

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.

Owner first name										Middle Initial			Last name									
Address (number, street)																						
City													Province			Postal code						
Social Insurance Number						Personal telephone									Business telephone							
						- -									- -							

<b>The Empire Life Insurance Company</b> <b>259 King Street East, Kingston ON K7L 3A8</b> <b>Telephone: 1 800 561-1268 Fax: 1 866 762-6163</b>	
New investment – application number <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	Existing contract number (complete investment instructions) <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>
<b>Plan Type:</b> <input type="radio"/> <b>Non-registered</b> <input type="radio"/> <b>Registered</b> – specify registered type:	
<input type="radio"/> RRSP <input type="radio"/> Spousal RRSP <input type="radio"/> LRSP <input type="radio"/> LIRA <input type="radio"/> RLSP <input type="radio"/> TFSA <input type="radio"/> RRIF <input type="radio"/> Spousal RRIF <input type="radio"/> LIF <input type="radio"/> LRIF <input type="radio"/> PRIF <input type="radio"/> RLIF	
<b>Locked-in Confirmation</b> (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.	<div style="border-top: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: center;">Authorized signature</div>

○ **Daily Interest (DI) – Amount \$**

Guaranteed Interest Options (minimum deposit of \$500)	Simple Interest Payout	Amount <input type="radio"/> \$ or <input type="radio"/> %	Term	Interest Rate	Rate Guarantee?
Compound Interest Option	N/A			%	<input type="radio"/> yes
Compound Interest Option	N/A			%	<input type="radio"/> yes
Simple Interest Option	<input type="radio"/> Payout <input type="radio"/> Transfer			%	<input type="radio"/> yes
Simple Interest Option	<input type="radio"/> Payout <input type="radio"/> Transfer			%	<input type="radio"/> yes

**Simple interest payout or transfer to DI frequency:** ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Compound Ladder	Term	Total Deposit Amount \$	Interest Rate	Rate Guarantee?
<b>3 Year Ladder</b> Each term will automatically reinvest for a 3 year term unless we are advised otherwise.	1 year	\$ OR %	%	<input type="radio"/> yes
	2 years	\$ OR %	%	<input type="radio"/> yes
	3 years	\$ OR %	%	<input type="radio"/> yes
<b>5 Year Ladder</b> Each term will automatically reinvest for a 5 year term unless we are advised otherwise.	1 year	\$ OR %	%	<input type="radio"/> yes
	2 years	\$ OR %	%	<input type="radio"/> yes
	3 years	\$ OR %	%	<input type="radio"/> yes
	4 years	\$ OR %	%	<input type="radio"/> yes
	5 years	\$ OR %	%	<input type="radio"/> yes

Advisor name	Advisor or dealer/rep code	Business telephone

### 3. Direction to Relinquishing Institution

Relinquishing Institution name												Account/contract number											
Address (number, street)																							
City												Province						Postal code					
I hereby request the transfer, <b>IN CASH</b> , from the above noted account/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 (if applicable)</b>						<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 account/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) (dd/mmm/yy) _____ 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											