

TRANSFER OF OWNERSHIP AND APPOINTMENT OF SUCCESSOR OWNER OR SUBROGATED POLICYHOLDER FOR CANOE EL PROTECTION PORTFOLIOS CONTRACTS

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

Important Information for completing this form:

- Transferring ownership revokes existing beneficiary designations (unless irrevocable or preferred) and successor owner or subrogated policyholder (in Quebec) nominations. To designate a beneficiary, the new owner must complete the Beneficiary Designation form for Canoe EL Protection Portfolios Contracts (Canoe-D-0017). If there is no designated beneficiary, any benefits payable on the death of the annuitant will be paid to the new owner or his/her estate.
- If beneficiary(ies) for one or more contracts are irrevocable or preferred, or if there is an assignment, the beneficiary/assignee must sign this form. If they are not the same for all contracts a separate form will be required for each. Minor beneficiaries cannot provide consent.
- To change the payor, the new owner must complete the Canoe-INP-125A - Investment Change Form for Canoe EL Protection Portfolios Contracts.

If you make an error, please strike out and initial the error, then make the correction. Do not erase or use liquid paper.

1.0 Current owner(s)		Contract number(s)	
I hereby revoke any existing beneficiary designation(s) and any owner nomination(s) and transfer and assign all rights and obligations in the above contract(s) to:			
NEW OWNER (If the new owner is a corporation/entity, also complete form Canoe-C-0044.)			
First name			Middle initial
Last name or legal name of corporation/entity			
Address (number, street) (If using a PO Box, also provide your physical address)			
City		Province	Postal code
Date of birth d d - m m m - y y y y	Preferred contact number - -		SIN
Relationship to previous owner(s)	Relationship to annuitant	Name of employer	
Occupation			

1.0 NEW JOINT OWNER (If the new joint owner is a corporation/entity, also complete form Canoe-C-0044.)

First name											Middle initial	
Last name or legal name of corporation/entity												
Address (number, street) (If using a PO Box, also provide your physical address)												
City									Province		Postal code	
Date of birth d d - m m m - y y y y				Preferred contact number - -				SIN 				
Relationship to previous owner(s)				Relationship to annuitant				Name of employer				
Occupation												
Is this ownership change a result of a marriage or common-law partnership breakdown? <input type="radio"/> no <input type="radio"/> yes – is it made in accordance with a decree, order or judgment of a competent tribunal or under a written separation agreement? <input type="radio"/> no <input type="radio"/> yes If yes, you must provide the date of separation or the transfer will be taxable: d d - m m m - y y y y												

1.1 Successor Owner or Subrogated Policyholder (in Quebec):

The successor owner will become the owner if all owner(s) predecease the annuitant or if the contract is owned jointly without right of survivorship and one owner dies. In Quebec, if an owner dies, the subrogated policyholder for that owner will become the owner of the contract or a co-owner with the surviving joint owner. Refer to your contract if a successor owner or subrogated policyholder is not named for the deceased owner.

First name											Middle initial	
Last name or legal name of corporation/entity												
Phone number: <input type="radio"/> home <input type="radio"/> cell - -				Email address*								
Relationship to annuitant						Relationship to owner (if not the annuitant)						
*Email address may be used to contact you at the time of the change to successor owner/subrogated policyholder.												

1.2 Declaration, Authorization and Signatures of Existing Owner(s)

I understand and agree that transferring ownership may have tax consequences and it is my responsibility to obtain any necessary tax or legal advice; and

I authorize Empire Life to carry out the above-mentioned transaction in keeping with the rights, terms and conditions of the contract(s).

If the owner is a corporation or other entity, the person(s) signing must provide their name and title and proof of authority to bind the corporation/entity.

Signature of owner 1 (or authorized signature for corporate owner)

X

First name of owner 1						Last name (and title, if signing for corporation)						
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Signature of owner 2 (for corporate owner or joint owner) **OR** **Only one signing authority to bind corporation/entity**

X

First name of owner 2						Last name (and title, if signing for corporation)						
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Signature of irrevocable beneficiary - I consent to this change and relinquish any rights I have as beneficiary.

X

Signature of assignee - I consent to this change and acknowledge it may affect the benefits under the contract.

X

2.0 Purpose of Investment (new owner)

What is the purpose of this investment? (select all that apply)

- Emergency fund
- Estate planning
- Retirement savings
- Short term savings
- Long term investment
- Operating funds
- Real estate purchase
- Education
- Other _____

3.0. Verification of Owner and International Tax Information (FATCA/CRS) (new owner)

For a non-registered investment contract the advisor must verify the identity of the new owner(s). If the owner is a corporation or other entity, complete form Canoe-C-0044 - Corporation/Other Entity Owner Supplement for Canoe EL Protection Portfolios Contracts.

Dual Process Method: If meeting with an owner "in person" and the owner does not have a valid government issued photo identification document, or meeting with an owner "non-face-to-face", verify each individual owner's identity by completing the Dual Process section (1.2) of the Canoe-D-0011 - Verification of Identity of Owner(s)/Determination of Politically Exposed Persons and Third Party Interests form for Canoe EL Protection Portfolios Contracts.

Photo Identification Method: "In person" verification ONLY. The advisor must verify each individual owner's identity by reviewing a current, authentic government issued photo identification document in the presence of the owner and confirming the name and photo are those of the owner. If using a citizenship card for verification, it must have an issue date prior to January 2012.

Dual Process (non-face-to-face sales or can't use Photo Identification method for "in person" sales)

- The advisor has verified the identity of the owner(s) using the Dual Process method and recorded the required information in form Canoe-D-0011.

Photo Identification ("in person" sales)

- Passport
- Driver's Licence
- Other _____

Individual's first name as shown on the document 	Last name
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Document # 	Expiry date d d - m m m - y y y y
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Jurisdiction and country of issue 	Date of verification d d - m m m - y y y y
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Where do you reside for tax purposes? (check all that apply)

- Canada
- U.S. (resident or citizen) – Tax Identification Number (TIN) _____
- If you do not have a TIN from the U.S. have you applied for one? yes no
- Other – specify country _____ TIN _____

If you do not have a TIN, specify the reason:

- I will apply or have applied for a TIN but have not yet received it.
- My jurisdiction of tax residence does not issue TINs to its residents.
- Other – specify reason _____

Verification of Joint Owner

Dual Process (non-face-to-face sales or can't use Photo Identification method for "in person" sales)

- The advisor has verified the identity of the owner(s) using the Dual Process method and recorded the required information in form Canoe-D-0011.

Photo Identification ("in person" sales)

- Passport
- Driver's Licence
- Other _____

Individual's first name as shown on the document 	Last name
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Document # 	Expiry date d d - m m m - y y y y
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Jurisdiction and country of issue 	Date of verification d d - m m m - y y y y
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Where do you reside for tax purposes? (check all that apply)

- Canada
- U.S. (resident or citizen) – Tax Identification Number (TIN) _____
- If you do not have a TIN from the U.S. have you applied for one? yes no
- Other – specify country _____ TIN _____

If you do not have a TIN, specify the reason:

- I will apply or have applied for a TIN but have not yet received it.
- My jurisdiction of tax residence does not issue TINs to its residents.
- Other – specify reason _____

4.0 Was any consideration (money) paid by the new owner(s) for this transfer?

no yes – amount \$ _____

5.0 Determination of Third Party Interests (Must be completed by advisor)

A "third party" is a person or entity (other than the annuitant or owner) who instructs the owner to take actions on the contract. If the third party is a legal entity, attach a copy of the charter document and signing authority.

Is the owner acting on behalf of a third party? yes no

You must answer 'Yes' or 'No' for all plans. If yes, complete the entire section.

First name

Last name or legal name or corporation/entity

Date of birth

Address (number, street)

City

Province

Postal code

Name of employer

Job title(s)

Occupation

Type of business

Relationship to owner

Jurisdiction of registration (i.e. country, province, territory)

Incorporation number

6.0 Declaration, Consent and Authorization

I understand and agree that:

- I will notify Empire Life if there is a change in my tax residency status;
- Empire Life will maintain my personal information related to the above contract(s) in a confidential file. Empire Life will use my personal information, on a continuing basis, to assess this form, appraise risk and assess any claim for benefits under the above contract(s), administer the above contract(s), answer any questions I may have about this transfer of ownership and the above contract(s), provide me with information about the above contract(s) and Empire Life products and services, and help Empire Life continually improve service and develop programs for its customers; and
- My file will be kept at the Head Office of Empire Life. Access to my file is restricted to Empire Life employees, agents, representatives and third party service providers as required to perform their duties. Empire Life may use third party service providers located inside or outside of Canada to process and store my personal information. Personal information that is processed or stored in another jurisdiction may be subject to the laws of that jurisdiction, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances. I am entitled to access my personal information, as permitted by law, and when applicable, to have it corrected. I may also ask Empire Life not to provide me with information about other Empire Life products and services by writing to Empire Life at its head office.

I consent to:

- Empire Life disclosing my personal information to its agents, contractors and reinsurers and their agents for the purpose of administering the above contract(s), and/or assessing a claim for benefits under the above contract(s).
- If I withdraw this consent, Empire Life will be unable to continue to administer the above contract(s) and may therefore cancel the above contract(s) at its sole discretion. If this occurs, no benefit will be payable, and neither I nor my estate will be able to exercise any rights under the above contract(s).
- If I die, I authorize any successor owner, beneficiary, heirs and the personal representative and/or liquidator of my estate to provide Empire Life with all of the information and authorizations necessary for assessing a claim under the above contract(s). I also authorize Empire Life to communicate the reasons for any claim decision to the beneficiary entitled to proceeds under the above contract(s).

I authorize:

- Empire Life to collect from and/or disclose information to my advisor(s) (and agency) on an ongoing basis in order to provide me with ongoing service and advice related to the above noted contract(s). I understand I can change my advisor or withdraw this authorization by writing to Empire Life.

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

By signing below, I confirm that I have read, understood and agree to the statements in the Declaration, Consent and Authorization to the use of my personal information as described. Future correspondence will be in the language of this form.

NEW OWNER(S) If the new owner is a corporation or other entity, the person(s) signing must provide their name and title **and proof of authority to bind the corporation/entity.**

Signature of NEW owner 1 (or authorized signature for corporate owner)

First name of NEW owner

Last name (and title, if signing for corporation/entity)

Signature of NEW owner 2 (for corporate owner or joint owner) **OR** **Only one signing authority to bind corporation/entity**

First name of 2nd NEW owner

Last name (and title, if signing for corporation/entity)

I have witnessed all signatures or, for "non face-to-face" meetings, I confirm that to the best of my knowledge and belief, each individual who signed this form is the party indicated on the form. I have determined third party interests and, for a non-registered investment contract, I have verified the identity of the new owner(s) and checked for any indication the owner(s) may be a U.S. Person or tax resident of a country outside of Canada or the U.S.

Signature of advisor

Advisor first name

Last name

Signed at (city and province)

Date



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