

INVESTMENT TRANSFER AUTHORIZATION FOR A GUARANTEED INTEREST CONTRACT

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

1. Owner Information

Owner name (first, middle, last)

Address (number, street name)

City

Province

Postal code

Social Insurance Number

Personal telephone

Business telephone

2. Receiving Institution Information (to be completed by the advisor)

The Empire Life Insurance Company
259 King Street East, Kingston ON K7L 3A8
Telephone: 1 800 561-1268 Fax: 1 800 419-4051

New investment - application number

Existing contract number (complete investment instructions)

Plan Type: Non-registered Registered – specify registered type:

RRSP Spousal RRSP LRSP LIRA RLSP TFSA RRIF Spousal RRIF LIF LRIF PRIF RLIF

Locked-in Confirmation (if applicable)

Empire Life agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section 4. Empire Life authorizes the advisor to accept liability on its behalf for the transfer of locked-in funds requested on this document. The advisor is not authorized to accept liability on behalf of Empire Life for any other purposes.

 Authorized signature

Investment Instructions – Do not complete this section if the transfer is for a new application.

Daily Interest (DI) – Amount \$

Guaranteed Interest Options (minimum deposit of \$500)	Simple Interest Payout	Amount <input type="radio"/> \$ or <input type="radio"/> %	Term	Interest Rate	Rate Guarantee?
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 payout or 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 years	\$ _____ OR _____ %	%	<input type="radio"/> yes
	3 years	\$ _____ 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 years	\$ _____ OR _____ %	%	<input type="radio"/> yes
	3 years	\$ _____ OR _____ %	%	<input type="radio"/> yes
	4 years	\$ _____ OR _____ %	%	<input type="radio"/> yes
	5 years	\$ _____ OR _____ %	%	<input type="radio"/> yes

Advisor name

Advisor or dealer/rep code

Business telephone

3. Direction to Relinquishing Institution

Relinquishing institution name		Account/contract number	
Address (number, street)	City	Province	Postal code

I hereby request the transfer, **IN CASH**, from the above noted account/contract to Empire Life.

all of the value **OR** a partial withdrawal as specified below:

Fund name or Investment Description	Fund Code (if applicable)	<input type="radio"/> % of Total Investment or <input type="radio"/> \$ Amount

I authorize the withdrawal of all or part of my investment as indicated above and agree to the value being reduced by any applicable fees, charges or adjustments.

Signature of account/contract owner X	Date (dd/mmm/yy)
Second authorized signature (for corporate or joint owner) X	Date (dd/mmm/yy)
Signature of irrevocable beneficiary (if applicable) I consent to the transfer of the account/contract value indicated above. X	Date (dd/mmm/yy)

4. For Use by Relinquishing Institution Only

Plan type: <input type="radio"/> Non-registered <input type="radio"/> Registered – specify registered type:		
<input type="radio"/> RRSP <input type="radio"/> LRSP <input type="radio"/> LIRA <input type="radio"/> RLSP <input type="radio"/> RRIF <input type="radio"/> LIF <input type="radio"/> LRIF <input type="radio"/> PRIF <input type="radio"/> RLIF <input type="radio"/> TFSA If RRIF/LIF is it: <input type="radio"/> Qualifying <input type="radio"/> Non-qualifying		Amount transferred \$
Spousal Plan? <input type="radio"/> no <input type="radio"/> yes – provide the following:		
Contributor name (first, middle, last)		Social Insurance Number
Locked-in pension funds? <input type="radio"/> no <input type="radio"/> yes – complete the following:		
Legislation	Source of funds - pension plan name	Registration number
Earliest date retirement income payments may commence (LIRA, LRSP only) (dd/mmm/yy) _____		
Funds transferred <input type="radio"/> were not <input type="radio"/> were calculated based on the sex of the owner/annuitant.		
We certify that the information given on this form is, to the best of our knowledge, correct and complete. If funds are being transferred from a retirement income fund (RRIF, LIF, LRIF, PRIF, RLIF) we confirm that the minimum income payment for the current taxation year has been made.		
Authorized signature X	Position or office	Date (dd/mmm/yy)