



PIVOTAL SELECT™
Application
Registered/Non-Registered
Segregated Funds
Savings and Retirement



PRIORITY PROCESSING
OF APPLICATION



SYSTEM ALERTS
YOU TO ANY MISSING
INFORMATION



STEP BY STEP
DIRECTIONS

EZcomplete® for Pivotal Select™

EZcomplete is intuitive, simple to use and puts everything you need right at your fingertips. Using it can reduce the time, frustration and potential mistakes that can happen with a paper application.



Get started by going to
advisor.equitable.ca

As an Equitable Life client you will have instant access to your policy information through **Equitable Client Access!**

What is Equitable Client Access?

It is our secure online client site that allows you to access your policy information, right at your fingertips. With **Equitable Client Access** you can:

- **View policy details including:**
 - investment allocation and market values
 - transaction history and guarantees
 - pre-authorized payment information
 - retrieve fund information and performance

- **Update your personal information including:**
 - address and contact information
 - banking information and pre-authorized payment withdrawal date
 - beneficiary

- **Access your statements and letters**

- **And more!**

Register for Equitable Client Access one of two ways:

- 1) Include your email address on this application and Equitable Life will email you a registration link once your policy is active.
- 2) Once you receive your policy confirmation notice, visit client.equitable.ca and click on "Create Account".

Do you have questions, or would you like some assistance registering your account? Our client service team would be pleased to help. You can reach them Monday to Friday from 8:30 a.m. to 7:30 p.m. (eastern time) at 1.800.668.4095.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

2. CONTRACT OWNER INFORMATION (VERIFICATION OF IDENTITY IS FOR NON-REGISTERED ONLY) (CONTINUED)

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Given Name: _____ Last Name: _____

- I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

- I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

- Application was not completed in person.
- I, the Owner, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

3. JOINT CONTRACT OWNER (OPTIONAL SECTION) (FOR NON-REGISTERED ONLY)

Not available in Quebec. We will send the contract information and future mailings to the mailing address in section 2 only.

On the death of an Owner who is not the Annuitant, his or her ownership interest will pass to the other Owner and/or Successor Owner.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr.	Joint owner's name (first, middle initial, last)	Social Insurance Number (SIN) 			
		Expiry Date (if applicable)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address (number, street and apartment) if different from Contract Owner	City or Town	Province	Postal Code	
Telephone Number	Date of birth (yyyy/mm/dd)	Occupation (job title and duties) – if retired, indicate former occupation			



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

3. JOINT CONTRACT OWNER (OPTIONAL SECTION) (FOR NON-REGISTERED ONLY) (CONTINUED)

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Given Name: _____ Last Name: _____

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:

Table with 5 columns: Identification Type, Identification Number, Issuing Jurisdiction/Country, Expiry Date (yyyy/mm/dd), Date Advisor Verified (yyyy/mm/dd)

If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories* as set out in the instructions. Provide details:

Table with 6 columns: Category*, Document Type, Document Issuer, Document/Account Number, Document Date (yyyy/mm/dd), Date Advisor Verified (yyyy/mm/dd)

*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

Application was not completed in person.

I, the Owner, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

4. SUCCESSOR OWNER (OPTIONAL SECTION) (SUBROGATED POLICY OWNER IN QUEBEC) (FOR NON-REGISTERED ONLY)

You may name someone to succeed an Owner of the Contract in the event of an Owner's death.

Form with fields for Successor Owner's name (first, middle initial, last), Social Insurance Number (SIN), Relationship to Owner, and Expiry Date (if applicable).



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

5. ANNUITANT INFORMATION (FOR NON-REGISTERED AND ONLY WHEN THE ANNUITANT IS DIFFERENT THAN THE OWNER)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr.	Annuitant's name (first, middle initial, last)		Date of birth (yyyy/mm/dd)
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address (number, street and apartment)		City or Town	Province
Postal Code	Telephone Number	Relationship to Owner(s)	

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Given Name: _____ Last Name: _____

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

Application was not completed in person.

I, the Owner, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

6. SUCCESSOR ANNUITANT (OPTIONAL SECTION) (FOR NON-REGISTERED AND RIF ONLY)			
On the death of the Annuitant, the contract will continue and therefore there is no death benefit until the death of the Successor Annuitant. Note: the applicable owner(s) have full contractual rights.			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr.	Successor Annuitant's name (first, middle initial, last)		Date of birth (yyyy/mm/dd)
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address (number, street and apartment)		City or Town	Province
			Postal Code
Relationship to Annuitant (For RIF must be legally married or common-law partner)			



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

7. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving Annuitant. For locked-in plans the beneficiary must be the spouse or common law partner (if applicable). As pension legislation dictates, a spouse or common law partner will take precedence over any other beneficiary designation selected. For RIF policies, if your spouse is the sole beneficiary at the time of your death and a Successor Annuitant has not been named, your spouse will have the option to continue this contract as the Successor Annuitant.

Applicant/Owner residing in Quebec: Quebec law stipulates that designation of the owner’s spouse (married or civil union) is irrevocable, unless the owner indicates the designation to be revocable by checking the following box: [] I stipulate that any beneficiary designation of my spouse (married or civil union) is revocable.

Table with 5 columns: Primary Beneficiary name(s), Date of birth if minor, Trustee applies, Relationship to Annuitant, Share of benefits. Includes rows for contingent beneficiaries.

Trustee for all minor beneficiary(ies) (not applicable in Quebec): Name: _____

Annuity settlement option: If you would like one or more of your beneficiaries to receive the death benefit in the form of income payments from a payout annuity, complete the Annuity Settlement Option form #455. You can find out more about this option in the Gradual Inheritance Strategy form #1514.

8. CONTRIBUTIONS

Note: Minimum initial deposit must be \$500 or \$50 Pre-Authorized Debit (“PAD”). RIF/LIF minimum is \$10,000. The payor must be the Annuitant for an individual RSP or the spouse for a Spousal RSP.

Cheque \$ _____
One-time PAD \$ _____ (complete section 10)
Ongoing PAD \$ _____ (complete section 10)
External Transfer \$ _____

Transferring Company: _____
Complete the “Transfer Authorization Form” (form #114) and send a copy to Equitable Life and the original to the relinquishing financial institution.

Internal Transfer \$ _____

Equitable Life Policy Number: _____

Online Banking \$ _____

Once the application has been submitted, the payor can make a deposit using the application number and their financial institution’s online banking service. For additional information and a list of banks set up with this service, visit www.equitable.ca/go/onlinebanking

Loan \$ _____

Lending Company: _____



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

9. FUND SELECTION

Total allocation must equal 100%. \$50 minimum deposit per fund. Based on our administrative rules, DSC, LL, NL-CB and NL-CB5 units may not be held within the same contract. Refer to Pivotal Select segregated fund codes, MERs and Guarantee Fees Form #375SEL ([form #375SEL](#)).

Fund Code	Segregated Fund Name	Sales Charge Option	(\$ or %)
		<input type="checkbox"/> DSC <input type="checkbox"/> NL <input type="checkbox"/> LL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> DSC <input type="checkbox"/> NL <input type="checkbox"/> LL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> DSC <input type="checkbox"/> NL <input type="checkbox"/> LL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> DSC <input type="checkbox"/> NL <input type="checkbox"/> LL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> DSC <input type="checkbox"/> NL <input type="checkbox"/> LL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	

DSC = Deferred Sales Charge (Sales charge applies to client)
 NL = No Load
 LL = Low Load (Sales charge applies to client)
 NL-CB and NL-CB5 = No Load CB (Chargeback to advisor)

Unless advised by a subsequent instruction request from you, all future premiums received will be deposited to the same fund(s) as the original deposit.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

10. PRE-AUTHORIZED DEBIT ("PAD") (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 8)

One-Time PAD:

Amount: \$ _____

Withdrawal Date:

Withdraw the funds on the date that all application requirements are met, OR

Specify date (yyyy/mm/dd): _____

Banking information:

The same account shown on the first premium cheque provided with application.

The attached VOID cheque or bank letter of direction (Payor name is required on the cheque)

Use the existing PAD account on Equitable Life policy #: _____ (void cheque not required)

Ongoing PAD:

Amount: \$ _____ PAD start date (yyyy/mm/dd): _____

Payment Frequency:

Monthly (1 – 28)

Semi-monthly (1 & 15)

Bi-weekly (every other week) on

Monday Tuesday Wednesday Thursday Friday

Banking information:

The same account shown on the first premium cheque provided with application.

The attached VOID cheque or bank letter of direction (Payor name is required on the cheque)

Use the existing PAD account on Equitable Life policy #: _____

Automatic Payment Increase Option:

Automatically increase my PAD by _____ (indicate \$ or %) on an annual basis.

This will take effect on the first scheduled withdrawal date of each year.

Ongoing PAD fund selection:

If you would like to specify a different fund selection for ongoing PAD please provide the details below. If no instructions are provided the ongoing PAD will be allocated based on the instructions in the Fund Selection section.

Fund name	Fund Code	Allocation % / \$

Additional Information:

- There is a \$50 minimum deposit per fund for PAD
- Line of credit accounts or credit cards are not accepted
- There may be a time delay between the date you have selected and the money being transferred out of your bank account.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

10. PRE-AUTHORIZED DEBIT (“PAD”) (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 8)

Waivers

I/We direct and authorize The Equitable Life Insurance Company of Canada (“Equitable Life”) and my/our financial institution to process withdrawals from my/our account, subject to the conditions listed here, for the purpose of collecting premiums.

I/We waive the right to receive pre-notification of the first withdrawal, or a change in the date of the withdrawal as defined by the Canadian Payments Association in Rule H1 at www.payments.ca.

Type of Service

For the purpose of this agreement, all Pre-Authorized Debits from my/our account will be treated as personal withdrawals.

Cancellation

I/We have the right to cancel this PAD at any time. This PAD shall remain in effect until I/we notify Equitable Life of the cancellation.

NOTE: To ensure cancellation of the next withdrawal, notice by way of telephone, letter, email or fax must be received at Equitable Life’s Head Office, 10 business days prior to the next withdrawal.

Contact your financial institution about your rights regarding cancellation. A sample cancellation form is available at www.payments.ca and may be completed and forwarded to your financial institution.

Contact Information

Equitable Life of Canada. One Westmount Road North P.O. Box 1603 Stn. Waterloo, Waterloo, ON N2J 4C7 TF 1.800.668.4095 F 519.883.7404 Email: savingsretirement@equitable.ca

Recourse & Reimbursement

I/We have certain recourse rights if any debit does not comply with this “PAD”. I/We have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this “PAD”. To obtain more information on recourse rights, please contact your financial institution or visit www.payments.ca.

11. DOLLAR COST AVERAGING (OPTIONAL SECTION)

Complete this section when a lump sum deposit is being made to a low risk fund, and you wish to regularly transfer to a different fund(s) allowing unit prices to be averaged during market fluctuations. Each “from fund” minimum is \$500 and each “to fund” minimum is \$50. Dollar Cost Averaging must be within the same sales charge option. Please refer to section 9 for fund selection and fund codes.

Select frequency:

- weekly, monthly, bi-monthly, quarterly, semi-annually, annually

Indicate start date (1-28): (yyyy/mm/dd) End date (Optional) (1-28): (yyyy/mm/dd)

Table with 4 columns: From Fund (Fund Code, Fund Amount), To Fund(s) (Fund Code, Fund Amount)



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

12. SCHEDULED INCOME PAYMENTS (FOR RIF/LIF; OPTIONAL FOR NON-REGISTERED)

Complete this section to receive regularly scheduled withdrawals from your Equitable Life policy to your bank account. Please attach a VOID cheque.

Select frequency (choose one)

- monthly quarterly semi-annually annually

Start Date/Date of Withdrawal: _____

Please allow 3 – 5 days for processing. yyyy/mm/dd(1-28)

Complete the following information based on the applicable registration:

Non-Registered \$ _____ per frequency selected above

RIF You must withdraw the required CRA annual minimum payment. In the year of issue, the RIF/LIF minimum is zero.

- a) Required minimum payment b) The minimum income payment calculations will be based on the age of the:
\$ _____ per frequency
(subject to the required RIF minimum payment)
Annuitant (defaulted to "Annuitant" if no selection is made)
Annuitant's spouse / common-law partner*

LIF You must withdraw the required CRA annual minimum payment. In the year of issue, the RIF/LIF minimum is zero.

- a) Required minimum payment b) The income payment calculations (minimum and maximum) will be based
LIF maximum payment on the age of the:
\$ _____ per period
(subject to the required minimum and maximum payment)
Annuitant (defaulted to "Annuitant" if no selection is made)
Annuitant's spouse / common-law partner*
Note: Some provinces such as Ontario do not allow spouse's age to be used to calculate the maximum payment.

*If RIF/LIF payments are based on the age of the spouse / common-law partner provide the following information:

Table with 2 columns: Name of spouse / common-law partner, Date of birth (yyyy/mm/dd)

Scheduled income payments to be withdrawn from: (see section 9 for fund names and codes)

Table with 3 columns: Fund name, Fund Code, Allocation %/\$

If there is a discrepancy between the fund name and fund code, the fund code will be used. If more room is required, please attach a separate page with instructions.

13. SOURCE OF FUNDS

Check all that apply:

- Salary or Earned Income Business Income Sale of Property
Borrowed Funds Gifted Funds Proceeds from Death Benefits or Estate
Applicant/Owner Savings Other _____

14. PURPOSE OF THE POLICY

Please indicate the client's stated reason(s) for purchasing this policy. (Not all policies are suitable for all purposes.)

- Short Term Savings Retirement / Long Term Savings Business / Key Person Protection / Buy Sell Agreement
Income Creation Mortgage / Debt Insurance Income / Family Protection
Gift Education Purposes Legacy / Inheritance / Estate Protection
Other _____



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

15. SPOUSAL INFORMATION (FOR LOCKED-IN ONLY)

Annuitant's Spouse or Common-Law Partner Information (choose one)

I declare I do not have a spouse/common-law partner within the meaning of applicable legislation.

Signature Date (yyyy/mm/dd)

I have a spouse/common-law partner within the meaning of applicable legislation.
Complete the information below.

Full name of spouse/common-law partner (first, middle, last) Date of Birth (yyyy/mm/dd)

Social Insurance Number (SIN)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Expiry Date (if applicable)

Beneficiary designation:

- My spouse/common-law partner will be my named beneficiary OR
- My spouse/common-law partner has completed and attached the applicable spousal entitlement waiver form and I will name another beneficiary.

Spousal Consent to Transfer Funds (LIF only):

- New Brunswick, Quebec or Federal Pension Benefits Standards Act: No additional requirements.
- British Columbia, Alberta, Saskatchewan, Nova Scotia or Manitoba: Complete and attach the prescribed spousal waiver form.
- Ontario or Newfoundland & Labrador: Your spouse must complete and sign the following consent:
I confirm that I am the spouse of the annuitant as defined by applicable legislation. I consent to the transfer of the locked-in pension funds to a LIF as indicated in this application.

Name Signature Date (yyyy/mm/dd)



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

16. DECLARATION OF TAX RESIDENCE (FOR NON-REGISTERED ONLY)

Policy Owner: check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States:
Provide Taxpayer Identification Number (TIN) or functional equivalent: _____
- I am a tax resident in a jurisdiction other than Canada or the United States:
Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN) or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: _____

Joint Policy Owner: check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States:
Provide Taxpayer Identification Number (TIN) or functional equivalent: : _____
- I am a tax resident in a jurisdiction other than Canada or the United States:
Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN) or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: _____



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

17. THIRD PARTY (FOR NON-REGISTERED ONLY)

In submitting this application, is the Owner acting on behalf of a Third Party?

Your answer should be "Yes" if someone other than the Owner or Annuitant will be paying the premium or has/will have an ownership interest in this policy. Examples include a power of attorney signing on behalf of the owner, someone other than the owner or annuitant paying premiums, or a corporation having use or access to the policy values.

[] No [] Yes If "Yes" complete either the "Individual Third Party" or "Business / Entity Third Party" section as applicable.

Individual Third Party

Form with fields: Name of Third Party (first, middle, last); Date of Birth (yyyy/mm/dd); Relationship to Owner; Address (number, street and apartment); City or Town; Province; Postal Code; Country; Telephone Number; Occupation (job title and duties) – if retired, indicate former occupation

Type of Third Party (select one and attach any applicable legal documentation)

- [] payor [] trustee [] executor [] collateral/assignee [] attorney/power of attorney/mandatary [] other (please specify): _____

Business / Entity Third Party

Form with fields: Full Legal Name; Relationship to Owner; Address (number, street and apartment); City or Town; Province; Postal Code; Country; Telephone Number; Nature of principal business

Incorporation/Registration Number (if applicable); Jurisdiction/Country of Issue (if applicable)

Type of Third Party (select one and attach any applicable legal documentation)

- [] payor [] trustee [] executor [] collateral/assignee [] attorney/power of attorney/mandatary [] other (please specify): _____

18. POLITICAL POSITIONS (FOR NON-REGISTERED AND ONLY WHEN DEPOSIT IS EQUAL TO OR GREATER THAN \$100,000)

For the purposes of this question:

- "Payor" means the person who is making the payment(s) on the policy.
• "Close relative" means the Payor's Spouse, sibling, parent, Spouse's parent, child, or child's Spouse.
• "Close associate" means an individual who is closely connected to the Payor for personal or business reasons.
• "Spouse" means the spouse or common law partner.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

18. POLITICAL POSITIONS (FOR NON-REGISTERED AND ONLY WHEN DEPOSIT IS EQUAL TO OR GREATER THAN \$100,000)

Does the Payor, any of the Payor’s close relatives or any of the Payor’s close associates hold, or have they ever held, any of the positions listed below:

No - go to section 19 Yes - indicate the position held below

Position in Canada or in another country

Note: For positions in Canada, list only the positions held in the past 5 years. For all other countries, list all such positions that have ever been held.

- Head of state or head of government (including Governor General and Lieutenant Governor)
 President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)
 Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature)
 Head of a government agency
 Judge (in Canada only, must be a judge of an appeal court)
 Head of an international organization that is established by the governments of countries or the head of an institution of any such organization (indicate only if the position was held in the past five years)
 Deputy Minister (or equivalent)
 Leader or President of a political party in a legislature
 Ambassador or ambassador’s attaché or counsellor
 Military General (or higher rank)
 Mayor of a Canadian municipality (does not include mayors in countries other than Canada)

If you answered “Yes” to the question above, complete the following information:

Table with 2 columns: Question, Answer. Rows include: Name of person, Title of position, Dates held, Country, Organization, and Relationship to Payor.

Note: If more than one person has held a position, complete section 1 and 2 of the “Additional / Updated Customer Information Form # 1027” for each additional person.

What is the Payor’s source of wealth? Check all that apply:

- Salary or Earned Income Business Income Investment Income
 Property Income/Holdings Lottery Inheritance
 Other _____

19. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)

Empty box for special instructions.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

20. AGREEMENT & SIGNATURES

In this section, the terms "I", "me" and "my" refer to the Owner(s) of the contract and the Annuitant.

I agree and confirm that:

- 1. My acceptance of the issued contract will indicate my acceptance of any changes, corrections or additions to this Application which Equitable Life makes in a Head Office Endorsement(s).
2. I certify that the information provided on this form is current, correct and complete. I will notify Equitable Life within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.
3. The personal information willingly provided by me to the independent broker and/or Equitable Life and collected in this Application and held in their files will be used by Equitable Life for the purposes of issuing, servicing, administration, and claims processing related to this Application, and any resulting policy and any supplementary documents.
4. Only Equitable Life's Head Office is authorized to alter or modify this Application, issue a contract or waive any requirements, and any authorization must be in writing.
5. Equitable Life is authorized to use the information in this Application and its existing files to provide information to me about its other products and services, unless I specify [] No.
6. The issued contract shall not take effect until the premium deposit made with the Application has been honoured by my financial institution.
7. I request the Issuer/Carrier to apply to register the Pivotal Select Contract and Information Folder as a registered retirement savings plan/registered retirement income fund under the Income Tax Act (Canada) and if applicable the Taxation Act (Quebec).
8. I understand that all benefits payable under the Contract are subject to taxation and that all SIN numbers are collected for income tax purposes.
9. I authorize Equitable Life to act on my service instructions as provided by my advisor. This trading authorization can include but is not limited to purchases, withdrawals, switches, resets, as well as modification of investment instructions, pre-authorized debit (PAD) and any scheduled withdrawal plans (SWP).

I acknowledge receipt of the Pivotal Select Contract and Information Folder and Fund Facts, and understand I can access these documents electronically at www.equitable.ca/contracts.

Signed at _____ this _____ of _____ 20____.
(city) (province) (day) (month)

Signature of Contract Owner

Signature of Joint Contract Owner (section 3)

Signature of Successor Owner (section 4)

Signature of Annuitant (if different than the Owner) (section 5)

Signature of Successor Annuitant (required if other than the Owner) (section 6)

If payment is made from a joint account and more than one signature is required on cheques against the account, both joint bank account owners must sign for PAD. All signatures for withdrawals from the account are present in this Application, and all terms and conditions set out in the PAD in section 10 are understood and agreed upon.

Name of Payor

Name of Joint Payor

Signature of Payor

Signature of Joint Payor



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

21. ADVISOR CONFIRMATION & SIGNATURE

By signing below I, the Advisor, confirm that:

- I am licensed in the province in which the application is signed.
- I have explained the contents of the Pivotal Select Contract and Information Folder and Fund Facts to the owner(s), and have provided the owner(s) with a paper copy of these documents, unless the owner(s) have accessed these documents electronically at www.equitable.ca/contracts.
- I have disclosed the following information to the owner of the policy.
 - the name of the company or companies I represent.
 - I receive commissions for the sale of insurance-based investment products and may receive bonuses, invitations to conferences or other incentives. And
 - any conflicts of interest I may have with respect to this transaction.
- I have reviewed the information provided in this application with the owner and to the best of my knowledge, it is complete and true.

Advisor Signature

Date (yyyy/mm/dd)

TOGETHER

Protecting Today – Preparing Tomorrow™

As a mutual we provide financial security differently by focusing only on our clients. We believe in the power of working together with you and independent advisor partners. Together we offer individual insurance, savings and retirement, and group benefits solutions. We help protect what matters today while preparing for tomorrow.

At Equitable Life, we are people with purpose. We are passionate to provide the right solutions and experiences for you through our partners. We have the knowledge, experience, and the financial strength to ensure we meet our commitments to you now and in the future.



 The Equitable Life Insurance Company of Canada  1.800.722.6615  www.equitable.ca

® or ™ denotes a trademark of The Equitable Life Insurance Company of Canada.