

CLASS PLUS 3.0 APPLICATION

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 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

empire.ca • 1 800 561-1268



Class Plus 3.0 Fund Names and Codes

Purchase Fee Options:

- Front End (FE)
- Low Load (LL)
- No Load (NL)
- Deferred Sales Charge (DSC)

Deposit minimum is \$10,000.

Segregated Fund Options	Class R Fund Codes			
	FE	LL	NL	DSC
Empire Life Money Market GIF	14010	14210	14310	14510
Empire Life Bond GIF	14020	14220	14320	14520
Empire Life Income GIF	14025	14225	14325	14525
Empire Life Balanced GIF	14035	14235	14335	14535
Empire Life Monthly Income GIF	14048	14248	14348	14548
Empire Life Asset Allocation GIF	14040	14240	14340	14540
Empire Life Global Asset Allocation GIF	14043	14243	14343	14543
Empire Life Global Balanced GIF	14030	14230	14330	14530
Empire Life Dividend Balanced GIF	14046	14246	14346	14546
Empire Life Elite Balanced GIF	14051	14251	14351	14551
Empire Life Emblem Diversified Income Portfolio GIF	14079	14279	14379	14579
Empire Life Emblem Conservative Portfolio GIF	14081	14281	14381	14581
Empire Life Emblem Balanced Portfolio GIF	14083	14283	14383	14583
Empire Life Emblem Moderate Growth Portfolio GIF	14085	14285	14385	14585
Empire Life Emblem Growth Portfolio GIF	14087	14287	14387	14587
Empire Life Emblem Global Conservative Portfolio GIF	14091	14291	14391	14591
Empire Life Emblem Global Balanced Portfolio GIF	14093	14293	14393	14593
Empire Life Emblem Global Moderate Growth Portfolio GIF	14095	14295	14395	14595

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.

<p>4.2 Successor Owner (subrogated policyholder in Quebec)</p> <p>Non-registered contracts only</p>	<p>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.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">First name</td> <td style="width: 15%;">Middle Initial</td> <td style="width: 45%;">Last name</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <p>Date of birth</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">-</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">-</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table> <p>Quebec only:</p> <p><input type="radio"/> As contract owner, I hereby appoint the joint owner as my subrogated policyholder.</p> <p><input type="radio"/> As joint owner, I hereby appoint the contract owner as my subrogated policyholder.</p>	First name	Middle Initial	Last name				d	d	-	m	m	m	-	y	y	y	y																									
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<p>4.3 Annuitant</p> <p>Non-registered contracts only</p> <p>Must be completed if the annuitant is NOT the contract owner.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">First name</td> <td style="width: 15%;">Middle initial</td> <td style="width: 45%;">Last name</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <p>Address (number, street) (If using a PO Box, also provide your physical address)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">City</td> <td style="width: 10%;">Province</td> <td style="width: 20%;">Postal code</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="radio"/> Male</td> <td style="width: 35%;">Date of birth</td> <td style="width: 40%;">Preferred contact number</td> </tr> <tr> <td><input type="radio"/> Female</td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">-</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">-</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table> </td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">-</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">-</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table> </td> </tr> </table> <p>Relationship to owner</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table>	First name	Middle initial	Last name					City	Province	Postal code				<input type="radio"/> Male	Date of birth	Preferred contact number	<input type="radio"/> Female	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">-</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">-</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table>	d	d	-	m	m	m	-	y	y	y	y	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">-</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">-</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>			-				-					
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<p>4.4 Successor Annuitant</p> <p>Non-registered contracts only</p>	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">First name</td> <td style="width: 15%;">Middle initial</td> <td style="width: 45%;">Last name</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <p>Relationship to owner</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table>	First name	Middle initial	Last name																																							
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<p>4.5 Spouse/ Common-law Partner</p> <p>Registered contracts only</p> <p>Check all that apply. Some restrictions may apply.</p>	<p>A <input type="radio"/> Spouse/common-law partner contributor</p> <p>B <input type="radio"/> Funds being transferred to this contract originated from a spousal/common-law RSP</p> <p>C <input type="radio"/> Spouse/common-law partner is to be successor annuitant under RIF*</p> <p>D <input type="radio"/> RIF payments to be established based on the spouse/common-law partner's age*</p> <p>*You MUST submit proof of age for spouse/common-law partner.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">First name</td> <td style="width: 15%;">Middle initial</td> <td style="width: 45%;">Last name</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="radio"/> Male</td> <td style="width: 35%;">SIN (only if selecting A or B)</td> <td style="width: 40%;">Date of birth (only if selecting D)</td> </tr> <tr> <td><input type="radio"/> Female</td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table> </td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">-</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">-</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table> </td> </tr> </table>	First name	Middle initial	Last name				<input type="radio"/> Male	SIN (only if selecting A or B)	Date of birth (only if selecting D)	<input type="radio"/> Female	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>												<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">d</td><td style="width: 20px;">d</td><td style="width: 20px;">-</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">m</td><td style="width: 20px;">-</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td><td style="width: 20px;">y</td> </tr> </table>	d	d	-	m	m	m	-	y	y	y	y								
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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.

If an Owner does not have a valid government issued photo identification, please complete section 1.2 of form D-0011 Verification of Identity of Owner(s)/Determination of Third Party Interests.

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

*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"/> Other _____	
	Document #	Expiry date
	Jurisdiction and country of issue	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"/> Other _____	
	Document #	Expiry date
	Jurisdiction and country of issue	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 _____	
<p>1. Have you, any of your close relatives* or any other persons closely associated** with you:</p> <p>a) Held one of the following positions in the last 5 years in Canada?</p> <ul style="list-style-type: none"> • 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 <p>b) Ever held one of the following positions in a country other than Canada?</p> <ul style="list-style-type: none"> • 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 <p>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?±±</p> <p>Owner <input type="radio"/> yes <input type="radio"/> no If yes, provide details: _____</p> <p>Joint owner <input type="radio"/> yes <input type="radio"/> no If yes, provide details: _____</p>		

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

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) 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 check the irrevocable box. In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless otherwise indicated. 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 consent. **An irrevocable beneficiary who is under the age of majority cannot provide consent.** Therefore, if an irrevocable beneficiary is under the age of majority, you cannot change or revoke the beneficiary or exercise rights and privileges unless, where permitted by law, a court order is obtained. **Percentages for all primary beneficiaries must total 100%.**

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. **Percentages for all contingent beneficiaries must total 100%.**

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, except in Quebec, specify relationship to the Owner			<input type="radio"/> equal shares OR [] [] [] [] % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
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Relationship to annuitant, except in Quebec, specify relationship to the Owner			<input type="radio"/> equal shares OR [] [] [] [] % <input type="radio"/> Revocable <input type="radio"/> Irrevocable
Trustee for minor beneficiary(ies) named above:			
First name	Middle initial	Last name	

10.1 Scheduled Switches Only permitted within the same Purchase Fee Option.	Amount \$	From fund code	To fund code	Switch start date
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

11.0 Special Instructions	
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12.0 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 page 8 of this application; I have read and understood the Use of Your Personal Information section of the <i>Class Plus 3.0 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; I understand that this contract contains variable benefits; and I acknowledge that I have accessed an electronic copy of the <i>Class Plus 3.0 Information Folder and Contract Provisions</i> and the <i>Fund Facts</i>, or my advisor has provided me with these documents.
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12.1 Signatures	This application was completed and signed in the owner’s province of residence. If not, it was signed in the province/territory of: <input type="text"/>	
	Signature of owner (or first authorized signature for corporate owner) X	Date <input type="text"/>
	Second authorized signature (for corporate owner or joint owner) X	Date <input type="text"/>
	Signature of annuitant (if different than owner and of legal age) X	Date <input type="text"/>
	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 first name	Last name
<input type="text"/>	<input type="text"/>

13.0 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. 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. *If retired, indicate former occupation. If self-employed, specify nature of business. If unemployed, specify reason for unemployment.	In making this application, is the owner acting on behalf of a third party? <input type="radio"/> yes <input type="radio"/> no		
	First name	Middle initial	Last name or legal name of corporation/entity
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of birth	Address (number, street)	
	<input type="text"/>	<input type="text"/>	
	City	Province	Postal code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of employer		
	<input type="text"/>		
	Job title(s)		
<input type="text"/>			
Occupation*			
<input type="text"/>			
Relationship to owner			
<input type="text"/>			
Jurisdiction of registration (i.e. country, province, territory)		Incorporation number	
<input type="text"/>		<input type="text"/>	

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 when I am no longer a resident of Canada;
- 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 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.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: 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. 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 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.