

INVESTMENT CHANGE FORM FOR CANOE EL PROTECTION PORTFOLIOS CONTRACTS

Throughout this form, "Empire Life" means The Empire Life Insurance Company. Use one form per contract.

1.0 Contract number 		Dealer/rep code -	
First name of owner 		Middle initial 	Last name

2.0 SWITCHES

Switches are only permitted within the same product and purchase fee option. See the information folder for switch rules.

If applicable, please apply sell/buy authorization

One-time switch

Scheduled switch/Dollar Cost Averaging (DCA)* – switch start date: | d | d | - | m | m | m | - | y | y | y | y |

*Scheduled switches/DCA must be provided in dollar amounts only.

Switch from: Fund name	Fund code	Amount <input type="radio"/> % or <input type="radio"/> \$	Switch to: Fund name	Fund code	Amount <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.

3.0 INVESTMENT INSTRUCTIONS

Additional Deposit - funded by: Cheque attached RSP loan Leveraged loan – Lender: _____

One-time lump sum PAD deposit – lump sum may be withdrawn upon receipt of this request at Empire Life (complete section 4.0)

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



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

The minimum deposit is \$50 per fund.

Frequency

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

Amount
\$ _____

PAD start date
| d | d | - | m | m | m | - | y | y | y | y |

- Same as current banking information
 Account shown on the attached void cheque/pre-authorized transaction form from my financial institution.

Payor name (first, middle, last) or exact name or corporation/entity* _____ Date of birth
| d | d | - | m | m | m | - | y | y | y | y |

Address (number, street) _____

City _____ Province _____ Postal code _____

Occupation _____

Type of business _____ Relationship to owner _____

Jurisdiction of registration for entities (i.e. country, province, territory) _____ Incorporation number _____

*If the payor is a legal entity (e.g. partnership, club or other entity), attach a copy of the charter document and signing authority.

5.0 WITHDRAWALS

- Full withdrawal Partial withdrawal of \$ _____ **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 per the instructions specified on the application)
 Deposit to **EXISTING** contract number*: _____
(indicate investment instructions in section 3.0)

*Refer to the *Transfer Guidelines For Canoe El Protection Portfolios Contracts* before completing this form.

5.1 SCHEDULED WITHDRAWALS **New** or **Change**

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

Frequency Weekly Bi-weekly Semi-monthly (twice/month)
 Monthly Quarterly Semi-annually Annually **Start date**
| d | d | - | m | m | m | - | y | y | y | y |

Systematic Withdrawal Plan (SWP)

- Withdrawal amount of \$ _____ **Gross** or **Net** (of applicable fees and taxes)

Retirement Income Payments (RIF, LIF, LRIF, RLIF, PRIF) (If additional taxes are requested, indicate by percentage in section 8.0.)

- 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 WITHDRAWALS, 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.

- SOURCE 1:**
- Canadian utility bill
 - Canadian government issued property tax assessment
 - Canadian government issued vehicle registration
 - Canadian government issued benefits statements
 - Canadian government issued photo ID
 - Canada Revenue Agency documents such as notices of assessment
 - Canadian T4 statements, Record of Employment, or investment account statements such as RRSPs and GICs

- SOURCE 2:**
- Canadian government issued:
 - photo ID
 - permanent resident card or citizenship certificate
 - original birth certificate or marriage certificate
 - divorce documentation
 - CPP statement of contributions
 - 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)
 - travel visa issued by a foreign government

- SOURCE 3:**
- a credit card or bank statement
 - a mortgage statement
 - a letter from the financial entity holding a deposit account, credit card or loan account

Source and document type (e.g. Source 1-utility bill)	Individual's name as shown on the document	Account/reference number

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 SPECIAL INSTRUCTIONS

9.0 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 contract are the responsibility of the owner and cheques for payments are to be payable to Empire Life;
- if I have requested Systematic Withdrawal Plan, payments will continue while there is sufficient value in my contract to meet the requested payment plus the applicable fees and taxes or until I withdraw the request by written notice to Empire Life;
- the Pre-authorized Debit (PAD) applies to additional deposits and 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 contract. 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;
- 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.

For inquiries regarding your Pre-authorized Debit, contact:

Phone: 1 800 561-1268 **Fax:** 1 800 419-4051 **Email:** 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;
- Empire Life to carry out the above-mentioned transaction(s) in keeping with the rights, terms and conditions of the contract.
- Empire Life to withdraw the one-time lump sum deposit in accordance with my instructions, if applicable.

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

Date

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

Second authorized signature (for corporate owner or joint owner)

X

Date

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

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 and of legal age)

X

Account holder's name(s) (please print)

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

Date

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

Signature of assignee(s) (if applicable)

X

Date

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

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



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