

# TIK TRANSFER FORM FOR ELITE AND ELITE XL POLICIES

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

Use this form for Transfers in Kind (TIKs) as outlined in the Transfer Guidelines for Elite and Elite XL Investment Program.

**All transfers must involve the same kind of policy (e.g. Elite to Elite, Elite XL to Elite XL).**

<b>1. Policy Details</b>	
Name of Owner(s) (first, middle, last)	Policy number
<b>Plan Type:</b> <input type="radio"/> non-registered to non-registered <input type="radio"/> RRSP to RRSP * <input type="radio"/> RRSP to RRIF *+ <input type="radio"/> TFSA to TFSA <input type="radio"/> non-registered to RRSP <input type="radio"/> RRIF to RRSP * <input type="radio"/> RRIF to RRIF *	
*Includes locked-in policies. Additional documents may be required. +For RRSP to RRIF conversions use form INP-130C - RRSP to RRIF Conversion for the Elite or Elite XL Investment Program.	

<b>2. Declaration, Acknowledgement, Authorization, Consent and Trading Authorization</b>
<p><b>By signing in section 3, I confirm that I have read, understood and agree to the statements in the Declaration, Acknowledgement, Authorization, Consent and Trading Authorization on this form.</b></p> <p><b>I understand and agree that:</b></p> <ul style="list-style-type: none"> <li>the requests made on this form will be processed subject to the policy rules and minimums;</li> <li>certain benefits and values determined based on the value of the fund class units acquired in the segregated funds are not guaranteed;</li> <li>the following provisions will form part of the policy I am transferring to and will amend the applicable terms of the information folder and policy provisions:           <ul style="list-style-type: none"> <li>- back-end load options – the deferred sales charge ("DSC") schedule for the funds being transferred will remain intact;</li> <li>- the transfer may allow me to deposit to the new policy past the latest age to deposit for transferred funds only;</li> <li>- the maturity and death benefit guarantees will remain intact;</li> </ul> </li> <li>the fund allocations will remain intact. Scheduled transfers, PAD and automatic partial surrender plan (APS) instructions made on my transferring policy are not transferable; and</li> <li>this transfer may have tax consequences and it is my responsibility to obtain any necessary tax or legal advice.</li> </ul> <p><b>I acknowledge that:</b></p> <ul style="list-style-type: none"> <li>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;</li> <li>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. To access a copy of the most recent Privacy Policy, please visit the Empire Life website at <a href="http://www.empire.ca">www.empire.ca</a>. 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, Empire Life, P.O. Box 1000, Kingston, Ontario, K7L 4Y4;</li> <li>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 policy at its sole discretion. If this occurs, neither I nor my estate will be able to exercise any rights under the policy; and</li> <li>I have been advised of the name(s) of all advisors that have access to my personal information and have access to my policy.</li> </ul> <p><b>Trading Authorization</b></p> <p><b>I authorize:</b> 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 policy/contract provisions;</p> <p><b>I acknowledge</b> 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.</p> <p><b>I understand</b> 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.</p> <p><b>A photocopy or image of the signed Declaration, Acknowledgement, Authorization, Consent and Trading Authorization will be as valid as the original.</b></p>



### 3. Signatures

**Signature of owner** (or first authorized signature for corporate owner)

X

Province

Date (dd/mmm/yy)

**Second authorized signature of owner** (for joint or corporate owner)

X

Province

Date (dd/mmm/yy)

The undersigned irrevocable beneficiary(ies)/assignee(s) hereby consent to the policy changes and acknowledge that they may affect the benefits under the policy.

**Signature of irrevocable beneficiary(ies)** (if applicable)

X

Province

Date (dd/mmm/yy)

**Signature of assignee(s)** (if applicable)

X

Province

Date (dd/mmm/yy)