



### 3. Direction to Relinquishing Institution

Relinquishing Institution name		Contract number	
Address (number, street)			
City		Province	Postal code
I hereby request the transfer, <b>IN CASH</b> , from the above noted contract to Empire Life: <input type="radio"/> all of the value <b>OR</b> <input type="radio"/> a partial withdrawal as specified below:			
<b>Fund Name or Investment Description</b>	<b>Fund Code</b> (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.			
<b>Signature of account/contract owner</b> <b>X</b>		Date	
		d   d   -   m   m   m   -   y   y   y   y	
<b>Second authorized signature</b> (for corporate or joint owner) <b>X</b>		Date	
		d   d   -   m   m   m   -   y   y   y   y	
<b>Signature of irrevocable beneficiary</b> (if applicable) <b>I consent to the transfer of the contract value indicated above.</b> <b>X</b>		Date	
		d   d   -   m   m   m   -   y   y   y   y	

### 4. For Use by Relinquishing Institution Only

<b>Plan type:</b> <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		<b>Amount transferred</b> <b>\$</b>
<b>Spousal plan?</b> <input type="radio"/> no <input type="radio"/> yes – provide the following:		
Contributor first name	Last name	Social Insurance Number
<b>Locked-in pension funds?</b> <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):   d   d   -   m   m   m   -   y   y   y   y		
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>		
<b>Authorized signature</b> <b>X</b>	Position or office	Date
		d   d   -   m   m   m   -   y   y   y   y



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