OPTION PLUS GROUP RSP APPLICATION FOR MEMBERSHIP

When you receive your Certificate, record your Certificate number here for future reference. Certificate number:

ANY AMOUNT THAT IS ALLOCATED TO A SEGREGATED FUND IS INVESTED AT THE RISK OF THE OWNER AND MAY INCREASE OR DECREASE IN VALUE.

Policies are issued by:

The Empire Life Insurance Company

Send signed Empire Life copy to:

Empire Life 259 King Street East Kingston ON K7L 3A8

www.empire.ca



Important information for completing this application:

The Member completes sections 1-8

The Employer/Association completes section 9

Print clearly in black ink. Do not use a marker or pencil.

Please ensure the investment instructions are clearly marked. Do not use ditto marks.

If you make an error, strike out and initial the error; then make the correction. Do not erase or use liquid paper.

Initial any additions made after signing the application. The Option Plus Application for Membership is a legal document and your copy should be retained with your Certificate.

Once the application is completed

Remove the "Empire Life Copy" and "Employer/Association Copy" of the application at the perforations.

The "Empire Life Copy" (original) must be submitted to Empire Life.

The Employer/Association retains the "Employer/Association Copy."

The Owner retains the "Owner Copy" and the application cover.

APPLICATION FOR MEMBERSHIP IN OPTION PLUS GROUP RSP

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

1.	Which language do you prefer? If not specified, we will use the language of this application. English French								
2.	Who will be the Annuitant/Owner?								
	First name		ľ	Middle initial Las		Last name	ame		
Address (number, street) (If using a PO Box, also provide your physical address)									
	City						Province	Postal co	ode
	Telephone (Resid	dence)			Telephone (Business)				
	O Male Date of birth (dd/mmm/yy) Female				SIN				
	Occupation								
3.	Who will be the 0	Who will be the Contributor? Annuitant (as in section 2) Spouse/common-law partner of Annuitant (complete below)							
	First name		١	Middle in	nitial Last name				
	Address (number, street name)		(City			Province	Postal co	ode
	O Male O Female	Date of birth (dd/mmm/yy)	<u>'</u>		SIN				
4.	Who will be the beneficiary(ies)? Only the Owner may name or change a beneficiary. If you name more than one beneficiary and do not indicate a share percentage, any death benefit payable will be divided equally among all surviving beneficiaries. Minors: Death benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any death benefits due to the beneficiary, while a minor, will be paid to the trustee on their behalf. In Quebec, death benefits due to a beneficiary, while a minor, will be paid to their parent(s) or legal guardian unless you have established a formal trust. After the beneficiary reaches the age of majority, any death 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 death benefit is due. Contingent beneficiary: A contingent beneficiary will only become a primary beneficiary if the primary beneficiary(ies) have died before the Annuitant. Contingent beneficiaries are always revocable. Irrevocable/Revocable designations: A beneficiary designation is revocable unless you check the irrevocable box. In Québec, a spouse is irrevocable unless you check the revocable box. If you designate a 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 signature. If the irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges until the minor reaches the age of majority.								
	Beneficiary				Beneficiary				
	First name Middle		Middle ii	nitial	First name Middle		Middle initial		
	Last name			Last name					
	Relationship to Annuitant/Owner				Relationship to Annuitant/Owner				
	O Primary O Contingent	If Primary: O Revocable Irrevocable	Share %			imary ontingent	If Primary: O F	levocable revocable	Share %
	Trustee name/Administrator				Trustee name/Administrator				

5.	Vhat are the details of your deposit/contribution?					
	O Deduct regular contributions of \$ per from my pay and remit these contributions to Empire Life on a monthly basis.					
	Make cheque payable to Empire Life					

6. Investment Instructions

Indicate the percentage of the deposit that is to be allocated to each investment option. If an investment option(s) is not selected, deposits will be credited to the Treasury Interest Option. Unless otherwise notified, future deposits will be applied in the same proportions as indicated below.

Investment Options	Lump Sum Deposit	Monthly Contribution
Treasury Interest Option	%	%
Guaranteed Interest Option* Term	%	%
Guaranteed Interest Option* Term	%	%
Guaranteed Interest Option* Term	%	%
Segregated Funds	'	
Canadian Equity Fund - Class A	%	%
Elite Equity Fund - Class A	%	%
Dividend Growth Fund - Class A	%	%
Small Cap Equity Fund - Class A	%	%
American Value Fund - Class A	%	%
US Equity Index Fund - Class A	%	%
International Equity Fund - Class A	%	%
Global Equity Fund - Class A	%	%
Global Dividend Growth Fund - Class A	%	%
Global Smaller Companies Fund - Class A	%	%
Bond Fund - Class A	%	%
Income Fund - Class A	%	%
Money Market Fund - Class A	%	%
Asset Allocation Fund - Class A	%	%
Balanced Fund - Class A	%	%
Global Balanced Fund - Class A	%	%
Conservative Portfolio Fund - Class A	%	%
Balanced Portfolio Fund - Class A	%	%
Moderate Growth Portfolio Fund - Class A	%	%
Growth Portfolio Fund - Class A	%	%
Aggressive Growth Portfolio Fund - Class A	%	%
	%	%
	%	%

^{*} Deposits of less than \$500.00 will be deposited to the Treasury Account until \$500.00 is accumulated then the balance will be transferred to the Guaranteed Interest Option for the selected term.

8. Declaration, Acknowledgement, Authorization and Consent

I am applying for admission as a member of the Group Retirement Savings Plan of my Employer/Association and I authorize my Employer/Association to act as my agent in contracting for the provisions of the plan as well as acting on my behalf with Empire Life for ongoing administration of the plan.

I declare that:

- All statements and answers in this application and any related forms were accurately recorded and are complete and true to the best of my knowledge and belief.
- I am requesting that Empire Life apply to have my Certificate registered as a Retirement Savings Plan 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).

I understand and agree that:

- I will provide proof of age if required.
- Empire Life will maintain the information contained on this application and any related documents in my file. My file enables Empire Life and its employees, agents or representatives to assess this application, 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.
- Access to my file is restricted to Empire Life employees, agents, representatives and third party service providers as required to perform their duties. Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. You, or a person authorized by you, are entitled to access your file and, when applicable, to have it corrected. To exercise my rights, I must send written notification to: Chief Privacy Officer, Empire Life, P.O. Box 1000, Kingston, Ontario, K7L 4Y4. To access a copy of our most recent privacy policy, please visit our website at www.empire.ca
- I have authorized Empire Life to retain and exchange personal information about me, and if applicable my spouse/commonlaw partner, on a continuing basis for the purpose of my file. I understand that if I try to withdraw this consent, Empire Life will be unable to assess my application or to continue to administer the Certificate and may therefore cancel the Certificate in its sole discretion. If this occurs, neither I nor my estate will be able to exercise any rights under the Certificate.
- Certain benefits and values determined based on the value of Fund Class Units acquired in the Segregated Funds are not guaranteed.

I authorize

- My Employer/Association to deduct regular contributions from my pay as indicated in Section 5 and to remit these contributions to Empire Life.
- My Employer/Association to communicate personal information concerning me and, if applicable, my spouse/common-law partner to Empire Life in order to achieve the objectives of my file.
- Empire Life to release information statements regarding my Retirement Savings Plan to my Employer/Association for me or on my behalf as well as any other information relevant to the ongoing administration of the plan.
- Empire Life, its reinsurers, employees, agents and representatives, and any other person authorized by me to access, retain and exchange personal information about me and my spouse/common-law partner, if applicable, as required in order to achieve the objectives of my file.
- The 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.

A photocopy or an image of the signed Declaration, Acknowledgement, Authorization and Consent will be as valid as the original. Original signatures are required to issue the Certificate.

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	Signature of Annuitant X	Signature of Contributor						
Signature of witness		Signed at (city, p	orovince)	Date (dd/mmm/yy)				
^			-					
9.	Employer/Association Agreement							
	Name of plan	Option Plus Group RSP Plan number						
	We agree to remit contributions on behalf of the above Annuitant as authorized above.							
	Authorized signature of Employer/Association		Date (dd/mmm/yy)					
	HEAD OFF	ICE USE ONLY						
Plan number Effective d			date (dd/mmm/yy)					

Other

Certificate number

RETIREMENT SAVINGS PLAN ENDORSEMENT

As this Certificate is to be registered as a Retirement Savings Plan under the *Income Tax Act* (Canada) and any applicable provincial income tax legislation, the following provisions form part of the contract and, if applicable, override anything to the contrary within the Policy Provisions:

- 1. Retirement income payments made under the terms of the contract may not be assigned in whole or in part;
- 2. In the event of death of the Owner prior to the settlement of the Certificate, the proceeds will be payable in one sum;
- 3. The right to select a retirement income is limited to those described in Section 146(1) of the Income Tax Act (Canada);
- 4. Annuity payments to the Owner, or to the spouse/common-law partner of the Owner shall be in the form of equal annual or more frequent periodic payments and as specified in the *Income Tax Act* (Canada). Annuity payments may not be surrendered, commuted or assigned. However, in the event of the death of the Owner, any remaining annuity payments must be commuted and paid in one sum to the beneficiary, if other than the spouse/common-law partner. If the beneficiary is the spouse or common-law partner of the Owner, payment of the annuity will continue under the terms of the settlement selected and subject to the terms of the *Income Tax Act* (Canada);
- 5. Notwithstanding Section 146(2)(c.1) of the *Income Tax Act* (Canada), if the Company is given proof that there is tax payable under Part X.1 of the *Income Tax Act* (Canada), (or, if applicable, a similar clause of a provincial act), then the Company will refund to the contributor all or part of the surrender benefit value of the Certificate in order to reduce the amount otherwise payable. However, the refund may not exceed the surrender benefit value of the Certificate. The Company may require return of the Certificate for endorsement;
- 6. No advantage that is conditional in any way on the existence of this Certificate will be extended to the Owner or to a person with whom the Owner was not dealing at arm's length other than as specified in the *Income Tax Act* (Canada);
- 7. The Certificate must mature on or before the latest date specified in the *Income Tax Act* (Canada) for Retirement Savings Plans;
- 8. No contributions may be made following the maturity date of the Certificate; and
- 9. Prior to maturity and during the lifetime of the Owner, the Owner may request a payment in partial or in full settlement of the Certificate. Such payment will be made subject to the terms of the policy and the *Income Tax Act* ((Canada).

The Empire Life Insurance Company (Empire Life) is a proud Canadian company that has been in business since 1923. We offer individual and group life and health insurance, investment and retirement products, including mutual funds through our wholly-owned subsidiary Empire Life Investments Inc.

Empire Life is among the top 10 life insurance companies in Canada¹ and is rated A (Excellent) by A.M. Best Company². Our mission is to make it simple, fast and easy for Canadians to build wealth, generate income, and get the insurance and group benefits coverage they need.

Follow Empire Life on Twitter @EmpireLife or visit our website, www.empire.ca for more information.

¹ The Globe and Mail Report on Business Magazine, June 2015, based on revenue

² As at May 19, 2015

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