

CLASS PLUS 3.0

APPLICATION FOR A TAX-FREE SAVINGS ACCOUNT (TFSA)

Any amount allocated to a segregated fund is invested at the risk of the owner and may increase or decrease in value.

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



Advisor Checklist

- Owner age meets the product guidelines.
- Deposit is being made by the owner.
- Banking information/void cheque has been provided, if pre-authorized debit requested.
- Investment instructions have been provided.
- 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 3.0 APPLICATION FOR A TFSA

Throughout this application, "Empire Life" means The Empire Life Insurance Company, and the issuer of this TFSA.

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. <input type="radio"/> English <input type="radio"/> French		
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2.0 Owner	First name	Middle initial	Last name		
	Address (number, street) (If using a PO Box, also provide your physical address)				
	City		Province	Postal code	
	Sex at birth <input type="radio"/> Male <input type="radio"/> Female	Date of birth d d - m m m - y y y y	SIN	Canadian resident <input type="radio"/> yes <input type="radio"/> no	
	Preferred contact number		Email address*		

2.1 Successor Owner (subrogated policyholder in Quebec)	Must be your spouse/common-law partner. Upon the death of the owner, the successor owner will automatically become the owner and the annuitant and the contract will continue with no death benefit payable at that time.			
	First name	Middle initial	Last name	
	Date of birth d d - m m m - y y y y			

3.0 Beneficiary Information

If a beneficiary is not named, or if all named beneficiaries predecease the owner, any benefit that becomes payable will be paid to the owner's estate. **Percentages for all primary beneficiaries 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 owner. **Percentages for all contingent beneficiaries must total 100%. Contingent beneficiary designations are always revocable.**

Beneficiary(ies)				
First name	Middle name	Last name or legal name of corporation/entity		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to the owner		Date of birth d d - m m m - y y y y	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to the owner		Date of birth d d - m m m - y y y y	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to the owner		Date of birth d d - m m m - y y y y	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
First name	Middle name	Last name or legal name of corporation/entity		<input type="radio"/> Primary <input type="radio"/> Contingent
Relationship to the owner		Date of birth d d - m m m - y y y y	<input type="radio"/> equal shares OR %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable

Trustee for minor beneficiary(ies) named above:		
First name	Middle initial	Last name

8.0 Scheduled Switches	Amount \$	From fund code	To fund code	Switch start date
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>
9.0 Special Instructions				
10.0 Declaration, Acknowledgement, Authorization, Consent and Trading Authorization	<p>By signing below, I confirm that:</p> <ul style="list-style-type: none"> • I have read, understood and agree to the statements in the Declaration, Acknowledgement, Authorization, Consent and Trading Authorization on this application; • I have read and understood the Use of Your Personal Information section of the <i>Class Plus 3.0 Information Folder</i>, consent to the use of my personal information as described and am in receipt of the contract provisions for the contract applied for; and • I understand that this contract contains variable benefits; and • I acknowledge that I have accessed an electronic copy receipt of the <i>Class Plus 3.0 Information Folder and Contract Provisions</i> and the <i>Fund Facts</i>, or my advisor has provided me with these documents. <p>I request that Empire Life file an election to register this qualifying arrangement as a Tax-Free Savings Account.</p>			
10.1 Signatures	This application was completed and signed in the owner's province of residence. If not, it was signed in the province/territory of:			
	Signature of owner		Date	
	X		<input type="text"/>	
	If using a joint personal bank account, complete the following:			
Signature of account holder				
X				
Account holder first name		Last name		
<input type="text"/>		<input type="text"/>		
11.0 Advisor Declaration and Acknowledgement	I declare that:			
	<ul style="list-style-type: none"> • 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 application is the party indicated on the application; • I have explained the features of this plan and contents of this application to the owner and all answers provided in the application and related forms (other than those in this section 11.0) are those of the owner; • 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 a statement of disclosure outlining the licences I have and in which jurisdictions, the companies I represent, the fact I receive compensation for the sale of annuity products (including the possibility I may receive additional compensation in the form of bonuses, conference programs or other incentives) and any conflicts or potential conflicts of interest; • If this application was signed in Newfoundland and Labrador, I have provided the owner(s) with the <i>Principles of Sale</i>; • I have provided a copy of the application, the current <i>Class Plus 3.0 Information Folder and Contract Provisions</i> and the <i>Fund Facts</i> to the owner, if the owner has not accessed an electronic copy; • I am not aware of any additional information material to the acceptance of this application; and • I understand that Empire Life will not pay compensation to advisors who do not have a valid licence and E&O insurance on file with Empire Life for the province in which this application was signed. 			
	Signature of advisor (as witness to all signatures)		Advisor code	
	X		<input type="text"/>	
	Advisor first name		Last name	
	<input type="text"/>		<input type="text"/>	
Name of Agency				
<input type="text"/>				
Signature of training supervisor (where required in Quebec only)		Date		
X		<input type="text"/>		

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 am a resident of Canada.

I understand and agree that:

- The contract is a non-participating annuity contract as described in the contract provisions;
- Empire Life will file an election to register this qualifying arrangement as a Tax-Free Savings Account under section 146.2 of the *Income Tax Act* (Canada);
- I will notify Empire Life if there is a change in my tax residency status;
- 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: 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. 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 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.

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.