

PROTECTION PORTFOLIOS PREFERRED PRICING PROGRAM HOUSEHOLDING FORM

Throughout this form:

“**Empire Life**”, “**we**” or “**us**” means The Empire Life Insurance Company;

“**you**”, “**your**”, or “**contract owner**” means the legal owner of a contract with eligible fund class units;

“**eligible fund class units**” means fund class units held in a Canoe EL Protection Portfolios 75/75 and Canoe EL Protection Portfolios 75/100 contract;

“**household**” means eligible contract owners living at the same physical address who have consented to having their contracts linked together in order to qualify for the program; and

“**householding**” means combining the market value of eligible fund class units from contracts within a household for the purpose of calculating a management fee credit.

To be eligible for a management fee credit under the Protection Portfolios Preferred Pricing Program (“the program”), the market value of all eligible fund class units of the household must be at least \$500,000.

Householding will only be allowed under the following conditions:

- Each eligible contract owner who wishes to participate in the program as part of the household must consent to having all eligible fund class units of the contracts listed below linked together by signing this form.
- If a contract is corporately owned, the eligible contract owner must own 50% or more of the voting rights for that corporation.
- Householding begins on the date we receive this form provided it is complete and signed by each eligible contract owner wishing to participate in the program as part of the household.
- Unless you advise us otherwise in writing, each eligible contract owner consents to having new contracts with eligible fund class units linked together for householding.
- If at any time an eligible contract owner is not living at the household’s physical address they will be removed from the household.
- An eligible contract owner can opt out of the program by providing written notice to us.
- Each eligible contract owner named below has reviewed the terms and conditions applicable to the program and agrees to be bound by them.
- Each eligible contract owner named below authorizes and directs us to provide a copy of the completed form, upon request, to every other eligible contract owner named below.
- We reserve the right to ask eligible contract owners to sign a new householding form at any time.

Householding Address		
Street address		
<input type="text"/>		
City	Province	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>



Eligible Contract Owners		
First name	Last name or legal name of corporation/entity	Contract number(s)
Signature of owner X		Date
2nd authorized signature (for corporate or joint owner) X		Date
First name	Last name or legal name of corporation/entity	Contract number(s)
Signature of owner X		Date
2nd authorized signature (for corporate or joint owner) X		Date
First name	Last name or legal name of corporation/entity	Contract number(s)
Signature of owner X		Date
2nd authorized signature (for corporate or joint owner) X		Date
First name	Last name or legal name of corporation/entity	Contract number(s)
Signature of owner X		Date
2nd authorized signature (for corporate or joint owner) X		Date
First name	Last name or legal name of corporation/entity	Contract number(s)
Signature of owner X		Date
2nd authorized signature (for corporate or joint owner) X		Date
First name	Last name or legal name of corporation/entity	Contract number(s)
Signature of owner X		Date
2nd authorized signature (for corporate or joint owner) X		Date



Contracts are issued by The Empire Life Insurance Company ("EL").

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