

# 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.**

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When you receive your contract confirmation notice, record your contract number here for future reference.

Contract number:

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## 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 and International Tax Information (FATCA/CRS) section has been completed, if the contract is non-registered. Note - Provincial Health Cards cannot be used to verify identity.
- Determination of Politically Exposed Persons and Heads of International Organizations section has been completed, if the contract is non-registered.
- Determination of third party interests has been completed.
- 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.**

# CLASS PLUS 3.0 APPLICATION

Throughout this application, "Empire Life" means The Empire Life Insurance Company.

FundSERV dealer/rep code:         -	Wire Order No.: 
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**1.0 Language** | If not specified, we will communicate in the language of this application  **English**  **French**

**2.0 Purpose of Investment** |  Long term investment  Estate planning  Retirement savings  Emergency fund  Short term savings  
 Education  Real estate purchase  Operating funds  Other \_\_\_\_\_

**3.0 Contract Type** |  Non-registered  RSP  LIRA  LRSP  RLSP  RIF  LIF  RLIF  PRIF  LRIF

Is this to be a spousal plan?  no  yes - complete section 5.2.

**If the plan is locked-in, specify the governing pension legislation:**  
 Federal  BC  AB  SK  MB  ON  QC  NB  NS  NL

**For RIFs that are locked-in under pension legislation, you must submit proof of age for the annuitant.**  
 Acceptable documents for proof of age include birth certificate, driver's licence, passport, baptismal certificate and citizenship card.

**4.0 Contract Owner** | 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\*  Male  Female | Date of birth | d | d | - | m | m | m | - | y | y | y | y | | SIN | | | | |

Preferred contact number | | | | - | | | | - | | | | |

Email address\*\* \_\_\_\_\_

Name of Employer \_\_\_\_\_

Job title \_\_\_\_\_

Occupation \_\_\_\_\_

If the contract is to be registered under the *Income Tax Act* (Canada), the contract owner must be the annuitant. If contract owner/joint owner is a corporation or other entity, complete form **C-0044**.

\*Only complete if the contract owner is the annuitant.

\*\*Email address may be used to contact you about this application, any contract issued based on this application, or to provide customer service.

**4.1 Joint Owner** | 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\*  Male  Female | Date of birth | d | d | - | m | m | m | - | y | y | y | y | | SIN | | | | |

Preferred contact number | | | | - | | | | - | | | | |

Email address\*\* \_\_\_\_\_

Name of Employer \_\_\_\_\_

Job title \_\_\_\_\_

Occupation \_\_\_\_\_

**Non-registered contracts 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.

\*Email address may be used to contact you about this application, any contract issued based on this application, or to provide customer service. If both owners provide an email address, each must provide a different email address.



**4.4 Politically Exposed Persons and Heads of International Organizations**

**Non-registered contracts only.**

\*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.

**1. Have you, any of your close relatives\* or any other persons closely associated\*\* with you:**

**a) held one of the following positions in the last 5 years in Canada?**

- 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

**b) ever held one of the following positions in a country other than Canada?**

- 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

**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?±±**

**For questions 1 and 2:**

**Contract owner**  yes  no If yes, provide details: \_\_\_\_\_

**Joint owner**  yes  no If yes, provide details: \_\_\_\_\_

**3. Specify the source(s) of funds for this specific transaction (i.e. where the money originated from):**

- Business Income (e.g. dividends, management bonuses)  Employment Income  Pension Funds  Gifts
- Sale of Assets  Inheritance  Other: \_\_\_\_\_

**4. Specify the source(s) of wealth (i.e. sources from which the owner(s) accumulated their wealth):**

- Business Undertakings  Family Trust  Employment Income  Investments  Real Estate  Inheritance
- Other: \_\_\_\_\_

**5.0 Annuitant**

**Non-registered contracts only**

**Must be completed if the annuitant is NOT the contract 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	Date of birth	Preferred contact number
<input type="radio"/> Male <input type="radio"/> Female	d   d   -   m   m   m   -   y   y   y   y	-       -

Relationship to owner(s)

**5.1 Successor Annuitant**

**Non-registered contracts only**

**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.

First name	Middle initial

Last name

Relationship to owner(s)









**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, or for participating life insurance plans, is paying the premiums.

**In making this application, is the owner acting on behalf of a third party?**  yes  no

First name		Middle initial
Last name or legal name of corporation/entity		
Date of birth	Address (number, street)	
City	Province	Postal code
Name of employer		
Job title(s)		
Occupation		
Type of business		
Relationship to owner(s)		
Jurisdiction of registration (i.e. country, province, territory)	Incorporation number	

**14.0 Advisor Declaration and Acknowledgement**

**I declare that:**

- I have witnessed all signatures or, for “non face-to-face” meetings without contemporaneous video feed, I confirm that to the best of my knowledge and belief, each individual who signed this form is the party indicated on the form;
- I have determined third party interests and, if a non-registered contract, I have verified the identity of the owner(s);
- 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 features of this contract and contents of this application to the owner(s) and annuitant;
- All answers provided in the application and related forms (other than those in this section 14.0) are those of the owner(s) or annuitant as applicable;
- 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 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 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.

<b>Signature of advisor</b> (as witness to all signatures) X	Advisor code
Advisor first name	
Last name	
Name of Agency	
<b>Signature of training supervisor</b> (where required in Quebec only) X	Date

## 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;
- I will notify Empire Life if there is a change in my tax residency status;
- 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 Empire Life.

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

### For inquiries regarding your PAD, contact:

Phone: 1 800 561-1268

Fax: 1 800 419 4051  
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](http://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 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, contractors 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, 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.**