TIK TRANSFER 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 "nominee" includes both nominee and intermediary held contracts.

Use this form for Transfers in Kind (TIKs) as outlined in the Transfer Guidelines for Class, Class Plus, Class Plus 2, Class Plus 2.1, Class Plus 3.0 and Empire Life GIF contracts. All transfers must involve the same kind of contract (e.g. Class Plus 2.1 to Class Plus 2.1).

1.	Contract Details							
	Contract number							
	Owner or beneficial owner first name Middle initial Last name							
	Owner or beneficial owner first name Middle initial Last name							
2.	Transfer Type							
	O Nominee to nominee O Nominee to client name							
	○ Client name to nominee ○ Client name to client name							
	For non-registered contracts, complete the information below:							
	Where do you reside for tax purposes? (check all that apply)							
	○ Canada							
	○ U.S. (resident or citizen) – Tax Identification Number (TIN)							
	If you do not have a TIN from the U.S. have you applied for one? \bigcirc yes \bigcirc no							
	O Other – specify country TIN							
	If you do not have a TIN, specify the reason:							
	○ I will apply or have applied for a TIN but have not yet received it.							
	O My jurisdiction of tax residence does not issue TINs to its residents.							
	O Other – specify reason							
3.	Transfer Instructions							
	FROM Dealer/nominee (if applicable) Dealer/nominee code							
	TO Dealer/nominee (if applicable) Dealer/nominee code							
	Account Type:							
	 ○ non-registered to non-registered^ ○ RRSP to RRSP * ○ RRIF to RRSP * ○ TFSA to TFSA ○ TFSA to TFSA 							
	^For transfers from nominee to client name complete forms D-0011 (individuals) or C-0044 (corporation).							
	*Includes locked-in contracts. Additional documents may be required.							
	+For client name RRSP to RRIF conversions use form INP-130A - RRSP to RRIF Conversion for Class, Class Plus, Class Plus 2,							
	Class Plus 2.1, Class Plus 3.0 and Empire Life GIF contracts.							



4. Beneficiary Information for Transfer to Client Name Only

To add additional beneficiaries, use form D-0017 - Beneficiary Designation form.

If the contract is locked-in under pension legislation, the rights of the annuitant's spouse/common-law partner may override this beneficiary designation. In order to effect a beneficiary designation, the applicable spousal waiver must be submitted where required by law.

If a beneficiary is not named for an annuitant, or if all named beneficiaries predecease the annuitant, any benefit that becomes payable will be paid to the owner (if not the annuitant) or the owner's estate. **Percentages for all primary beneficiaries for each annuitant must total 100%**. If you name more than one beneficiary and do not indicate a percentage share or "equal shares", you will be deemed to have indicated "equal shares".

Minors: Benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any benefits due to the beneficiary, while a minor, will be paid to the trustee on the beneficiary's behalf. In Quebec, benefits due to a beneficiary, while a minor, will be paid to the beneficiary's tutor(s) or legal guardian(s) unless you have appointed an administrator or established a formal trust. After the beneficiary reaches the age of majority, any benefits due to the beneficiary will be paid directly to the beneficiary unless you have established a formal trust and such trust is still in effect at the time the benefit is payable.

Irrevocable/revocable designations: A primary beneficiary designation is revocable unless you indicate "irrevocable". In Quebec, if a married or civil union spouse is named as primary beneficiary, the designation is irrevocable unless you indicate "revocable". If you designate a primary beneficiary as irrevocable, you cannot change or revoke the beneficiary or exercise rights and privileges such as withdrawals, assignments, or transferring ownership without the irrevocable beneficiary's written consent. **An irrevocable beneficiary who is a minor cannot provide consent.** Therefore, if an irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges unless, where permitted by law, a court order is obtained.

Contingent beneficiary: A contingent beneficiary becomes the beneficiary if all of the primary beneficiaries have died before the annuitant. **Percentages for all contingent beneficiaries for each annuitant must total 100%. Contingent beneficiary designations are always revocable.**

Beneficiary(ies)

First name	Middle name	Last name or legal name of corporation	n/entity	PrimaryContingent						
Relationship to annuitant*		Date of birth d d - m m m - y y y y	○ equal sharesOR 	RevocableIrrevocable						
First name	Middle name	Last name or legal name of corporation	n/entity	PrimaryContingent						
Relationship to annuitant*		Date of birth d d - m m m - y y y y	○ equal shares OR 2000 %	RevocableIrrevocable						
First name	Middle name	Last name or legal name of corporation	n/entity	PrimaryContingent						
Relationship to annuitant*		Date of birth d - m m - y y y	○ equal shares OR %	RevocableIrrevocable						
First name	Middle name	Last name or legal name of corporation	n/entity	PrimaryContingent						
Relationship to annuitant*		Date of birth d d - m m m - y y y y	OR %	RevocableIrrevocable						
Trustee for minor beneficiary(ies)										
First name Middle initial		Last name								

* Relationship to the annuitant, except in Quebec, specify relationship to the owner.

5. Advisor Information

I declare that, for non-registered contracts, the determination of to owner(s)/beneficial owner(s) have been completed.	clare that, for non-registered contracts, the determination of third party interests and verification of the identity of the ner(s)/beneficial owner(s) have been completed.				
Advisor first name	Last name				
Dealer code	Advisor code				
Signature of advisor		Date			
X		d d - m m m - y y y y			
Signature of training supervisor (where required in Quebec only)		Date			
X		d d - m m m - y y y y			
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6. Declaration, Acknowledgement, Authorization, Consent and Trading Authorization

By signing in section 7, I confirm that I have read, understood and agree to the statements in the Declaration, Acknowledgement, Authorization, Consent and Trading Authorization on this form.

For all transfers

If this transfer is:

- (a) from non-registered (client name or nominee) to nominee registered; or
- (b) from client name registered to nominee registered; or
- (c) from client name TFSA to nominee TFSA,

I hereby revoke all former designation(s) of beneficiary, successor annuitant, successor holder and successor owner, as applicable. I understand and agree that:

- The requests made on this form will be processed subject to the contract rules and minimums;
- Creditor protection may not be available if the contract is in the name of a nominee;
- Certain benefits and values determined based on the value of the fund class units acquired in the segregated funds are not guaranteed;
- The following provisions will form part of the contract I am transferring to and will amend the applicable terms of the Information Folder and Contract Provisions:
 - Back-end load options the deferred sales charge ("DSC") and low load schedule for the funds being transferred will remain intact;
 - The transfer may allow me to deposit to the new contract past the latest age to deposit for transferred funds only;
 - The maturity and death benefit guarantees will remain intact;
 - If applicable, the Class Plus anniversary date, the income base, the bonus base, the GMWB/GWB guarantees, and the Lifetime Withdrawal Amount will remain intact;
- The fund allocations and, if applicable, Excess Withdrawal Alert instructions will remain intact. Scheduled switches, PAD and systematic withdrawal plan instructions made on my transferring contract are not transferable;
- This transfer may have tax consequences and it is my responsibility to obtain any necessary tax or legal advice;

I acknowledge that:

- Empire Life will maintain the information contained in this form and any related documents in my file. My file enables Empire Life and its employees, agents or representatives, on a continuing basis, to assess this request, appraise the risk, assess any claim that I or my beneficiaries may make for income payments or other benefits, administer my file, answer any questions I may have about this form or my file in general, and provide me with information about my file and Empire Life products and services;
- My file will be kept at the head office of Empire Life. Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances. To access a copy of the most recent privacy policy, please visit the Empire Life website at www.empire.ca. I am entitled to consult my file and, when applicable, have it corrected. To exercise my rights, I must send written notification to: Chief Privacy Officer, The Empire Life Insurance Company, 259 King Street East, Kingston, ON K7L 3A8;
- I have authorized Empire Life to collect, use and disclose personal information about me on a continuing basis for the purpose of my file. I understand that if I try to withdraw this consent, Empire Life will be unable to assess my request or claim and issue any benefits or income payments, and may therefore cancel the contract at its sole discretion. If this occurs, neither I nor my estate will be able to exercise any rights under the contract;
- I have been advised of the name(s) of all advisors that have access to my personal information and have access to my contract;

Trading Authorization

I authorize:

- Empire Life to accept instructions from my advisor to execute financial and non-financial transactions, including but not limited to purchases, withdrawals, switches and resets, in accordance with my instructions and the contract provisions;
- Empire Life to deliver confirmations, statements and other documents to any third party named in section 3, if applicable.

I acknowledge that Empire Life may carry out any authorized transaction requests on my behalf and I will pay any applicable fees or charges due to Empire Life as a result of those transactions.

I understand and agree that Empire Life will not be liable in any way for any claims, demands, actions or losses of any kind that might be made by me or my heirs, beneficiaries, executors and/or administrators, or any other third party, as a result of Empire Life acting on transaction requests.

For transfers to nominee

I authorize:

- And appoint the nominee as my agent;
- Empire Life to deliver confirmation notices, statements and other documents to the nominee and to accept instructions from the nominee to execute financial and non-financial transactions including, but not limited to purchases, withdrawals, switches and resets in accordance with my instructions and the contract provisions.

A photocopy or image of the signed Declaration, Acknowledgement, Authorization, Consent and Trading Authorization will be as valid as the original.

7.	Signatures					
	Signature of CURRENT trustee or agent for trustee for nominee registered	Date				
	(Dealer stamp acceptable for nominee) \mathbf{X}	d d - m m m - y y y y				
	Signature of NEW trustee or agent for trustee for nominee registered account	Date				
	(Dealer stamp acceptable for nominee) X		d d - m m m - y y y y			
	Signature of owner or beneficial owner (or first authorized signature for corporate owner)	Province	Date			
			d d - m m m - y y y y			
	Second authorized signature of owner or beneficial owner (for joint or	Province	Date			
	corporate owner) X		d d - m m m - y y y y			
	The undersigned irrevocable beneficiary(ies)/assignee(s) hereby consent to the contract changes and acknowledge that they may					
	affect the benefits under the contract.					
	Signature of irrevocable beneficiary(ies) (if applicable)					
	X					
	Signature of assignee(s) (if applicable)					
	X					



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