

RRSP TO RRIF CONVERSION 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.

This form may only be used to convert a registered retirement savings plan (RRSP) to a registered retirement income fund (RRIF) of the same contract type.

1. Owner/Annuitant

First name	Middle initial	Last name

2. Conversion Details

Contract number

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If converting locked-in funds **PROVIDE COPY OF PROOF OF AGE** (if not previously submitted)

Plan Type: Life Income Fund (LIF)
 Restricted LIF (Federal Only)
 Prescribed Retirement Income Fund (Saskatchewan and Manitoba only)
 Other _____

Do you have a spouse/common-law partner as defined in the pension legislation governing this contract? yes no
 If yes, the applicable **Consent or Waiver** form must be fully completed and submitted with this form.
 If no, the applicable **Declaration of no Spouse** form must be completed and submitted with this form.

3. Successor Annuitant – Not applicable for locked-in policies.

Will your spouse/common-law partner become the successor annuitant on your death? yes no
 Will the minimum payment be based on your spouse/common-law partner's age? yes no

If you answered 'yes' to either question, complete the following and provide a copy of proof of age for your spouse /common-law partner:

First of spouse/common-law partner	Last name	Date of birth
		d d - m m m - y y

4. Retirement Income Payment Details

Select one:

Minimum amount as prescribed by the *Income Tax Act* (Canada)
 Maximum amount as prescribed by the provincial/federal pension legislation (locked-in funds)
 The Lifetime Withdrawal Amount (LWA) (available on Class Plus, Class Plus 2, Class Plus 2.1 and Class Plus 3.0 only)
 Level amount of \$ _____ **GROSS** or **NET** of applicable fees and taxes

Banking details

Same as current banking information
 Account shown on the attached void cheque — **ATTACH VOID CHEQUE**
 Account shown on the attached pre-authorized transaction form from my financial institution

Payment frequency

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

Start date

d	d	-	m	m	m	-	y	y
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5. 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 Lifetime Withdrawal Amount (LWA) balance for the current calendar year, complete this section to avoid processing delays.

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

6. Withdrawal Instructions

Fund Name	Fund Code	Withdrawal Instructions
	<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"/> %
	<input type="text"/>	<input type="text"/> %
TOTAL (must total 100%)		<input type="text"/> %

7. Special Instructions

8. Declaration, Acknowledgement, Authorization and Consent

I request that Empire Life:

- convert my savings plan to a retirement income fund;
- apply to have this contract registered as a retirement income fund under the *Income Tax Act* (Canada) and any other applicable Act(s).

I understand and agree that:

- this contract continues to be subject to the provisions of the *Income Tax Act* (Canada) and any other applicable Act(s), and, if applicable, any locked-in endorsements, and that all payments made from the contract will be subject to tax under these Act(s);
- all other terms and conditions of the existing contract remain the same and any declarations, consents or authorizations previously provided by me continue in force;
- any previously established Limited Trading Authorization remains in effect and this authorization allows my advisor to process certain transactions related to the investment options held within the contract without written instructions from me;
- any electronic funds transfer (EFT) arrangements may be terminated on 10 days, written notice beginning the day the notice is mailed either by Empire Life or by me.

I authorize my financial institution to:

- accept any deposit (credit) to my account as outlined in Section 4 of this application;
- return to Empire Life any amount deposited to which I am not entitled.

Signature of owner/annuitant

X

Signature of irrevocable beneficiary (if applicable)

X

Signature of witness

X

Witness first name

Last name

Signed at (City and Province)

Date