

# INVESTMENT TRANSFER AUTHORIZATION FOR AN ELITE OR ELITE XL POLICY

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

<b>1. Owner Information</b>			
Owner name (first, middle, last)			
Address (number, street name)		City	Province
			Postal code
Social Insurance Number		Personal telephone	Business telephone
<b>2. Receiving Institution Information</b> (to be completed by the advisor)			
<b>The Empire Life Insurance Company</b> <b>259 King Street East, Kingston ON K7L 3A8</b> <b>Telephone: 1 800 561-1268 Fax: 1 800 419-4051</b>			
New investment - application number		Existing policy number (complete investment instructions)	
<b>Plan Type:</b> <input type="radio"/> Non-registered <input type="radio"/> Registered – specify registered type:			
<input type="radio"/> RRSP <input type="radio"/> Spousal RRSP <input type="radio"/> LRSP <input type="radio"/> LIRA <input type="radio"/> RLSP <input type="radio"/> TFSA <input type="radio"/> RRIF <input type="radio"/> Spousal RRIF <input type="radio"/> LIF <input type="radio"/> LRIF <input type="radio"/> PRIF <input type="radio"/> RLIF			
<b>Locked-in Confirmation</b> (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
<b>Investment Instructions</b>			
Do not complete this section if the transfer is for a new application.			<input type="radio"/> % of Total Value or <input type="radio"/> \$ Amount
<input type="radio"/> Treasury Interest Option			
<input type="radio"/> Guaranteed Interest Option (GIO) – term _____ year(s)			
<input type="radio"/> Segregated Funds – Fund name	Fund Code	<input type="radio"/> % of Total Value or <input type="radio"/> \$ Amount	
<b>Advisor name</b>			
Advisor code	Dealer/rep code	Business telephone	



### 3. Direction to Relinquishing Institution

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

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

all of the value **OR**  a partial surrender 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 surrender 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/policy owner <b>X</b>	Date (dd/mmm/yy)
Second authorized signature (for corporate owner or joint owner) <b>X</b>	Date (dd/mmm/yy)
Signature of irrevocable beneficiary (if applicable) I consent to the transfer of the account/policy value indicated above. <b>X</b>	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.		
<b>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.</b>		
Authorized signature <b>X</b>	Position or office	Date (dd/mmm/yy)