

CLASS PLUS 3.0

APPLICATION FOR NOMINEE/ INTERMEDIARY ACCOUNT

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.
- 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

1 877 548-1881

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)
- F-Class/Fee For Service (F-Class/FFS)

Deposit minimum is \$10,000.

| Segregated Fund Options | Class R Fund Codes | | | | Class S Fund Codes |
|---|--------------------|-------|-------|-------|--------------------|
| | FE | LL | NL | DSC | F-Class/FFS |
| Empire Life Money Market GIF | 14010 | 14210 | 14310 | 14510 | 14710 |
| Empire Life Bond GIF | 14020 | 14220 | 14320 | 14520 | 14720 |
| Empire Life Income GIF | 14025 | 14225 | 14325 | 14525 | 14725 |
| Empire Life Balanced GIF | 14035 | 14235 | 14335 | 14535 | 14735 |
| Empire Life Monthly Income GIF | 14048 | 14248 | 14348 | 14548 | 14748 |
| Empire Life Asset Allocation GIF | 14040 | 14240 | 14340 | 14540 | 14740 |
| Empire Life Global Asset Allocation GIF | 14043 | 14243 | 14343 | 14543 | 14743 |
| Empire Life Global Balanced GIF | 14030 | 14230 | 14330 | 14530 | 14730 |
| Empire Life Dividend Balanced GIF | 14046 | 14246 | 14346 | 14546 | 14746 |
| Empire Life Elite Balanced GIF | 14051 | 14251 | 14351 | 14551 | 14751 |
| Empire Life Emblem Diversified Income Portfolio GIF | 14079 | 14279 | 14379 | 14579 | 14779 |
| Empire Life Emblem Conservative Portfolio GIF | 14081 | 14281 | 14381 | 14581 | 14781 |
| Empire Life Emblem Balanced Portfolio GIF | 14083 | 14283 | 14383 | 14583 | 14783 |
| Empire Life Emblem Moderate Growth Portfolio GIF | 14085 | 14285 | 14385 | 14585 | 14785 |
| Empire Life Emblem Growth Portfolio GIF | 14087 | 14287 | 14387 | 14587 | 14787 |
| Empire Life Emblem Global Conservative Portfolio GIF | 14091 | 14291 | 14391 | 14591 | 14791 |
| Empire Life Emblem Global Balanced Portfolio GIF | 14093 | 14293 | 14393 | 14593 | 14793 |
| Empire Life Emblem Global Moderate Growth Portfolio GIF | 14095 | 14295 | 14395 | 14595 | 14795 |

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.

3.1 Joint Owner

Nominee non-registered account types only.

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.

*Only complete if the joint owner is the annuitant.

| | | |
|--|--|---|
| 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 at birth* <input type="radio"/> Male <input type="radio"/> Female | Date of birth d d - m m m - y y y y | SIN |
| Preferred contact number - - | | |
| Name of employer | | |
| Job title | | |
| Occupation | | |
| 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 _____ | | |

3.2 Successor Owner (subrogated policyholder in Quebec)

Nominee non-registered account types only.

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 | Last name |
| Date of birth d d - m m m - y y y y | | |
| Quebec only: | | |
| <input type="radio"/> As beneficial owner , I hereby appoint the joint owner specified in section 3.1 as my subrogated policyholder. | | |
| <input type="radio"/> As joint owner , I hereby appoint the beneficial owner specified in section 3.0 as my subrogated policyholder. | | |

3.3 Annuitant

Nominee non-registered account types only.

Must be completed if the annuitant is NOT the beneficial owner or 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 at birth <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) | | |

3.4 Successor Annuitant

Nominee non-registered account types only.

Upon the death of the annuitant, 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) | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| <p>6.0 Excess Withdrawal Alert (EWA)</p> | <p>This service notifies you for most partial withdrawals exceeding the LWA. This service will be turned on unless you tell us to turn it off. Unless we are advised otherwise the EWA Service will reset to On every year. <input type="radio"/> Turn off EWA</p> | | | | | | | | |
| <p>7.0 Special Instructions</p> | | | | | | | | | |
| <p>8.0 Declaration, Acknowledgement, Authorization and Consent</p> | <p>I declare that:</p> <ul style="list-style-type: none"> • 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; • I have read and understood the <i>Use of your Personal Information</i> section of the <i>Class Plus 3.0 Information Folder and Contract Provisions</i> and consent to the use of my personal information as described; and • All statements and answers in the application and any related forms were accurately recorded and are complete and true to the best of my knowledge and belief. <p>I understand and agree that:</p> <ul style="list-style-type: none"> • I will notify Empire Life if there is a change in my tax residency status; • The effective date of the contract will be the date shown on the contract confirmation notice which is the effective date of the initial deposit; • I will contact the nominee if the contract confirmation notice is not received within 30 days of paying the initial deposit; • Empire Life shall not be liable for following the instructions provided by the nominee; and • My advisor may be paid on a commission basis. <p>I authorize:</p> <ul style="list-style-type: none"> • The use of my Social Insurance Number to administer the contract and for tax reporting purposes; • And appoint the nominee as my agent; and • Empire Life to deliver confirmations, statements and other documents to the nominee and to accept instructions from the nominee 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. | | | | | | | | |
| <p>9.0 Signatures</p> | <p>This application was completed and signed in the beneficial owner's province of residence. If not, it was signed in the province/territory of</p> <table border="1"> <tr> <td data-bbox="344 831 1143 898"> <p>Signature of beneficial owner (or first authorized signature for corporate owner) X</p> </td> <td data-bbox="1143 831 1573 898"> <p>Date d d - m m m - y y y y </p> </td> </tr> <tr> <td data-bbox="344 898 1143 966"> <p>Signature of joint owner (if applicable) (or second authorized signature for corporate owner) X</p> </td> <td data-bbox="1143 898 1573 966"> <p>Date d d - m m m - y y y y </p> </td> </tr> <tr> <td data-bbox="344 966 1143 1060"> <p>Signature of trustee or agent for trustee (nominee registered accounts) Dealer stamp acceptable for nominee X</p> </td> <td data-bbox="1143 966 1573 1060"> <p>Date d d - m m m - y y y y </p> </td> </tr> <tr> <td data-bbox="344 1060 1143 1129"> <p>Signature of annuitant (if different than beneficial owner) X</p> </td> <td data-bbox="1143 1060 1573 1129"> <p>Date d d - m m m - y y y y </p> </td> </tr> </table> | <p>Signature of beneficial owner (or first authorized signature for corporate owner) X</p> | <p>Date d d - m m m - y y y y </p> | <p>Signature of joint owner (if applicable) (or second authorized signature for corporate owner) X</p> | <p>Date d d - m m m - y y y y </p> | <p>Signature of trustee or agent for trustee (nominee registered accounts) Dealer stamp acceptable for nominee X</p> | <p>Date d d - m m m - y y y y </p> | <p>Signature of annuitant (if different than beneficial owner) X</p> | <p>Date d d - m m m - y y y y </p> |
| <p>Signature of beneficial owner (or first authorized signature for corporate owner) X</p> | <p>Date d d - m m m - y y y y </p> | | | | | | | | |
| <p>Signature of joint owner (if applicable) (or second authorized signature for corporate owner) X</p> | <p>Date d d - m m m - y y y y </p> | | | | | | | | |
| <p>Signature of trustee or agent for trustee (nominee registered accounts) Dealer stamp acceptable for nominee X</p> | <p>Date d d - m m m - y y y y </p> | | | | | | | | |
| <p>Signature of annuitant (if different than beneficial owner) X</p> | <p>Date d d - m m m - y y y y </p> | | | | | | | | |
| <p>10.0 Advisor Declaration and Acknowledgement</p> | <p>I declare that:</p> <ul style="list-style-type: none"> • I have witnessed all signatures; • 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 entire contents of this application to the beneficial owner(s) and annuitant; • All answers provided in the application and related forms (other than those in this section 10.0) are those of the beneficial owner(s) or annuitant as applicable; • The third party interests and verification of the identity of the beneficial owner(s) has been completed; • 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 beneficial 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 <i>Principles of Sale</i>. • I have provided a copy of the application, the current <i>Class Plus 3.0 Information Folder and Contract Provisions</i> and the <i>Fund Facts</i> 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. <p>Signature of advisor (as witness to all signatures) X</p> <table border="1"> <tr> <td data-bbox="344 1728 943 1795"> <p>Advisor first name</p> </td> <td data-bbox="943 1728 1573 1795"> <p>Last name</p> </td> </tr> </table> <p>Signature of training supervisor (where required in Quebec only) X</p> <table border="1"> <tr> <td data-bbox="344 1795 1122 1864"></td> <td data-bbox="1122 1795 1573 1864"> <p>Date d d - m m m - y y y y </p> </td> </tr> </table> | <p>Advisor first name</p> | <p>Last name</p> | | <p>Date d d - m m m - y y y y </p> | | | | |
| <p>Advisor first name</p> | <p>Last name</p> | | | | | | | | |
| | <p>Date d d - m m m - y y y y </p> | | | | | | | | |



11.0 **Advisor Declaration and Acknowledgement**

- I declare that:**
- I have witnessed all signatures;
 - 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 entire contents of this application to the beneficial owner(s) and annuitant;
 - All answers provided in the application and related forms (other than those in this section 11.0) are those of the beneficial owner(s) or annuitant as applicable;
 - The third party interests and verification of the identity of the beneficial owner(s) has been completed;
 - 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 beneficial 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 *Class Plus 3.0 Information Folder and Contract Provisions* and the *Fund Facts* to the beneficial owner; if the owner has 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.

Signature of advisor (as witness to all signatures)

X

| | |
|--------------------|-----------|
| Advisor first name | Last name |
| | |

Signature of training supervisor (where required in Quebec only)

X

| |
|--|
| Date |
| <input type="text" value="d"/> <input type="text" value="d"/> - <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="m"/> - <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> |

