# **CLASS PLUS 3.0** 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.
- O Deposit is being made by the owner.
- O 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

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.

	Class R Fund Codes				
Segregated Fund Options	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.

# C678639

Wire Order No .:

# CLASS PLUS 3.0 APPLICATION FOR A TFSA

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

		L		
I.0 Language	If not specified, we will communicate in the languag	ge of this appli	cation. O English O Fre	ench
2.0 Contract Owner	First name M	liddle initial	Last name	
The owner is the annuitant.	Address (number, street) (If using a PO Box, also pr	rovide your phy	ysical address)	
"Owner" shall also mean the holder of the TFSA.				
	City		Province	Postal code
*Email address may be used to contact you				
about this application, any	○ Male Date of birth		SIN	
contract issued based on this application, or to	O Female	У		
provide customer service.	Canadian resident ) yes ) no	referred contae	ct number	
	Email address*			
2.1 Successor Owner (subrogated	Must be your spouse/common-law partner. Up become the owner and the annuitant and the contra			
policyholder in	First name M	1iddle initial 🛛 La	ast name	
Quebec)				
	Date of birth     d   d     -   m     m   m	уу		

FundSERV dealer/rep code:

#### 3.0 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 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 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 co	prporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>	
Relationship to annuitant, except in Quebec, specify relationship to the Owner				OR %	<ul><li>○ Revocable</li><li>○ Irrevocable</li></ul>	
First name	irst name Middle name Last name or legal name of o			prporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>	
Relationship to annuitant, except in Queb		○ equal shares OR  %	<ul><li>○ Revocable</li><li>○ Irrevocable</li></ul>			
First name	Middle name		Last name or legal name of co	rporation/entity	<ul><li>Primary</li><li>Contingent</li></ul>	
Relationship to annuitant, except in Queb		OR %	O Revocable			
First name	Middle name		Last name or legal name of corporation/entity		<ul><li>Primary</li><li>Contingent</li></ul>	
Relationship to annuitant, except in Quebec, specify relationship to the Owner       O equal shares         OR       OR					O Revocable	
Trustee for minor beneficiary(ies) named above:						
First name	Middle in	nitial	Last name			

# C678639

4.0	Initial Deposits	$\bigcirc$ Deposit included with this application	Amount \$					
	t all that apply	<ul> <li>A single pre-authorized debit (PAD) deposit* (Attach a VOID CHEQUE or pre-authorized transaction form from your financial institution.)</li> </ul>				Amount \$		
	ne owner may deposit to the contract.	Posit O Transfer from Empire Life policy/contract number:			Amount			
		ngle PAD deposit withdrawn upon the Transfer from another TESA – transferring company name:			\$	\$ Estimated transfer amount		
may be	withdrawn upon the				Estimate			
effectiv	e date of the contract.				\$			
	heque payable to <b>re Life.</b>	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 init	ial Last nam	e			
		Former spouse/common-law partner's SIN				<u> </u>		
5.0	Pre-Authorized Debit (PAD)	Attach a VOID CHEQUE or pre-author	orized transacti	on form from	n your financia	institutio	on.	
*Twice	e per month, on the	Frequency Weekly Bi-weekly Semi-month	ly* O Monthly	⊖ Quarter	ly 🔿 Semi-annu	ally 🔾 A	nnually	
lst and	d I 5th	Amount (minimum \$100/Fund)		PAD start da	te			
		\$		d d -	m m m - y	уу у	У	
6.0	<b>Payment Options</b>	Scheduled withdrawals (We will withdraw	w the amount req	uested on the	date selected.)			
Comp	lete Withdrawals in	○ Withdrawal amount of \$			<b>SS</b> or $\bigcirc$ <b>NET</b> of	withdraw	al fees	
section	1 7.0.	Guaranteed Withdrawal Benefit (GW	<b>∕B)</b> – ○ The Life	etime Withdra	awal Amount (LV	VA)		
<b>6.</b> I	Frequency	○ Weekly ○ Bi-weekly ○ Semi-monthly* ○ Monthly ○ Quarterly ○ Semi-annually ○ Annually						
	per month, on the	Start date (please allow 3-5 days for deposit	into your accoun	t)				
lst and	d I5th	d d - m m m - y y y y						
6.2	Excess Withdrawal Alert (EWA)	This service notifies you for most partial withdrawals exceeding the LWA. This service will be turned on unless you tell us to turn it off. Unless we are advised otherwise the EWA Service will reset to <b>ON</b> every year. <b>Turn off EWA</b>						
7.0	Investment Instructions	The following purchase fee combination or, (2) NL and LL. No other purchase for				::(I) FE, M	NL and DSC;	
*Inclu	des scheduled	Refer to page I for fund names and codes.			Depos	its	Withdrawals*	
	rawals and LWA			Front-end	Initial deposit	/	Allocation	
	additional funds, a separate page.	Fund name	Fund code	load %	$\bigcirc$ % or $\bigcirc$ \$	PAD %	<b>○% or ○\$</b>	
	e is a discrepancy							
betwe	en the fund name nd code, the fund							
code v	vill be used.							

# C678639

8.0	Scheduled Switches	Amount \$	From fund code	<b>To</b> fund code	Switch start date		
					d d - m m m - y y y y		
Only permitted within the same Purchase Fee Option.					d d - m m m - y y y y		
					d d - m m m - y y y y		
					d d - m m m - y y y y		
9.0	Special Instructions						
10.0	Declaration, Acknowledgement, Authorization, Consent and Trading Authorization	<ul> <li>By signing below, I confirm that:</li> <li>I have read, understood and agree to the Consent and Trading Authorization on the Consent and Trading Authorization on the I have read and understood the Use of Y consent to the use of my personal inform contract applied for; and</li> <li>I understand that this contract contains the I acknowledge that I have accessed an electronisions and the Fund Facts, or my advisor I request that Empire Life file an election to the I acknowledge that I have accessed an electronic to the I acknowledge that I have accessed and the Fund Facts, or my advisor I request that Empire Life file an election to the I acknowledge that I have accessed and the I have accessed accessed accessed a have a have accessed acc</li></ul>	his application; 'our Personal Infor nation as describer variable benefits; a ectronic copy rece or has provided m	rmation section o d and am in recei and sipt of the <i>Class P</i> e with these doc	of the Class Plus 3.0 Information Folder, pt of the contract provisions for the lus 3.0 Information Folder and Contract uments.		
10.1	Signatures	This application was completed and signed territory of:					
		Signature of owner X			d - m m m - y y y y		
		If using a joint personal bank account, comp Signature of account holder	blete the following:				
		X Account holder first name	Las	t name			
11.0	Advisor Declaration and Acknowledgement	eclaration and • I have explained the features of this plan and contents of this application to the owner and all answers					
		<ul> <li>If this application was signed in Newfoundland and Labrador, I have provided the owner(s) with the Principles of Sale;</li> <li>I have provided a copy of the application, the current Class Plus 3.0 Information Folder and Contract Provisions and the Fund Facts to the owner, if the owner has not accessed an electronic copy;</li> </ul>					
		<ul> <li>I am not aware of any additional information material to the acceptance of this application; and</li> <li>I understand that Empire Life will not pay compensation to advisors who do not have a valid licence and E&amp;O insurance on file with Empire Life for the province in which this application was signed.</li> </ul>					
		Signature of advisor (as witness to all sig	•		isor code		
		X					
		Advisor first name	La	ist name			
		Name of Agency					
		Signature of training supervisor (where X	e required in Queb	ec only) Date	e 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 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 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: | 800 561-1268 Fax: | 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;

C678639

- 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;

#### 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.

<sup>®</sup> Registered trademark of **The Empire Life Insurance Company**. Policies are issued by The Empire Life Insurance Company.

