

# INVESTMENT CHANGE FORM FOR ELITE OR ELITE XL

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

|                         |                |                 |
|-------------------------|----------------|-----------------|
| <b>10</b> Policy number | Advisor code   | Dealer/rep code |
| First name of owner     | Middle Initial | Last name       |

## 2.0 TRANSFERS

One-time transfer  Scheduled transfer/Dollar Cost Averaging (DCA) \*– transfer start date: (Schedules transfers/DCA must be provided in dollar amounts only)

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| d | d | - | m | m | m | - | y | y | y | y |
|---|---|---|---|---|---|---|---|---|---|---|

| Transfer from: Fund name | Fund code | Amount<br><input type="radio"/> % or <input type="radio"/> \$ | Transfer to: Fund name | Fund code | Amount<br><input type="radio"/> % or <input type="radio"/> \$ |
|--------------------------|-----------|---|------------------------|-----------|---|
|                          |           |   |                        |           |   |
|                          |           |   |                        |           |   |
|                          |           |   |                        |           |   |
|                          |           |   |                        |           |   |
|                          |           |   |                        |           |   |

**Note – If there is a discrepancy between the fund name and fund code, the fund code will be used.**

Treasury Interest Option \$ \_\_\_\_\_ Treasury Interest Option \$ \_\_\_\_\_

Guaranteed Interest Option (GIO): \_\_\_\_\_ Guaranteed Interest Option (GIO): \_\_\_\_\_

Term \_\_\_\_\_ Amount \$ \_\_\_\_\_ Term \_\_\_\_\_ Amount \$ \_\_\_\_\_

Interest Income Option –  Monthly  Annually  
Attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

**Not all options are available on all plans. If GIO is selected a minimum deposit of \$500 is required.**

## 3.0 INVESTMENT INSTRUCTIONS

**Additional Deposit – funded by:**

Cheque attached  RSP loan  Leveraged loan – Lender name: \_\_\_\_\_

| Fund name | Fund code | Deposits   |     | Withdrawals   |
|-----------|-----------|--|-----|---|
|           |           | Additional deposits<br><input type="radio"/> % or <input type="radio"/> \$ | PAD | Allocation<br><input type="radio"/> % or <input type="radio"/> \$ |
|           |           |  |     |   |
|           |           |  |     |   |
|           |           |  |     |   |
|           |           |  |     |   |
|           |           |  |     |   |

**Note – If there is a discrepancy between the fund name and fund code, the fund code will be used.**

**Deposits made with less than 15 years to maturity will be guaranteed at 75%.**

Change my maturity date to 15 years from the effective date of this deposit.

Change my maturity date to: 

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| d | d | - | m | m | m | - | y | y | y | y |
|---|---|---|---|---|---|---|---|---|---|---|

Treasury Interest Option \$ \_\_\_\_\_

Guaranteed Interest Option (GIO): Term \_\_\_\_\_ year term Rate \_\_\_\_\_ % Amount \$ \_\_\_\_\_

Interest Income Option –  Monthly  Annually  
Attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

**Not all options are available on all plans. If GIO is selected a minimum deposit of \$500 is required.**



#### 4.0 REQUEST TO CHANGE GUARANTEED INTEREST OPTION (GIO) TERM ON REINVESTMENT

Upon reinvestment of the GIO term on:   -    -     change the investment term to a \_\_\_\_\_ year term, and:

- Guarantee today's interest rate** - the interest rate to be applied will be the greater of the interest rate in effect on the date this form is signed or the interest rate in effect on the reinvestment date for the term specified above. If this form is signed more than forty-five (45) days prior to the reinvestment date, the interest rate to be guaranteed will be the rate in effect on the forty-fifth day prior to reinvestment for the term specified above. This form must be received at the Head Office of Empire Life within two business days of the date it is signed.
- Interest Income Option is requested** -  Monthly  Annually  
Attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.

#### 5.0 SURRENDERS

- Full Surrender**  **Partial surrender of** (minimum \$250) \$ \_\_\_\_\_  **Gross** or  **Net** (of applicable fees and taxes)
  - Mail me a cheque
  - Deposit via EFT – attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.
  - Deposit to **NEW** application number: \_\_\_\_\_ (funds will be allocated based on instructions specified on the application.)
  - Deposit to **EXISTING** policy/contract number\*: \_\_\_\_\_ (indicate investment instructions in section 3.0.)
- \*If depositing to an Elite or Elite XL policy, refer to the *Transfer Guidelines for Elite or Elite XL Investment Program* before completing this form.

#### 5.1 SCHEDULED SURRENDERS **New** or **Change**

(Attach a **VOID CHEQUE** or pre-authorized transaction form from your financial institution.)

|  |   |
|--|---|
| <b>Frequency</b><br><input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually | <b>Start date</b> (1st to 28th)<br><input type="text" value="d"/> <input type="text" value="d"/> - <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="m"/> - <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> |
|--|---|

**Automatic Partial Surrender (APS)** – available on Segregated Funds only – minimum partial surrender \$250  
 Amount \$ \_\_\_\_\_  **Gross** or  **Net** (of applicable fees and taxes)

#### **Retirement Income Payments** (RIF, LIF, LRIF, RLIF, PRIF)

- Minimum payment as prescribed by the *Income Tax Act* (Canada)
- Maximum payment as prescribed by the provincial/federal pension legislation (locked-in funds)
- Level amount of \$ \_\_\_\_\_  **Gross** or  **Net** (of applicable fees and taxes)

#### **FOR PARTIAL SURRENDERS, INDICATE WITHDRAWAL ALLOCATIONS IN SECTION 3.0**

If a fund depletes, the balance of the payment will automatically be taken from the fund with the highest market value.

#### For a withdrawal of \$10,000 or more from a non-registered contract, complete the section below:

#### 6.0 Dual Process to verify the identity of the owner

Please enter the information requested in the Source section and submit the documents listed when sending in this form. Provide documents from TWO different, reliable sources of information (Source 1, Source 2 and/or Source 3). To be reliable, the issuer of the document must be a trustworthy source of information. We will accept an original version of the documents or a fax, photocopy, scan or electronic image of the original documents. Each document must be current, valid, legible and authentic and the two documents cannot be from the same issuer.

|  |   |                                 |
|--|---|---------------------------------|
| <b>SOURCE 1:</b>   | <ul style="list-style-type: none"> <li>Canadian utility bill</li> <li>Canadian government issued property tax assessment</li> <li>Canadian government issued vehicle registration</li> <li>Canadian government issued benefits statements</li> <li>Canadian government issued photo ID</li> <li>Canada Revenue Agency documents such as notices of assessment</li> <li>Canadian T4 statements, Record of Employment, or investment account statements such as RRSPs and GICs</li> </ul>   |                                 |
| <b>SOURCE 2:</b>   | <ul style="list-style-type: none"> <li>Canadian government issued:               <ul style="list-style-type: none"> <li>photo ID</li> <li>permanent resident card or citizenship certificate</li> <li>original birth certificate or marriage certificate</li> <li>divorce documentation</li> <li>CPP statement of contributions</li> </ul> </li> <li>product from a Canadian credit bureau (containing two trade lines in existence for at least 6 months), Canadian credit file that has been in existence for at least 6 months, or insurance documents (home, auto, life)</li> <li>travel visa issued by a foreign government</li> </ul> |                                 |
| <b>SOURCE 3:</b>   | <ul style="list-style-type: none"> <li>a credit card or bank statement</li> <li>a mortgage statement</li> <li>a letter from the financial entity holding a deposit account, credit card or loan account</li> </ul>  |                                 |
| <b>Source and document type</b> (e.g. Source 1-utility bill) | <b>Individual's name as shown on the document</b>   | <b>Account/reference number</b> |
|  |   |                                 |
|  |   |                                 |

For a withdrawal of \$100,000 or more from a non-registered contract, complete the section below:

## 7.0 Politically Exposed Persons and Heads of International Organizations

1. Have you, any of your close relatives\* or any other persons closely associated\*\* with you:

a) held one of the following positions in the last 5 years in Canada?

- Governor General, lieutenant-governor or head of federal or provincial government;
- member of the Senate or House of Commons or member of a provincial legislature;
- deputy minister of federal or provincial government or equivalent rank;
- head of a federal or provincial government agency;
- leader or president of a political party represented in a legislature;
- mayor of a city, town, village, or rural or metropolitan municipality;
- president of a corporation wholly owned directly by Her Majesty in right of Canada or a province;
- military officer with a rank of general or above;
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; or
- ambassador, or attaché or counsellor of an ambassador

b) ever held one of the following positions in a country other than Canada?

- head of state/government;
- member of executive council of government or legislature;
- leader/president of a political party represented in a legislature;
- deputy minister or equivalent;
- head of a government agency
- military officer with a rank of general or above;
- judge;
- president of a state-owned company/bank; or
- ambassador, or attaché or counsellor of an ambassador

2. Are you, any of your close relatives\* or any other persons closely associated\*\* with you currently the head of an international organization $\pm$  or the head of an organization established by an international organization? $\pm\pm$

For questions 1 and 2:

Owner 1  yes  no If yes, provide details: \_\_\_\_\_

Owner 2  yes  no If yes, provide details: \_\_\_\_\_

3. Specify the source(s) of funds for this specific transaction (i.e. where the money originated from):

- Business Income (e.g. dividends, management bonuses)  Employment Income  Pension Funds  Gifts  
 Sale of Assets  Inheritance  Other: \_\_\_\_\_

4. Specify the source(s) of wealth (i.e. sources from which the owner(s) accumulated their wealth):

- Business Undertakings  Family Trust  Employment Income  Investments  Real Estate  Inheritance  
 Other: \_\_\_\_\_

\*A close relative is your child, mother, father, spouse/civil union spouse/common-law partner; the mother or father of your spouse/civil union spouse/common-law partner; or child of your mother or father.

\*\* A close associate is an individual who is closely connected to the owner(s) for personal or business reasons.

$\pm$  The head of an international organization is the primary person who leads that organization, for example a president or CEO.

$\pm\pm$  An International organization is set up by the governments of more than one country by means of a formally signed agreement between the governments. E.g. World Bank, International Monetary Fund, World Health Organization, International Energy Forum, International Criminal Court.

**8.0 PRE-AUTHORIZED DEBIT (PAD)**  **Start** or  **Change** (Section 3.0 must be completed)

The minimum deposit is \$30 for Elite and \$100 for Elite XL.

**Frequency**  
 Weekly  Bi-weekly  Semi-monthly (twice/month)  Monthly  Quarterly  Semi-annually  Annually

|              |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|
| Amount<br>\$ | PAD start date:<br><table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">d</td> <td style="width: 20px; height: 20px;">d</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">m</td> <td style="width: 20px; height: 20px;">m</td> <td style="width: 20px; height: 20px;">m</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">y</td> <td style="width: 20px; height: 20px;">y</td> <td style="width: 20px; height: 20px;">y</td> <td style="width: 20px; height: 20px;">y</td> </tr> </table> | d | d | - | m | m | m | - | y | y | y | y |
| d            | d   | - | m | m | m | - | y | y | y | y |   |   |

Same as current banking information  
 Account shown on the attached void cheque – Attach a **VOID CHEQUE** or pre-authorized transaction form from my financial institution.

**9.0 MATURITY AND DEATH BENEFIT GUARANTEES RESET**

Reset the maturity and death benefit guarantees for this policy (maximum of two resets permitted each calendar year)\*  
 \* Resets are not available on registered retirement income fund plans. Maximum age to reset is December 31st of the year the annuitant turns 80 years old. Some plans may not be eligible.

**10.0 SPECIAL INSTRUCTIONS**

## 11.0 DECLARATION AND AUTHORIZATION

### I understand and agree that:

- the requests made on this form will be processed subject to the administrative rules and minimums;
- any deposits made to the policy are the responsibility of the owner and cheques for such payments are to be payable to Empire Life;
- if I have requested Automatic Partial Surrender(s), payments will continue while there is sufficient value in my policy to meet the requested payment plus any applicable fees and taxes or until I withdraw the request by written notice to Empire Life;
- if I have requested the maturity and death benefit guarantees reset and there is at least 10 years to maturity, and the request has been made prior to December 31st of the year the annuitant turns 80 years old, the policy maturity date will be extended, if allowed in accordance with the terms of the policy. If the maturity date cannot be extended, I understand that the reset will not be processed;
- The Pre-authorized Debit (PAD) applies to regular scheduled premiums;
- PAD arrangements may be terminated on 10 days' written notice beginning the day the notice is mailed either by Empire Life or by me. If terminated, subsequent premiums will be payable to Empire Life using any of the methods of payment then being offered, according to the terms of the policy. To obtain more information on the right to cancel a PAD arrangement, or to obtain a sample cancellation form, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca);
- For the purposes of this agreement, all debits from my account will be treated as a personal PAD;
- **I waive my right to notice before any withdrawal is made and also my right to notice of any change in the amount of the automatic withdrawal;**
- I am aware that certain recourse rights exist in the event that a debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact Empire Life or visit [www.payments.ca](http://www.payments.ca);
- **For inquiries regarding your Pre-authorized Debit, contact:**  
**Phone:** 1 800 561-1268 **Fax:** 1 800 419-4051 **Email:** [investment@empire.ca](mailto:investment@empire.ca)

### I authorize:

- Empire Life to withdraw monthly premium payments, as required and as per my instructions, and I understand that these amounts may be variable and may increase or decrease;
- my financial institution to honour any withdrawal (debit) from my account or deposit (credit) to my account and to return to Empire Life any amount deposited to which I am not entitled; and
- Empire Life to carry out the above-mentioned transaction(s) in keeping with the rights, terms and conditions of the policy.

**A photocopy or image of the signed Declaration and Authorization will be as valid as the original.**

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

**X**    -     -

Second authorized signature (for corporate owner or joint owner)

**X**    -     -

If using a corporate account, a joint personal bank account or the account of someone who isn't the owner or annuitant, sign below.

Signature of account holder(s) (if different than owner)

**X**

Account holder's first name

Last name

Signature of irrevocable beneficiary(ies) (if applicable) I hereby give my consent to the requested transaction(s). **X**

-     -

Signature of assignee(s) (if applicable)

**X**    -     -

**Send the completed form and any supporting documentation to:**

#### By mail:

Empire Life  
259 King Street East  
Kingston ON K7L 3A8

**By fax:** 1 800-419-4051

**By email:** [investment@empire.ca](mailto:investment@empire.ca)