

REQUEST FOR WITHDRAWAL OF FUNDS OPTION PLUS 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

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	
Treasury Interest Option		Global Equity Fund Class A	
Segregated Fund Options		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.

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

Employer/Association

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

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