



**4.0 PRE-AUTHORIZED DEBIT (PAD)**  Start or  Change (Section 3.0 must be completed)

The minimum deposit is \$50 per fund for GIF 75/75, 75/100 & 100/100 contracts and \$100 per fund for Class, Class Plus 2, Class Plus 2.1 and Class Plus 3.0 contracts.

**Frequency**

Weekly  Bi-weekly  Semi-monthly (twice/month)  Monthly  Quarterly  Semi-annually  Annually

Amount

\$ \_\_\_\_\_

PAD start date

d	d	-	m	m	m	-	y	y	y	y
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Same as current banking information

Account shown on the attached void cheque/pre-authorized transaction form from my financial institution.

Payor name (first, middle, last) or exact name or corporation/entity\*

\_\_\_\_\_

Date of birth

d	d	-	m	m	m	-	y	y	y	y
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Address (number, street)

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Postal code

\_\_\_\_\_

Occupation (if retired, indicate former occupation)

\_\_\_\_\_

Type of business

\_\_\_\_\_

Relationship to owner

\_\_\_\_\_

Jurisdiction of registration for entities (i.e. country, province, territory)

\_\_\_\_\_

Incorporation number

\_\_\_\_\_

\*If the payor is a legal entity (e.g. partnership, club or other entity), attach a copy of the charter document and signing authority.

**5.0 WITHDRAWALS**

Full withdrawal  Partial withdrawal\* of \$ \_\_\_\_\_  Gross or  Net (of applicable fees and taxes)

**\*Withdrawals from Class Plus, Class Plus 2, Class Plus 2.1 or Class Plus 3.0 may result in an Excess Withdrawal. Refer to section 8.0 for more information.**

Mail me a cheque

Deposit via EFT – attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

Deposit to **NEW** application number: \_\_\_\_\_

(funds will be allocated per the instructions specified on the application)

Deposit to **EXISTING** contract number\*: \_\_\_\_\_

(indicate investment instructions in section 3.0)

\*Refer to the *Transfer Guidelines for Class, Class Plus, Class Plus 2, Class Plus 2.1, Class Plus 3.0 and GIF 75/100 & 100/100 Contracts* before completing this form.

**5.1 SCHEDULED WITHDRAWALS**  New or  Change

(Attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.)

**Frequency**

Weekly  Bi-weekly  Semi-monthly (twice/month)  
 Monthly  Quarterly  Semi-annually  Annually

**Start date**

d	d	-	m	m	m	-	y	y	y	y
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**Systematic Withdrawal Plan (SWP)**

Withdrawal amount\* of \$ \_\_\_\_\_  Gross or  Net (of applicable fees and taxes)

The Lifetime Withdrawal Amount (LWA) (available on Class Plus, Class Plus 2 or Class Plus 2.1 only)

**Retirement Income Payments** (RIF, LIF, LRIF, RLIF, PRIF) (If additional taxes are requested, indicate by percentage in section 10.0.)

Minimum payment as prescribed by the *Income Tax Act* (Canada)

Maximum payment\* as prescribed by the provincial/federal pension legislation (locked-in funds)

Level amount\* of \$ \_\_\_\_\_  Gross or  Net (of applicable fees and taxes)

The Lifetime Withdrawal Amount (LWA) (available on Class Plus, Class Plus 2, Class Plus 2.1 and Class Plus 3.0 only)

**\*Withdrawals from Class Plus, Class Plus 2, Class Plus 2.1 or Class Plus 3.0 may result in an Excess Withdrawal. Refer to section 8.0 for more information.**

**FOR PARTIAL WITHDRAWALS, INDICATE WITHDRAWAL ALLOCATIONS IN SECTION 3.0**

**If a fund depletes, the balance of the payment will automatically be taken from the fund with the highest market value.**

**For a withdrawal of \$10,000 or more from a non-registered contract, complete the section below:**

**6.0 Dual Process to verify the identity of the owner**

If you are an advisor assisting the owner with this form, please enter the information requested in the Source section. If you are an owner submitting this form without the assistance of your advisor, please provide us with a copy of the two documents as noted below. Provide documents from TWO different, reliable sources of information (Source 1, Source 2 and/or Source 3). To be reliable, the issuer of the document must be a trustworthy source of information.

We will accept an original version of the documents or a fax, photocopy, scan or electronic image of the original documents. Each document must be current, valid, legible and authentic and the two documents cannot be from the same issuer.

- SOURCE 1:**
- Canadian utility bill
  - Canadian government issued property tax assessment
  - Canadian government issued vehicle registration
  - Canadian government issued benefits statements
  - Canadian government issued photo ID
  - Canada Revenue Agency documents such as notices of assessment
  - Canadian T4 statements, Record of Employment, or investment account statements such as RRSPs and GICs

- SOURCE 2:**
- Canadian government issued:
    - photo ID\* (drivers license or passport)
    - permanent resident card or citizenship certificate
    - original birth certificate or marriage certificate
    - divorce documentation
    - CPP statement of contributions
  - product from a Canadian credit bureau (containing two trade lines in existence for at least 6 months), Canadian credit file that has been in existence for at least 6 months, or insurance documents (home, auto, life)
  - travel visa issued by a foreign government
- \*Health card is not an acceptable form of photo identification.

- SOURCE 3:**
- a credit card or bank statement
  - a mortgage statement
  - a letter from the financial entity holding a deposit account, credit card or loan account

Source and document type (e.g. Source 1-utility bill)	Individual's name as shown on the document	Account/reference number

**For a withdrawal of \$100,000 or more from a non-registered contract, complete the section below:**

**7.0 Politically Exposed Persons and Heads of International Organizations**

**1. Have you, any of your close relatives\* or any other persons closely associated\*\* with you:**

**a) held one of the following positions in the last 5 years in Canada?**

- Governor General, lieutenant-governor or head of federal or provincial government;
- member of the Senate or House of Commons or member of a provincial legislature;
- deputy minister of federal or provincial government or equivalent rank;
- head of a federal or provincial government agency;
- leader or president of a political party represented in a legislature;
- mayor of a city, town, village, or rural or metropolitan municipality;
- president of a corporation wholly owned directly by Her Majesty in right of Canada or a province;
- military officer with a rank of general or above;
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; or
- ambassador, or attaché or counsellor of an ambassador

**b) ever held one of the following positions in a country other than Canada?**

- head of state/government;
- member of executive council of government or legislature;
- leader/president of a political party represented in a legislature;
- deputy minister or equivalent;
- head of a government agency
- military officer with a rank of general or above;
- judge;
- president of a state-owned company/bank; or
- ambassador, or attaché or counsellor of an ambassador

**2. Are you, any of your close relatives\* or any other persons closely associated\*\* with you currently the head of an international organization $\pm$  or the head of an organization established by an international organization? $\pm\pm$**

**For questions 1 and 2:**

**Owner 1**  **yes**  **no** If yes, provide details: \_\_\_\_\_

**Owner 2**  **yes**  **no** If yes, provide details: \_\_\_\_\_

**3. Specify the source(s) of funds for this specific transaction (i.e. where the money originated from):**

- Business Income (e.g. dividends, management bonuses)  Employment Income  Pension Funds  Gifts  
 Sale of Assets  Inheritance  Other: \_\_\_\_\_

**4. Specify the source(s) of wealth (i.e. sources from which the owner(s) accumulated their wealth):**

- Business Undertakings  Family Trust  Employment Income  Investments  Real Estate  Inheritance  
 Other: \_\_\_\_\_

\*A close relative is your child, mother, father, spouse/civil union spouse/common-law partner; the mother or father of your spouse/civil union spouse/common-law partner; or child of your mother or father.

\*\* A close associate is an individual who is closely connected to the owner(s) for personal or business reasons.

$\pm$  The head of an international organization is the primary person who leads that organization, for example a president or CEO.

$\pm\pm$  An International organization is set up by the governments of more than one country by means of a formally signed agreement between the governments. E.g. World Bank, International Monetary Fund, World Health Organization, International Energy Forum, International Criminal Court.

## 8.0 EXCESS WITHDRAWAL ALERT (EWA) - For Class Plus, Class Plus 2, Class Plus 2.1 And Class Plus 3.0 Only.

This feature is designed to protect your guaranteed withdrawal benefit. If the payment option you have selected exceeds your remaining GMWB/GWB balance for the current calendar year, complete this section to avoid processing delays.

**Note: Excess Withdrawals may significantly reduce or eliminate the value of the GWB. Please refer to the information folder for more details.**

- Turn EWA off for this withdrawal only
- Turn EWA off until current year end
- Turn EWA off until notified

## 9.0 MATURITY AND DEATH BENEFIT GUARANTEES RESET

**I hereby request that Empire Life reset the benefit guarantees for the contract noted in section 1.0**

**I understand that:**

- the maturity and/or death benefit guarantees will be reset only if the new maturity and/or death benefit guarantees are greater than the current maturity and/or death benefit guarantees;

**For fund class B and D:**

- there must be at least 10 years to the maturity date for a reset request to be processed;
- only 2 maturity and death benefit guarantee resets are permitted in any calendar year; and
- resets are not permitted after December 31st of the year in which the annuitant turns 80.

**For fund class C and E:**

- there must be at least 15 years to the maturity date for a reset request to be processed;
- only 2 maturity and death benefit guarantee resets are permitted in any calendar year; and
- resets are not permitted after December 31st of the year in which the annuitant turns 80.

**For fund class M (GIF 100/100):**

- the death benefit guarantee is automatically reset annually, on the contract anniversary date until age 80. The final reset occurs on the annuitants 80th birthday;
- only 2 maturity benefit guarantee resets are permitted in any calendar year;
- there must be at least 15 years to the maturity date for a maturity benefit guarantee reset request to be processed; and
- maturity benefit guarantee resets are not permitted after December 31st of the year in which the annuitant turns 90.

**BEFORE PROCESSING** this reset, please change the maturity date of my contract to the following (select one):

- for fund class B or D, extend the maturity date by 10 years, if the plan permits, from the date this request is received.
- for fund class C, E or M, extend the maturity date by 15 years, if the plan permits, from the date this request is received.
- change my maturity date to: 

d	d	-	m	m	m	-	y	y	y	y
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- do not change my maturity date.

## 10.0 SPECIAL INSTRUCTIONS

## 11.0 DECLARATION AND AUTHORIZATION

### I understand and agree that:

- the requests made on this form will be processed subject to the administrative rules and minimums;
- any deposits made to the contract are the responsibility of the owner and cheques for payments are to be payable to Empire Life;
- if I have requested Systematic Withdrawal Plan, payments will continue while there is sufficient value in my contract to meet the requested payment plus the applicable fees and taxes or until I withdraw the request by written notice to Empire Life;
- the Pre-authorized Debit (PAD) applies to additional deposits and regular scheduled premiums;
- PAD arrangements may be terminated on 10 days' written notice beginning the day the notice is mailed either by Empire Life or by me. If terminated, subsequent premiums will be payable to Empire Life using any of the methods of payment then being offered, according to the terms of the contract. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca);
- for the purposes of this agreement, all debits from my account will be treated as a personal PAD;
- **I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal;**
- I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact Empire Life or visit [www.payments.ca](http://www.payments.ca).

### For inquiries regarding your Pre-authorized Debit, contact:

**Phone:** 1 800 561-1268 **Fax:** 1 800 419-4051 **Email:** [investment@empire.ca](mailto:investment@empire.ca)

### I authorize:

- Empire Life to withdraw monthly premium payments, as required and as per my instructions, and I understand that these amounts may be variable and may increase or decrease;
- my financial institution to honour any withdrawal (debit) from my account or deposit (credit) to my account and to return to Empire Life any amount deposited to which I am not entitled;
- Empire Life to carry out the above-mentioned transaction(s) in keeping with the rights, terms and conditions of the contract.
- Empire Life to withdraw the one-time lump sum deposit in accordance with my instructions, if applicable.

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

Signature of owner (or first authorized signature for corporate owner)

**X**

Date

| d | d | - | m | m | m | - | y | y | y | y |

Second authorized signature (for corporate owner or joint owner)

**X**

Date

| d | d | - | m | m | m | - | y | y | y | y |

If using a corporate account, a joint personal bank account or the account of someone who isn't the owner or annuitant, sign below.

Signature of account holder(s) (if different than owner and of legal age)

**X**

Account holder's name(s) (please print)

Signature of irrevocable beneficiary(ies) (if applicable) I hereby give my consent to the requested transaction(s). **X**

Date

| d | d | - | m | m | m | - | y | y | y | y |

Signature of assignee(s) (if applicable)

**X**

Date

| d | d | - | m | m | m | - | y | y | y | y |

**Send the completed form and any supporting documentation to:**

#### By mail:

Empire Life  
259 King Street East  
Kingston ON K7L 3A8

**By fax:** 1 800-419-4051

**By email:** [investment@empire.ca](mailto:investment@empire.ca)