

INVESTMENT CHANGE FORM FOR ELITE OR ELITE XL

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

PLEASE PRINT IN BLOCK LETTERS

10 Policy number	Advisor code	Dealer/rep code
First name of owner	Initial	Last name

2.0 TRANSFERS

One-time transfer Scheduled transfer/Dollar Cost Averaging (DCA) * – transfer start date:
 (Schedules transfers/DCA must be provided in dollar amounts only)

Transfer from: Fund name	Fund code	Amount ○% or ○\$	Transfer to: Fund name	Fund code	Amount ○% or ○\$

Note – If there is a discrepancy between the fund name and fund code, the fund code will be used.

Treasury Interest Option \$ _____ Treasury Interest Option \$ _____

Guaranteed Interest Option (GIO): _____ Guaranteed Interest Option (GIO): _____

Term _____ Amount \$ _____ Term _____ Amount \$ _____

Interest Income Option – Monthly Annually
 Attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

Not all options are available on all plans. If GIO is selected a minimum deposit of \$500 is required.

3.0 INVESTMENT INSTRUCTIONS

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

Fund name	Fund code	Deposits		Withdrawals
		Additional deposits ○% or ○\$	PAD	Allocation ○% or ○\$

Note – If there is a discrepancy between the fund name and fund code, the fund code will be used.

Deposits made 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:

Treasury Interest Option \$ _____

Guaranteed Interest Option (GIO): Term _____ year term Rate _____ % Amount \$ _____

Interest Income Option – Monthly Annually
 Attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

Not all options are available on all plans. If GIO is selected a minimum deposit of \$500 is required.

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

Upon reinvestment of the GIO term on: change the investment term to a _____ year term, and:

- Guarantee today's interest rate** - the interest rate to be applied will be the greater of the interest rate in effect on the date this form is signed or the interest rate in effect on the reinvestment date for the term specified above. If this form is signed more than forty-five (45) days prior to the reinvestment date, the interest rate to be guaranteed will be the rate in effect on the forty-fifth day prior to reinvestment for the term specified above. This form must be received at the Head Office of Empire Life within two business days of the date it is signed.
- Interest Income Option is requested** – Monthly Annually
Attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

5.0 SURRENDERS

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

- 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 based on instructions specified on the application.)
 Deposit to **EXISTING** policy/contract number*:
(indicate investment instructions in the Special Instructions.)

*If depositing to an Elite or Elite XL policy, refer to the *Transfer Guidelines for Elite or Elite XL Investment Program* **before completing this form.**

5.1 SCHEDULED SURRENDERS **New** or **Change**

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

Frequency

- Monthly Quarterly Semi-annually Annually

Start date (1st to 28th)

Automatic Partial Surrender (APS) – available on Segregated Funds only – minimum partial surrender \$250

Amount \$ _____ **Gross** or **Net** (of applicable fees and taxes)

Retirement Income Payments (RIF, LIF, LRIF, RLIF, PRIF)

- 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)

FOR PARTIAL SURRENDERS, 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 PRE-AUTHORIZED DEBIT (PAD) **Start** or **Change** (Section 3.0 must be completed)

The minimum deposit is \$30 for Elite and \$100 for Elite XL.

Frequency

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

Amount
\$

PAD start date:

- Same as current banking information
 Account shown on the attached void cheque – Attach a **VOID CHEQUE** or pre-authorized transaction form from my financial institution.

7.0 MATURITY AND DEATH BENEFIT GUARANTEES RESET

- Reset the maturity and death benefit guarantees for this policy (maximum of two resets permitted each calendar year)*
* Resets are not available on registered retirement income fund plans. Maximum age to reset is December 31st of the year the annuitant turns 80 years old. Some plans may not be eligible.

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 policy are the responsibility of the owner and cheques for such payments are to be payable to Empire Life;
- if I have requested Automatic Partial Surrender(s), payments will continue while there is sufficient value in my policy to meet the requested payment plus any applicable fees and taxes or until I withdraw the request by written notice to Empire Life;
- if I have requested the maturity and death benefit guarantees reset and there is at least 10 years to maturity, and the request has been made prior to December 31st of the year the annuitant turns 80 years old, the policy maturity date will be extended, if allowed in accordance with the terms of the policy. If the maturity date cannot be extended, I understand that the reset will not be processed;
- 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 policy.

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
Second authorized signature (for corporate owner or joint owner) X		Date d d m m m 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 <i>Verification of Identity of Owner(s)/Determination of Third Party Interests</i> .		
Signature of account holder(s) (if different than owner) X		
Account holder's first name 		Last name
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
Signature of assignee(s) (if applicable) X		Date d d m m m y y