

# LIMITED TRADING AUTHORIZATION

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

Contract number(s)		
First name of owner 	Last name 	Date of birth   d   d   -   m   m   m   -   y   y   y   y
First name of joint owner 	Last name 	Date of birth   d   d   -   m   m   m   -   y   y   y   y
Advisor name 	Advisor code 	FundSERV Dealer/Rep code 

## Contract Owner Authorization, Acknowledgement and Agreement

I **authorize** Empire Life to accept instructions from \_\_\_\_\_ **"my Advisor"** to execute financial and non-financial transactions, including but not limited to purchases, withdrawals, switches and resets, in accordance to my instructions and the Policy Provisions. I will pay any applicable fee or charges due to Empire Life as a result of those transactions.

**I understand:**

- if I appoint a Nominee or Intermediary to act on my behalf, Empire Life will deliver confirmations, statements and other documents to them, unless directed otherwise by them.
- Empire Life will accept and act on these instructions from my Advisor without any further confirmation from me. I can cancel this authorization at any time by writing to Empire Life.

I **hereby understand and agree** that Empire Life will not be liable in any way for any losses or damages I may suffer or any claims, demands or actions of any kind that might be made by me and my heirs, beneficiaries, executors and/or administrators, or any other third party, as a result of Empire Life acting on transactions authorized by me in accordance with this document.

I **acknowledge that I have read, understand and accept the above terms and conditions of this Limited Trading Authorization.**

Signature of owner (or first authorized signature for corporate owner) <b>X</b>		Date   d   d   -   m   m   m   -   y   y   y   y
First name of owner 	Last name (and title, if signing for a corporation/entity) 	
Second authorized signature (for joint or corporate owner) <b>X</b>		Date   d   d   -   m   m   m   -   y   y   y   y
First name of owner 	Last name (and title, if signing for a corporation/entity) 	

## Advisor Acknowledgement, Consent and Agreement

I **acknowledge** that I have reviewed this Limited Trading Authorization with the Policyholder.

I **consent** to abide by and respect the terms of this Limited Trading 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 Limited Trading Authorization.

Signature of Advisor <b>X</b>	Date   d   d   -   m   m   m   -   y   y   y   y
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