

INVESTMENT CHANGE FORM FOR CLASS, CLASS PLUS, CLASS PLUS 2, CLASS PLUS 2.1, CLASS PLUS 3.0 AND EMPIRE LIFE GIF CONTRACTS

Throughout this form, "Empire Life" means The Empire Life Insurance Company and "owner" will include beneficial owner for nominee/intermediary held contracts. Use one form per contract.

1.0 Contract number <input type="text"/>			Dealer/rep code <input type="text"/>
First name of owner <input type="text"/>	Middle initial <input type="text"/>	Last name <input type="text"/>	

2.0 SWITCHES

Switches are only permitted within the same product and purchase fee option. See the information folder for switch rules.

If applicable, please apply sell/buy authorization

Note - sell/buy switches from Class Plus, Class Plus 2, Class Plus 2.1 or Class Plus 3.0 may result in an Excess Withdrawal. Refer to section 6.0 for more information.

One-time switch

Scheduled switch/Dollar Cost Averaging (DCA)* – switch start date:

*Scheduled switches/DCA must be provided in dollar amounts only.

Switch from: Fund name	Fund code	Amount <input type="radio"/> % or <input type="radio"/> \$	Switch to: Fund name	Fund code	Amount <input type="radio"/> % or <input type="radio"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note - If there is a discrepancy between the fund name and fund code, the fund code will be used.

3.0 INVESTMENT INSTRUCTIONS (some restrictions may apply for Class Plus, Class Plus 2 and Class Plus 2.1)

Additional Deposit - funded by: Cheque attached RSP loan Leveraged loan – Lender: _____

One-time lump sum PAD deposit – lump sum may be withdrawn upon receipt of this request at Empire Life (complete section 4.0)

Fund name	Fund code	Front-end load	Deposits		Withdrawals
			Additional deposits <input type="radio"/> % or <input type="radio"/> \$	PAD	Allocation <input type="radio"/> % or <input type="radio"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Note - If there is a discrepancy between the fund name and fund code, the fund code will be used.

Deposits made to Fund Class C, E or GIF 100/100 with less than 15 years to maturity will be guaranteed at 75%.

Change my maturity date to 15 years from the effective date of this deposit.

Change my maturity date to:



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 <table border="1" style="width:100%"> <tr> <td>d</td><td>d</td><td>-</td><td>m</td><td>m</td><td>m</td><td>-</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	-	m	m	m	-	y	y	y	y
d	d	-	m	m	m	-	y	y	y	y		

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* <table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					Date of birth <table border="1" style="width:100%"> <tr> <td>d</td><td>d</td><td>-</td><td>m</td><td>m</td><td>m</td><td>-</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	-	m	m	m	-	y	y	y	y
d	d	-	m	m	m	-	y	y	y	y																						

Address (number, street)

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City <table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					Province <table border="1" style="width:100%"> <tr><td> </td><td> </td></tr> </table>			Postal code <table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						

Occupation (if retired, indicate former occupation)

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Type of business <table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					Relationship to Owner <table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

Jurisdiction of registration for entities (i.e. country, province, territory) <table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					Incorporation number <table border="1" style="width:100%"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				

*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 6.0 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:

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(funds will be allocated per the instructions specified on the application)
 Deposit to **EXISTING** contract number*:

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(indicate investment instructions in the Special Instructions)
***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 <input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Semi-monthly (twice/month) <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	Start date <table border="1" style="width:100%"> <tr> <td>d</td><td>d</td><td>-</td><td>m</td><td>m</td><td>m</td><td>-</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	-	m	m	m	-	y	y	y	y
d	d	-	m	m	m	-	y	y	y	y		

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 8.0.)
 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 6.0 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.

6.0 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

7.0 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.

8.0 SPECIAL INSTRUCTIONS

9.0 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;
- 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.

For inquiries regarding your Pre-authorized Debit, contact:

Phone: 1 800 561-1268 **Fax:** 1 800 419-4051 **Email:** 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. For non-registered policies, also complete form D-0011 *Verification of Identity of Owner(s)/Determination of Third Party Interests*.

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 |