

CONCORDIA POLICY INVESTMENT CHANGE FORM

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

Owner Last Name	First Name	Policy Number
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Instructions to complete this form:

If you wish to withdraw an amount from any one Investment Option which is less than the amount currently on deposit in that Option, please indicate, in Column 1 the percentage you wish to transfer. To withdraw all money from any one Investment Option, please indicate that 100% of the fund is being transferred. When transferring money into a number of Investment options, the amount to go into each option selected should be shown in column 2 as a percentage of the total amount of deposit being transferred. The total of all transfers appearing in Column 2 should equal 100%. When indicating a change in future deposits, all previous instructions will be cancelled

Investment Funds	(1) Transfer from the following	(2) Transfer to the following	(3) Future Deposits	(4) Additional Lump Sum Deposits
Daily Interest Account	_____ %	_____ %	_____ %	_____ %
Guaranteed Interest				
3 Year	_____ %	_____ %	_____ %	_____ %
5 Year	_____ %	_____ %	_____ %	_____ %
10 Year	_____ %	_____ %	_____ %	_____ %
Index Interest Options				
TSE	_____ %	_____ %	_____ %	_____ %
U.S. Stock	_____ %	_____ %	_____ %	_____ %
World	_____ %	_____ %	_____ %	_____ %
U.S. New Economy	_____ %	_____ %	_____ %	_____ %
European	_____ %	_____ %	_____ %	_____ %
Canadian Bond	_____ %	_____ %	_____ %	_____ %
Japanese	_____ %	_____ %	_____ %	_____ %
Segregated Funds				
Equity	_____ %	_____ %	_____ %	_____ %
Bond	_____ %	_____ %	_____ %	_____ %
Special Growth	_____ %	_____ %	_____ %	_____ %
Strategic Balanced	_____ %	_____ %	_____ %	_____ %
Total		100%	100%	100%

Receipt and Acknowledgement of Summary Information Folder

I/We have reviewed the information and figures contained in the Information Folder for plans with the Segregated Funds variable investment options.

I/We understand that certain benefits and values are not guaranteed under this policy and that the Information folder is not a contract.

I/We also understand the tax treatment of annual allocated income generated by the Fund and the tax treatment upon transfer, surrender or maturity of units held in the Funds.

I/We hereby acknowledge receipt of the Information folder for Segregated Funds variable investment options.

Signed at		Date (dd/mmm/yy)
Signature of Witness X	Signature of Owner** X	
Signature of Witness X	Signature of Owner** X	

**If company owned, 2 signing Officers including titles