

INVESTMENT CHANGE FORM FOR GUARANTEED INTEREST CONTRACTS (GIC)

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

1.0 Contract number		Advisor or Dealer/rep code	
First name of owner	Middle initial	Last name	

2.0 DEPOSIT INSTRUCTIONS

Additional Deposit - funded by: Cheque attached RSP loan

Investment Options:

Daily Interest (DI) – Amount \$

Guaranteed Interest Options (GIO)	Simple Interest Payout	Additional Deposit <input type="radio"/> \$ or <input type="radio"/> %	PAD	Term	Interest rate	Rate guarantee?
Compound Interest Option	N/A			%	%	<input type="radio"/> yes
Compound Interest Option	N/A			%	%	<input type="radio"/> yes
Compound Interest Option	N/A			%	%	<input type="radio"/> yes
Simple Interest Option	<input type="radio"/> Payout <input type="radio"/> Transfer			%	%	<input type="radio"/> yes
Simple Interest Option	<input type="radio"/> Payout <input type="radio"/> Transfer			%	%	<input type="radio"/> yes
Simple Interest Option	<input type="radio"/> Payout <input type="radio"/> Transfer			%	%	<input type="radio"/> yes

Simple interest payout/transfer to DI frequency: Monthly Quarterly Semi-annually Annually

Compound Ladder	Term	Total Deposit – Amount \$	Interest rate	Rate guarantee?
3 Year Ladder Each term will automatically reinvest for a 3 year term unless we are advised otherwise.	1 year	\$ _____ OR %	%	<input type="radio"/> yes
	2 year	\$ _____ OR %	%	<input type="radio"/> yes
	3 year	\$ _____ OR %	%	<input type="radio"/> yes
5 Year Ladder Each term will automatically reinvest for a 5 year term unless we are advised otherwise.	1 year	\$ _____ OR %	%	<input type="radio"/> yes
	2 year	\$ _____ OR %	%	<input type="radio"/> yes
	3 year	\$ _____ OR %	%	<input type="radio"/> yes
	4 year	\$ _____ OR %	%	<input type="radio"/> yes
	5 year	\$ _____ OR %	%	<input type="radio"/> yes

IMPORTANT INFORMATION ABOUT THE GUARANTEED INTEREST OPTION (GIO):

- The Simple Interest Option is available on non-registered contracts only. If you select the simple interest payout option, you must attach a **VOID CHEQUE** or a pre-authorized transaction form from your financial institution.
- The interest rate to be applied will be the rate in effect on the date the funds are received unless an interest rate guarantee has been requested.
- The minimum regular scheduled deposit amount is \$50.
- The minimum deposit to a GIO investment term is \$500. For amounts less than \$500, we will apply your deposits to Daily Interest (DI) first. When the accumulated value of your deposits to DI reaches the \$500 minimum, we will automatically transfer the accumulated value to the GIO investment term selected by you. The interest rate in effect at that time will apply.

3.0 PRE-AUTHORIZED DEBIT (PAD) Start or Change (indicate deposit instructions in section 2.0)

Frequency

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

Amount
\$

Start date

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

Same as current banking information

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

4.0 WITHDRAWALS

Full surrender Partial surrender of (minimum \$250) \$ _____ Gross or Net (of applicable fees and taxes)

Redeem from (please indicate the withdrawal percentage from each investment option)

Daily Interest Option _____ % and/or Compound Interest Option* _____ %

***The option with the lowest interest rate will be redeemed first unless we are advised otherwise.**

Mail me a cheque

Deposit to my bank account – attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

Deposit to **NEW** application number _____

(funds will be allocated based on instructions specified on the application.)

Deposit to **EXISTING** policy/contract number _____ (provide deposit instructions in section 6.0)

4.1 SCHEDULED WITHDRAWALS New or Change

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

Redeem from (please indicate the withdrawal percentage from each investment option)

Daily Interest Option _____ % and/or Compound Interest Option* _____ %

***The option with the lowest interest rate will be redeemed first unless we are advised otherwise.**

Frequency

Monthly Quarterly Semi-annually Annually

Start date

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

Retirement Income Payment Details

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)

5.0 REQUEST TO CHANGE GUARANTEED INTEREST OPTION (GIO) TERM ON REINVESTMENT

For the GIO term scheduled to reinvest on _____ (dd/mmm/yy):

Reinvest the GIO – as indicated below:

change the investment term to _____

guarantee today's interest rate

change the investment option to:

Compound interest option – term _____

Simple interest option – term _____ Payout Transfer to Daily Interest (DI)

Frequency: Monthly Quarterly Semi-annually Annually

Surrender the GIO – specify payment details:

Mail me a cheque

Deposit to my bank account – attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

Deposit to **NEW** application number _____

(funds will be allocated based on instructions specified on the application.)

Deposit to **EXISTING** policy/contract number _____ (provide deposit instructions in section 6.0)

6.0 SPECIAL INSTRUCTIONS

7.0 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 policy are the responsibility of the owner and cheques for such payments are to be payable to Empire Life;
- The Pre-authorized Debit (PAD) applies to 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 policy. 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; and
- Empire Life to carry out the above-mentioned transaction(s) in keeping with the rights, terms and conditions of the contract.

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 <input style="width: 100%; text-align: center; border: none; border-bottom: 1px solid black; font-size: small; letter-spacing: 0.5em; padding: 2px 5px;" type="text"/> <input style="width: 100%; text-align: center; border: none; border-bottom: 1px solid black; font-size: small; letter-spacing: 0.5em; padding: 2px 5px;" type="text"/>
---	--

Second authorized signature (for corporate owner or joint owner) X	Date <input style="width: 100%; text-align: center; border: none; border-bottom: 1px solid black; font-size: small; letter-spacing: 0.5em; padding: 2px 5px;" type="text"/> <input style="width: 100%; text-align: center; border: none; border-bottom: 1px solid black; font-size: small; letter-spacing: 0.5em; padding: 2px 5px;" type="text"/>
---	--

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) X

Account holder's first name <input style="width: 98%; height: 1.2em; border: none; border-bottom: 1px solid black;" type="text"/>	Last name <input style="width: 98%; height: 1.2em; border: none; border-bottom: 1px solid black;" type="text"/>
--	--

Signature of irrevocable beneficiary(ies) (if applicable) I hereby give my consent to the requested transaction(s). X	Date <input style="width: 100%; text-align: center; border: none; border-bottom: 1px solid black; font-size: small; letter-spacing: 0.5em; padding: 2px 5px;" type="text"/> <input style="width: 100%; text-align: center; border: none; border-bottom: 1px solid black; font-size: small; letter-spacing: 0.5em; padding: 2px 5px;" type="text"/>
---	--

Signature of assignee(s) (if applicable) X	Date <input style="width: 100%; text-align: center; border: none; border-bottom: 1px solid black; font-size: small; letter-spacing: 0.5em; padding: 2px 5px;" type="text"/> <input style="width: 100%; text-align: center; border: none; border-bottom: 1px solid black; font-size: small; letter-spacing: 0.5em; padding: 2px 5px;" type="text"/>
---	--

INTEREST RATE TERMS AND CONDITIONS:

In requesting an interest rate guarantee I understand and agree that:

1. The commitment to transfer funds to Empire Life is irrevocable and the transfer of such funds is irreversible;
2. The interest rate guarantee requested must be the interest rate in effect at Empire Life for the term(s) selected on the date the application is signed. In the event of a discrepancy, the guaranteed interest rate will be the actual rate in effect at Empire Life for the term(s) selected;
3. The application must be received by Empire Life at its head office within two business days of the date on which this application is signed. If this application is not received within this period the interest rate guaranteed will be that in effect for the term(s) selected on the date that the application is received by Empire Life;
4. If the actual amount of the transfer is at least \$1,000 but less than or equal to the estimated amount shown on the application, the terms of this commitment remain in effect. If the actual amount of the transfer exceeds the estimated amount shown on the application, the applicable interest rate will be that guaranteed on this application on the lesser of:
 - a) 110% of the estimated amount, and
 - b) the estimated amount plus \$10,000.
 The applicable interest rate on the excess will be the rate in effect on the date the actual amount is received for the guaranteed interest investment term selected;
5. If the transfer is received within 45 days of the date this application is signed, the terms of this rate basis guarantee will remain in effect. If the transfer is received more than 45 days after the date this application is signed, the rate basis in effect will be the lesser of:
 - a) the rate basis guarantee, or
 - b) the rate basis in effect on the date the transfer is received by Empire Life.