## INVESTMENT TRANSFER AUTHORIZATION FOR CLASS, CLASS PLUS 2, CLASS PLUS 2.1, CLASS PLUS 3.0 AND EMPIRE LIFE GIF CONTRACTS

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

Advisors and MGAs must send this completed form to the relinquishing institution for paper applications. Please send a copy to Empire Life for our file. Empire Life will forward any rejection notices to advisors and MGAs for handling. \*Empire Life will only remit forms completed through our online Fast & Full process.

1.	Owner Information									
	Owner first name	Middle Initial Last na	ame							
	Address (number, street)									
	City		Province	Postal code						
	Social Insurance Number Personal telepho	ne	Business	telephone						
2.	Receiving Institution Information (to be completed by the advisor)									
	The Empire Life Insurance Company 259 King Street East, Kingston ON K7L 3A8 Telephone: 1 800 561-1268 Fax: 1 800-419-4051									
	New investment – application number									
	Plan Type: O Non-registered Registered – specify registered type:									
	<ul> <li>○ RRSP</li> <li>○ Spousal RRSP</li> <li>○ LRSP</li> <li>○ LRSP</li> <li>○ RLSP</li> <li>○ TFSA</li> <li>○ RRIF</li> <li>○ Spousal RRIF</li> <li>○ LRIF</li> <li>○ PRIF</li> <li>○ RLIF</li> </ul>									
	Locked-in Confirmation (if applicable)									
	Empire Life agrees to administer all locked-in funds transferred under this transfer authorization in accordance with the governing pension legislation indicated in Section 4. Empire Life authorizes the advisor to accept liability on its behalf for the transfer of locked-in funds requested on this document. The advisor is not authorized to accept liability on behalf of Empire Life for any other purposes.									
	Authorized signature X									
	Investment Instructions – Do not complete this section if the transfer is for a new application.									
	Fund Name	Front-end Load	Fund Code	$\bigcirc$ % of Total Value or $\bigcirc$ \$ Amount						
		%								
		%								
		%								
		%								
		%								
		%								
	Advisor first name	Last name	<u> </u>							
			<u> </u>							
	Advisor code Dealer/rep code		Business telephor	ne						



3.	Direction to Relinquishing Institution										
	Relinquishing Institution name							Account/	contract number		
	Address (number, street)										
	City							Provinc	e Postal code		
	I hereby request the transfer, <b>IN CASH</b> , from the above noted account/contract to Empire Life:  all of the value <b>OR</b> a partial withdrawal as specified below:										
	Fund Name or Investment Description		Fund Code (if applicable)			cable)	○ % of T	○ % of Total Investment or ○ \$ Amount			
				1							
	I authorize the withrawal of all or part of my investment as indicated above and agree to the value being reduced by any applicable fees, charges or adjustments.										
	Signature of account/contract owner X					Date  d d - m m m - y y y y y					
	Second authorized signature (for corporate or joint owner) X					Date   d   d   -   m   m   m   -   y   y   y   y					
	Signature of irrevocable beneficiary (if applicable) I consent to the transfer of the account/contract value indicated above.					Date   d   d   -   m   m   m   -   y   y   y   y					
4.	For Use by Relinquishing Institution Only										
	Plan type: O Non-registered Reg	i <b>stered</b> – sr	pecify re	gistered	type:						
	○ RRSP ○ LRSP ○ LIRA ○ RLSP ○ RRIF ○ LIF ○ LRIF ○ PRIF ○ RLIF ○ If RRIF/LIF is it: ○ Qualifying ○ Non-qualifying					) TFSA	Amount transferred \$				
	Spousal plan? O no O yes – provide the following:										
	Contributor first name	Las	st name						Social Insurance Number		
	Locked-in pension funds? $\bigcirc$ no $\bigcirc$ yes – complete the following:										
	Legislation	Source of funds - Pension plan name					Registration number				
	Earliest date retirement income payments may commence (LIRA, LRSP only):  Funds transferred										
	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.										
	Authorized signature		Position or office				Date	Date   d   d   -   m   m   m   -   y   y   y   y			



<sup>&</sup>lt;sup>®</sup> Registered trademark of **The Empire Life Insurance Company**. Policies are issued by The Empire Life Insurance Company.