



**PIVOTAL SELECT™**  
**Application**  
**Tax-Free Savings Account (TFSA)**  
Segregated Funds  
Savings and Retirement

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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](http://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](http://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. (EST) at 1.800.668.4095.



## PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – TFSA

All sections are mandatory, unless they are marked as “Optional” in the section title.

Name of Advisor	Dealer/MGA Name	You will need three copies of this completed application: <ul style="list-style-type: none"> <li>Copy 1 - Equitable Life</li> <li>Copy 2 - Advisor</li> <li>Copy 3 - Client</li> </ul>
Advisor Code OR FundSERV Sales Rep. ID (only one, whichever is applicable)	Branch Number <b>OR</b> FundSERV Dealer ID	
Advisor Email Address	MGA Email Address	Contract number (internal use only)

### 1. PLAN TYPE

This application is for a Tax-Free Savings Account (TFSA). Please select a Guarantee Option:

Pivotal Select Investment Class 75/75   
  Pivotal Select Estate Class 75/100   
  Pivotal Select Protection Class 100/100

### 2. ANNUITANT INFORMATION (MUST BE OWNER/HOLDER FOR A TFSA)

Note: Annuitant must be a Canadian resident and at least 18 years of age.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr.	Name (first, middle initial, last)	Social Insurance Number (SIN) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>										
<input type="checkbox"/> Male <input type="checkbox"/> Female		Expiry Date (if applicable)										
Address (number, street and apartment)		City or Town										
Province	Postal Code	Telephone Number										
Date of Birth (yyyy/mm/dd)	Email Address											
Occupation (if retired, indicate former occupation): Job Title: _____ Duties: _____		<p><b>Your email address is important!</b></p> <p>Once your policy is active we will send you a link to register for <b>Equitable Client Access</b>, our online client website where you can view and manage your policy information 24/7.</p>										

**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](http://www.equitable.ca/go/alternative-identification) for information on our alternative identification requirements.





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5. CONTRIBUTIONS (PAYMENT(S) MUST BE MADE BY THE OWNER)

Note: Minimum initial deposit must be \$500 or \$50 Pre-Authorized Debit ("PAD").

Cheque \$ \_\_\_\_\_

One-time PAD \$ \_\_\_\_\_ (complete section 6)

Ongoing PAD \$ \_\_\_\_\_ (complete section 6)

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: \_\_\_\_\_

6. PRE-AUTHORIZED DEBIT ("PAD") (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 5)

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.



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6. PRE-AUTHORIZED DEBIT (“PAD”) (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 5)

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.

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](http://www.payments.ca).

Type of Service

For the purpose of this agreement, all PAD 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.

Contact Information

Equitable Life of Canada. One Westmount Road North P.O. Box 1603 Str. Waterloo, Waterloo, ON N2J 4C7

TF 1.800.668.4095 F 519.883.7404 Email: [savingsretirement@equitable.ca](mailto:savingsretirement@equitable.ca)

**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](http://www.payments.ca) and may be completed and forwarded to your financial institution.

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](http://www.payments.ca).



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7. 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).

Table with 4 columns: Fund Code, Segregated Fund Name, Sales Charge Option, and (\$ or %). It contains five rows of checkboxes for DSC, NL, LL, NL-CB, and 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.

8. 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 7 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 for Dollar Cost Averaging with columns: From Fund (Fund Code, Fund Amount) and To Fund(s) (Fund Code, Fund Amount). It includes a grid for specifying fund codes and amounts.





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### 9. SCHEDULED INCOME PAYMENTS (OPTIONAL SECTION)

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

\$ \_\_\_\_\_ per frequency  
 monthly    quarterly    semi-annually    annually

Start Date/Date of Withdrawal: \_\_\_\_\_  
Please allow 3 – 5 days for processing. yyyy/mm/dd(1-28)

Scheduled income payments to be withdrawn from: (see section 7 for fund names and codes)

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.

### 10. SOURCE OF FUNDS

Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Salary or Earned Income | <input type="checkbox"/> Business Income | <input type="checkbox"/> Sale of Property                       |
| <input type="checkbox"/> Borrowed Funds          | <input type="checkbox"/> Gifted Funds    | <input type="checkbox"/> Proceeds From Death Benefits or Estate |
| <input type="checkbox"/> Applicant/Owner Savings | <input type="checkbox"/> Other _____     |   |

### 11. PURPOSE OF THE POLICY

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Short Term Savings | <input type="checkbox"/> Retirement/Long Term Savings | <input type="checkbox"/> Business/Key Person Protection/Buy Sell Agreement |
| <input type="checkbox"/> Income Creation    | <input type="checkbox"/> Mortgage/Debt Insurance      | <input type="checkbox"/> Income/Family Protection                          |
| <input type="checkbox"/> Gift               | <input type="checkbox"/> Education Purposes           | <input type="checkbox"/> Legacy/Inheritance/Estate Protection              |
| <input type="checkbox"/> Other _____        |   |  |

### 12. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)



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13. AGREEMENT & SIGNATURES

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 file an election to register the Pivotal Select Contract and Information Folder as a Tax-Free Savings Account under the Income Tax Act (Canada) and if applicable, the Taxation Act (Quebec).
8. I understand SINs 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)

All signatures for withdrawals from the account are present in this application, and all terms and conditions set out in the PAD in Section 6 are understood and agreed upon. Payor must be the Annuitant. 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.

Table with 2 columns: Signature of Annuitant, Name of Payor, Signature of Payor, Name of Joint Payor, Signature of Joint Payor (if required)



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**14. 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](http://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.
  - Any commissions for the sale of insurance-based investment products and any bonuses, invitations to conferences or other incentives.
  - 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™

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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.



Equitable Life of Canada®

📍 The Equitable Life Insurance Company of Canada

☎ 1.800.722.6615

🌐 [www.equitable.ca](http://www.equitable.ca)

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