Deposits to the contract under the DSC option are not permitted after December 31st of the year the annuitant turns 80 years old.									
If there is a discrepancy between the fund name and fund code, the fund	Refer to page I for fund names and co	Depo	Withdrawals (SWP)							
code will be used.	Fund name	Fund code	Front-end load %	Initial deposit	PAD %	Allocation				
If more room is required, please attach separate page with instructions.										
9.0 Scheduled Switches	Switch start date	/								
	Amount \$	From fund	d code	To fo	ınd code					
Switches are only permitted within the same purchase fee option.										
10.0 Special Instructions										

11.0	Declaration, Acknowledgement, Authorization, Consent and Trading Authorization	 By signing below, I confirm that: I have read, understood and agree to the statements in the Declaration, Consent and Trading Authorization on page 5 of this application; I have read and understood the Use of Your Personal Information section Funds Information Folder, consent to the use of my personal information a contract provisions for the contract applied for; I understand that this contract contains variable benefits; and I acknowledge that I have accessed an electronic copy of the Empire Life Folder and Contract Provisions and the Fund Facts, or my advisor has provided 	on of the Empire Life Guaranteed Investment is described and am in receipt of the Guaranteed Investment Funds Information
12.0	Signatures	This application was completed and signed in the contract owner's province province/territory of:	of residence. If not, it was signed in the
		Signature of contract owner X	Date d d - m m m - y y y y
		If using a joint personal bank account, complete the following: Signature of account holder X	
		Account holder first name Last name	
13.0	Advisor Declaration and Acknowledgement	 I declare that: I have witnessed all signatures or, for "non face-to-face" meetings without co the best of my knowledge and belief, each individual who signed this application. I have explained the features of this contract and contents of this application provided in the application and related forms (other than those in this secondary: I have provided to the contract owner the names of all advisors who have and to the contract; I provided to the contract owner a statement of disclosure outlining the latence companies. I represent, the fact I receive compensation for the sale of I may receive additional compensation in the form of bonuses, conference conflicts or potential conflicts of interest; If this application was signed in Newfoundland and Labrador, I have proprinciples of Sale. I have provided a copy of the application, the current Empire Life Guarantee Contract Provisions, and the Fund Facts to the contract owner, if the contract. I am not aware of any additional information material to the acceptance of I understand that Empire Life will not pay compensation to advisors who insurance on file with Empire Life for the province in which this application. 	ion is the party indicated on the application; ion to the contract owner and all answers artion 13.0) are those of the contract ave access to their personal information icences I have and in which jurisdictions, annuity products (including the possibility programs or other incentives) and any evided the contract owner with the led Investment Funds Information Folder and owner has not accessed an electronic copy; of this application; and do not have a valid licence and E&O
		Signature of advisor (as witness to all signatures)	Advisor code
		Advisor first name Last name	
		Name of Agency	
		Signature of training supervisor (where required in Quebec only)	Date

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 if there is a change in my tax residency status;
- 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;
- 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.

For inquiries regarding your PAD, contact:

Phone: I 800 561-1268 Fax: I 800 419-4051 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. 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:

Lauthorize

- 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 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.

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.

The Empire Life Insurance Company (Empire Life) is a proud Canadian company that has been in business since
1923. We offer individual and group life and health insurance, investment and retirement products, including
mutual funds through our wholly-owned subsidiary Empire Life Investments Inc.

Our mission is to make it simple, fast and easy for Canadians to get the products and services they need to build wealth, generate income, and achieve financial security.

Follow us on social media @EmpireLife or visit empire.ca for more information, including current ratings and financial results.

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Empire Life