**VERSION DATE: FEBRUARY 2022** 

# 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.

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



# **Advisor Checklist**

$\bigcirc$	Owner/annuitant age meets the product guidelines.
$\bigcirc$	Banking information/void cheque has been provided, if pre-authorized debit requested.
$\bigcirc$	Investment instructions have been provided.
$\bigcirc$	Governing pension legislation has been provided, if the funds are locked-in.
$\bigcirc$	Proof of age has been provided, if the plan is a locked-in retirement income fund.
$\bigcirc$	Spousal information has been provided, if the plan is spousally registered.
$\bigcirc$	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.
$\bigcirc$	Determination of Politically Exposed Persons and Heads of International Organizations section has been completed, if the contract is non-registered.
$\bigcirc$	Determination of third party interests has been completed.
$\bigcirc$	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.

CLASS PLUS 3	3.0 APPLICATION  FundSERV dealer/rep code: Wire Order No.:
Throughout this application,	"Empire Life" means The Empire Life Insurance Company.
1.0 Language	If not specified, we will communicate in the language of this application O English O French
2.0 Purpose of Investment	<ul> <li>○ Long term investment</li> <li>○ Estate planning</li> <li>○ Retirement savings</li> <li>○ Emergency fund</li> <li>○ Short term savings</li> <li>○ Education</li> <li>○ Real estate purchase</li> <li>○ Operating funds</li> <li>○ Other</li> </ul>
3.0 Contract Type	○ Non-registered ○ RSP ○ LIRA ○ LRSP ○ RLSP ○ RIF ○ LIF ○ RLIF ○ PRIF ○ LRIF
Where required by law, the	Is this to be a spousal plan? Ono yes - complete section 5.2.
applicable spousal waiver must be submitted in order	If the plan is locked-in, specify the governing pension legislation:    Federal
to transfer locked-in funds into a locked-in plan.	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
If the contract is to be registered under the	Last name or legal name of corporation/entity
Income Tax Act (Canada), the contract owner must be	Address (number, street) (If using a PO Box, also provide your physical address)
the annuitant. If contract	Address (number, street) (ii using a PO Box, also provide your physical address)
owner/joint owner is a corporation or other entity, complete form <b>C-0044</b> .	City Province Postal code
*Only complete if the contract owner is the	Sex at birth* Date of birth SIN
annuitant.	Male Female dd-mmm-yyyyy
**Email address may be used to contact you	Preferred contact number
about this application, any contract issued based	Email address**
on this application, or to provide customer service.	Name of Employer
	Job title
	Occupation
4.1 Joint Owner	First name Middle Initial
Non-registered	Last name or legal name of corporation/entity
contracts only.  Joint owners are deemed to	
be joint owners with right of survivorship, unless we are	Address (number, street) (If using a PO Box, also provide your physical address)
advised otherwise. In Quebec joint owners who wish to	City Province Postal code
obtain the same legal effect	
as the right of survivorship must each appoint the other	Sex at birth*         Date of birth         SIN           ○ Male ○ Female           d   d   -   m   m   m   -   y   y   y   y
owner as his/her subrogated policyholder.	Preferred contact number
*Only complete if the joint owner is the annuitant.	
*Email address may be used	Email address**
to contact you about this application, any contract	Name of Employer
issued based on this application, or to provide	Job title
customer service. If both owners provide an email	
address, each must provide a different email address.	Occupation

4.2 Successor Owner (subrogated		no successor owner/subrogated policyholder named, and no survir. (Not applicable if owner and annuitant are the same person.)	ving joint owner, the annuitant will become
policyholder in Quebec)	First nam	e 	Middle initial
Non-registered contracts only	Last name		
	Quebec As con		
4.3 Verification of Owner and International Tax Information	·	O Passport O Driver's Licence Other	· ·
(FATCA/CRS)  Non-registered contracts only.		Document #  Jurisdiction and country of issue	Expiry date
The advisor must verify the owner's identity by reviewing a current, authentic government issued photo identification documents in the presence of the owner and confirming the name and photo are those of	Contract Owner	Where do you reside for tax purposes? (check all that apply Canada U.S. (resident or citizen) – Tax Identification Number (TIN) If you do not have a TIN from the U.S., have you applied for on Other – specify country	) ne?
the owner.  If the owner does not have a valid government issued photo identification, verify the owner's identity by completing section 1.2 of the		If you do not have a TIN, specify the reason:  I will apply or have applied for a TIN but have not yet recei  My jurisdiction of tax residence does not issue TINs to its  Other – specify reason	residents.
D-0011 Verification of Identity of Owner(s)/Determination of Politically Exposed Persons and Third Party Interests.		Other	
If a using a citizenship card for verification, it must have an issue date prior to January 2012.		Document #  Jurisdiction and country of issue	Expiry date
	Joint Owner	Where do you reside for tax purposes? (check all that apply ○ Canada ○ U.S. (resident or citizen) – Tax Identification Number (TIN) If you do not have a TIN from the U.S., have you applied for on ○ Other – specify country If you do not have a TIN, specify the reason: ○ I will apply or have applied for a TIN but have not yet recei ○ My jurisdiction of tax residence does not issue TINs to its ○ Other – specify reason	re?  yes  no TIN ved it.

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

## Non-registered contracts only.

\*A close relative is your child, mother, father, spouse/ civil union spouse/commonlaw 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.

**Annuitant** 

Non-registered contracts only

- I. 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

<ul> <li>Ambassador, or attaché or counsellor of an ambassador</li> <li>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?±±</li> </ul>
For questions I and 2:
Contract owner O yes O no If yes, provide details:
Joint owner O yes O 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):  Output  Description:  Descr
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
○ Male         ○ Female           d   d   -   m   m   m   -   y   y   y   y               -       -       -               -           -               -                         -                           -                           -                           -                         -                         -                         -                         -                       -                       -                       -                       -                       -                     -                       -                     -                       -                       -                       -                       -                     -                       -                       -                       -                       -                       -                       -                       -                       -                       -                       -                       -                         -                         -                           -                           -                           -                           -                             -
Relationship to owner(s)
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

Successor Annuitant

Non-registered contracts only

irst name	Middle initial
ast name	
elationship to owner(s)	

# Spouse/ Common-law **Partner** Registered contracts only Check all that apply.

5.2 Spouse/ Common-law Partner Registered contracts only	Mil payments to be established based on the spouserconfinon-law partitler's age					
Check all that apply.						
Some restrictions may apply.	*You MUST submit proof of age for spouse/common-law partner.					
, 117	First name	Middle initial				
	Last name					
	SIN (only if selecting A or B)  Date of birth (only if selecting D)					
	dd-mmm-yyy	у у				

#### 6.0 **Beneficiary Information**

If the contract is locked-in under pension legislation, the rights of the annuitant's spouse/common-law partner may override this beneficiary designation. In order to effect a beneficiary designation, the applicable spousal waiver must be submitted where required by law.

If a beneficiary is not named for an annuitant, or if all named beneficiaries predecease the annuitant, any benefit that becomes payable will be paid to the owner (if not the annuitant) or the owner's estate. Percentages for all primary beneficiaries for each annuitant must total 100%. If you name more than one beneficiary and do not indicate a percentage share or "equal shares", you will be deemed to have indicated "equal shares".

Minors: Benefits will not be paid directly to a minor beneficiary. Outside Quebec, 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 Quebec, benefits due to a beneficiary, while a minor, will be paid to the beneficiary's 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 indicate "irrevocable". In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless you indicate "revocable". 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 written consent. If your contract is governed by the laws of Nova Scotia and you designate a primary beneficiary as irrevocable you must also complete an Irrevocable Beneficiary Designation Supplement (INS-3207). An irrevocable beneficiary who is a minor cannot provide consent. Therefore, if an irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges unless, where permitted by law, a court order is obtained.

Contingent beneficiary: A contingent beneficiary becomes the beneficiary if all of the primary beneficiaries have died before the annuitant. Percentages for all contingent beneficiaries for each annuitant must total 100%. Contingent beneficiary designations are always revocable.

Beneficiary(ies)					
First name	Middle name		Last name or legal name of	corporation/entity	O Primary O Contingent
Relationship to annuitant*		Date of birth	m   m   -   y   y   y   y	OR %	O Revocable O Irrevocable
First name	Middle name		Last name or legal name of	corporation/entity	O Primary O Contingent
Relationship to annuitant*		Date of birth	  m m - y y y y	OR %	O Revocable O Irrevocable
First name	Middle name		Last name or legal name of	corporation/entity	O Primary O Contingent
Relationship to annuitant*		Date of birth		OR %	O Revocable O Irrevocable
First name	Middle name		Last name or legal name of	corporation/entity	O Primary O Contingent
Relationship to annuitant*		Date of birth	m m - y y y y	OR %	O Revocable O Irrevocable
Trustee for minor beneficiary(ies)	named above:				
First name		Middle initial	Last name		

<sup>\*</sup>Relationship to the annuitant, except in Quebec, specify relationship to the owner(s).

7.0 Initial Deposits	O Deposit included with this application			Amount \$				
*The single PAD deposit may be withdrawn upon	A single pre-authorized debit (PAD) d     pre-authorized transaction form from	Amount						
the effective date of the contract. Make cheque payable	Transfer from Empire Life policy/contra	act number:		Amount \$				
to Empire Life.	Transfer from another company - specify	company name:		Estimated tra	ansfer amount			
8.0 Pre-Authorized Debit (PAD)	Attach a VOID CHEQUE or pre-auth	orized transaction forn	n from your financia	al institution				
*Twice per month, on the 1st and 15th	Frequency  Weekly Bi-weekly Semi-mont	thly* O Monthly O Qu	uarterly ( ) Semi-ann	nually $\bigcirc$ Ann	ually			
	Amount (minimum \$100/Fund) \$	PAD sta	rt date   -   m   m   m   -	уууу	У			
9.0 Payment Options	Retirement Income Payments (RIF, I Minimum payment as prescribed by the							
Select one.	Maximum payment as prescribed by the Maximum payment and the Maximum payment as prescribed by the Maximum payment and the Maximum payment as prescribed by the Maximum payment and the Maximum payment payment and the Maximum payment payment and the Maximum payment	, ,	on legislation (locked-	in funds)				
Complete Withdrawals	The Lifetime Withdrawal Amount (LV)	,						
column in section 10.0.	C Level amount of \$		S or O NET of app	icable taxes				
	Scheduled Withdrawal Plans (SWP)  Withdrawal amount of \$		OSS O NET .	9 St. J 1 C.				
	Guaranteed Withdrawal Benefit (GW				25			
9.1 Frequency	○ Weekly ○ Bi-weekly ○ Semi-mo	onthly* () Monthly ()	Quarterly ( ) Semi	-annually (	Annually			
	, , , ,		<b>C</b> am sort, 0 com					
*Twice per month, on the 1st and 15th	Start date (please allow 3-5 days for deposit into your account)							
9.2 Excess Withdrawal Alert (EWA)	This service notifies you for most partial to turn it off. Unless we are advised other							
10.0 Investment Instructions	The following purchase fee combinat (2) NL and LL. No other purchase fee			ıct: (I) FE, NI	L and DSC; or,			
*Includes Retirement	Refer to page I for fund names and codes	<b>i.</b>	Dep	osits Withdrawals				
Income Payments, SWP and LWA.	Fund name	Fund code Front load %	end   Initial deposi	PAD %	Allocation   % or   \$			
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 separate page with instructions.								

IO.I Scheduled Switches	Amount \$	From fund code	<b>To</b> fund code	Switch start date			
Switches are only permitted within the same				d d - mmm - y y y y			
ourchase fee option.				dd-mmm-yyyy			
				d d - mmm - y y y y			
				d   d   -  m m m  -   y   y   y   y			
				d   d   -   m   m   m   -   y   y   y   y			
II.0 Special Instructions							
12.0 Declaration, Acknowledgement, Authorization, Consent and Trading Authorization	and Trading Authorization on page  I have read and understood the Us	to the statements in 9 of this application is of Your Personal	n; Information section	Acknowledgement, Authorization, Consent of the Class Plus 3.0 Information Folder, ceipt of the contract provisions for the			
	I understand that this contract cor						
	and the Fund Facts, or my advisor h			O Information Folder and Contract Provisions .			
12.1 Signatures	This application was completed and s territory of:	igned in the owner's	province of reside	nce. If not, it was signed in the province/			
	Signature of owner (or first authori	ized signature for co	rporate owner)	Date   d   d   -   m   m   m   -   v   v   v   v			
	Second authorized signature (for	corporate owner c	r joint owner)	Date			
	X	· · · · · · · · · · · · · · · · · · ·		d d - m m m - y y y y			
	Signature of annuitant (if different	t than owner and of	legal age)	<b>Date</b> d   d   -   m   m   m   -   y   y   y   y			
	If using a corporate account or the account of someone who is not the annuitant or owner, the owner of the account signs below. By signing below, I confirm I have read, understood and agree to the statements in the PAD agreement and Banking Authorization.						
	Signature of account holder						
	Account holder first name	La	st name				

I3.0 Determination of Third Party	In making this application, is the owner acting on behalf of a third	l party?	○ yes	○ no	
Interests	First name				Middle initial
You must answer 'Yes' or					
'No' for all plans. If yes, complete entire section.	Last name or legal name of corporation/entity				
For the purposes of this	Date of birth Address (number, street)				
section, a "third party" is a person or entity (other than	d d - m m m - y y y y				
the annuitant or owner) who instructs the owner to take	City	1 1	Provi	nce Postal	code
actions on the policy, or for	Name of employer				
participating life insurance plans, is paying the premiums.					
	Job title(s)				
	Occupation	1 1 1	1 1 1		
	Type of business				
	Relationship to owner(s)				
	Jurisdiction of registration (i.e. country, province, territory)	corporati	on numb	er 	
14.0 Advisor	I declare that:				
	<ul> <li>I have determined third party interests and, if a non-registered contract,</li> <li>I have checked for any indication the owner(s) may be a U.S. Person or to Canada or the U.S;</li> <li>I have explained the features of this contract and contents of this application.</li> <li>All answers provided in the application and related forms (other than the owner(s) or annuitant as applicable;</li> <li>I have provided to the owner(s) the names of all advisors who have accepted to the contract;</li> <li>I provided to the owner(s) a statement of disclosure outlining the licency companies I represent, the fact I receive compensation for the sale of an receive additional compensation in the form of bonuses, conference prospotential conflicts of interest;</li> <li>If this application was signed in Newfoundland and Labrador, I have provided I have provided a copy of the application, the current Class Plus 3.0 Informations to the owner(s), if the owner(s) has (have) not accessed an electron.</li> <li>I am not aware of any additional information material to the acceptance of I understand that Empire Life will not pay compensation to advisors who insurance on file with Empire Life for the province in which this application.</li> </ul>	ax residention to the case in this case to the case of the case of the case of this appoint of this appoint of the case of the	ne owner s section heir personand in whote (incomplete incomplete) her and Cophication; and	ether countries (s) and annual (14.0) are the conal information in formation in formation in formation in formation in the printract Provision and	y outside of  uitant; toose of the  tion and  tions, the toossibility I may any conflicts or  nciples of Sale.  ons and the Fund
	Signature of advisor (as witness to all signatures)	Advisor	code	1 1	
	X				
	Advisor first name				
	Last name				
	Name of Agency				
	Signature of training supervisor (where required in Quebec only)	Date d	-  m	m m -	y   y   y   v
	<b>*</b> *				2 1 2 1 2 1 2

# 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;
- 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: I 800 561-1268 Fax: I 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. 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.

#### Lauthorize:

- 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.



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