

# Request for Withdrawal of Funds Option Plus Structured Group RSP

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

Employer/Association		Plan Number	Certificate Number
Owner Last Name	First Name		Initial
Address (number, street name)			
City	Province	Postal Code	

## Request for Surrender

- Complete surrender of entire Certificate  
 I have attached my Certificate of participation or  I declare that the Certificate has been lost, mislaid, or destroyed  
 Partial Surrender of Certificate for \$\_\_\_\_\_  net  gross  
 Partial surrender from  Employee Contributions or  Employer/Association Contributions

### Withdraw funds from

Guaranteed Interest Options	Amount (% or \$)	Segregated Fund Options	Amount (% or \$)
1 year		Canadian Equity Fund Class A	
2 year		Elite Equity Fund Class A	
3 year		Small Cap Equity Fund Class A	
4 year		American Value Fund Class A	
5 year		US Equity Index Fund Class A	
Other term (please specify)		Global Balanced Fund Class A	
<b>Treasury Interest Option</b>		Global Equity Fund Class A	
<b>Segregated Fund Options</b>		Global Smaller Companies Fund Class A	
Money Market Fund Class A		International Equity Fund Class A	
Bond Fund Class A		Conservative Portfolio Fund Class A	
Income Fund Class A		Balanced Portfolio Fund Class A	
Balanced Fund Class A		Moderate Growth Portfolio Fund Class A	
Asset Allocation Fund Class A		Growth Portfolio Fund Class A	
Global Dividend Growth Fund Class A		Aggressive Growth Portfolio Fund Class A	
Dividend Growth Fund Class A			

## Special Instructions

### Declaration and Authorization

I understand and agree that:

- the requests made on this form will be processed subject to Empire Life administrative rules and procedures as well as the terms and conditions of the plan;
- any withdrawals made from the Certificate are the responsibility of the Owner.

**A photocopy or image of the signed Authorization will be as valid as the original.**

<b>Signature of Owner</b> X	<b>Signature of Witness</b> X	<b>Date (dd/mmm/yy)</b>
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The undersigned Irrevocable Beneficiary(ies) hereby consent to the withdrawal of funds.

<b>Signature of Irrevocable Beneficiary(ies)</b> (if applicable) X	<b>Date (dd/mmm/yy)</b>
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### Employer/Association

We acknowledge the complete/partial surrender requested by the Certificate Owner.

<b>Employee Name</b> (if other than Annuitant) X	Date employment terminated (dd/mmm/yy)
<b>Authorized Signature of Employer/Association</b> X	<b>Signing Authority Name and Title</b> (please print) <b>Date (dd/mmm/yy)</b>