

POLICY OWNER INVESTMENT AUTHORIZATION

This form can be used for Group Option Plus policies and life policies with an investment component (e.g. Trilogy), to give Policy Owner Investment Authorization to your advisor.

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

Policy Owner name (first, middle, last)	Date of birth (dd/mmm/yy)
Policy number(s)	
Advisor name	Advisor code

Policy Owner Authorization, Acknowledgement and Agreement

I authorize _____ "my advisor" to process the following transactions related to the investment options available within this policy without Empire Life receiving written notice of those instructions from me:

- deposit funds;
- transfer funds between investment options; and
- exercise the reset option, if available.

I authorize Empire Life to accept and process my advisor's instructions with respect to the transaction(s) above. I will provide my advisor with written or oral instructions regarding the transaction(s) to be processed on my behalf.

I understand and agree that:

- Empire Life is not responsible for any loss or liability that I may incur as a result of transactions processed on my behalf by my advisor, or by virtue of the actions or omissions of my advisor.
- this authorization will be terminated only by written notice from me sent to Empire Life and that the termination will not take effect until Empire Life receives my written notice.
- if I dismiss my advisor, this authorization will be terminated immediately only upon Empire Life receiving my notice to remove the advisor from my file. I understand that a new Policy Owner Investment Authorization form will have to be completed and submitted to Empire Life if I choose to provide any other advisor with authorization to process these transactions on my behalf.

I acknowledge that I have read, understand and accept the above terms and conditions of this Policy Owner Investment Authorization.

Signature of Owner (or first authorized signature for corporate Owner) X	Date (dd/mmm/yy)
Print name of Owner (and title, if signing for a corporation/entity)	
Second authorized signature (for joint or corporate Owner) X	Date (dd/mmm/yy)
Print name of Owner (and title, if signing for a corporation/entity)	

Advisor Acknowledgement, Consent and Agreement

I acknowledge that I have reviewed this Policy Owner Investment Authorization with the Policyholder.

I consent to abide by and respect the terms of this Policy Owner Investment Authorization.

I understand and agree to fully indemnify and hold harmless Empire Life from and against any claims, demands, actions or losses of any kind, which Empire Life may incur as a result of acting or relying on this Policy Owner Investment Authorization.

Signature of Advisor X	Date (dd/mmm/yy)
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