## INVESTMENT TRANSFER AUTHORIZATION FOR AN ELITE OR ELITE XL POLICY

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 Information						
Owner first name Middle	Initial Last name					
Address (number, street)						
City	Province   Province	ce Postal code				
Social Insurance Number Personal telephone	Busine	ess telephone				
Receiving Institution Information (to be completed by t	he advisor)					
The Empire Life Insurance Company 259 King Street East, Kingston ON K7L 3A8 Telephone: 1800 561-1268 Fax: 1866 762-6163  New investment – application number	Existing contract number	er (complete investment instructions)				
Light application named		(complete investment instructions)				
Plan Type: O Non-registered Registered – specify reg	istered type:					
○ RRSP ○ Spousal RRSP ○ LRSP ○ LIRA ○ RLSP ○ TFS	SA O RRIF O Spousal RRIF	○ LIF ○ LRIF ○ PRIF ○ RLIF				
Locked-in Confirmation (if applicable)						
Empire Life agrees to administer all locked-in funds transferred authorization in accordance with the governing pension legisla Empire Life authorizes the advisor to accept liability on its behalf funds requested on this document. The advisor is not authorize behalf of Empire Life for any other purposes.	tion indicated in Section 4. for the transfer of locked-in	Authorized signature				
Investment Instructions  Do not complete this section if the transfer is for a new application	n.	○ % of Total Value or ○ \$ Amount				
Treasury Interest Option						
○ Guaranteed Interest Option (GIO) – term	year(s)					
○ Segregated Funds – Fund name	Fund Code	○ % of Total Value or ○ \$ Amount				
Advisor first name	Last name					
Advisor code Dealer/rep code	Busines	s telephone				



Direction to Relinquishing Insti	tution								
Relinquishing Institution name			Account/contract number						
Address (number, street)									
City			Prov	rince	Postal c	code			
I hereby request the transfer, IN CA	SH from the above noted acc	ount/policy to Empire	life						
all of the value <b>OR</b> a partial s		ount, policy to Empire	. LIIC.						
Fund Code (if applicable)			○ % of Total Investment or ○ \$ Amount						
I authorize the surrender of all or pa fees, charges or adjustments.	rt of my investment as indicate	ed above and agree to	the val	ue being	reduce	ed by a	iny ap	plicable	
Signature of account/policy owner			Date (dd/mmm/yy)   d   d   -   m   m   m   -   y   y   y   y						
77		Date (dd/mmm/yy)							
Second authorized signature (for corporate owner or joint owner) X									
Signature of irrevocable beneficiary (if applicable) I consent to the transfer of the account/policy value indicated above. X			Date   d   d   -   m   m   m   -   y   y   y   y						
For Use by Relinquishing Institu	tion Only								
Plan type: O Non-registered O I	Registered – specify registere	d type:							
○ RRSP ○ LRSP ○ LIRA ○ RLS If RRIF/LIF is it: ○ Qualifying ○ N	SP	OPRIF ORLIF	) TFSA	Amou \$	nt trans	ferred	ı		
Spousal Plan? Ono Oyes – prov	vide the following:								
Contributor first name	Last name			Social In	nsuranc	e Num	nber		
Locked-in pension funds? O no	yes – complete the followi	ng:							
Legislation	Source of funds - pension p		Registration number						
Earliest date retirement income pay		_							
We certify that the information give transferred from a retirement inco-current taxation year has been made	en on this form is, to the best me fund (RRIF, LIF, LRIF, PRIF,	of our knowledge, c	orrect a	nd com	plete. If	funds paym	are b	eing or the	
Authorized signature	Position or of	fice	Date 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.

