

Group Option Plus Letter of Commitment To Transfer Registered Funds to The Empire Life Insurance Company

Contractholder		Policy No	
Annuitant		Cert. No	
	nsfer of registered funds to The Empire Account for the period(s) and interest r		nny, it is requested that the funds be deposited
1 year term,	% interest rate* - \$		Estimated Deposit
2 vear term	% interest rate* - \$		•
			Estimated Deposit
3 year term,	% interest rate* - \$		Estimated Deposit
4 year term,	% interest rate* - \$		<u> </u>
E voor torm	% interest rate* - \$		Estimated Deposit
•			Estimated Deposit
10 year term,	% interest rate* - \$		Estimated Deposit
	I office of The Empire Life Insurance Co		Estimated Deposit
The necessary documenta	tion has been completed to transfer the	funds.	
	T		Estimated Amount
	Transferring Company		of Transfer
			\$
			\$
			\$
It is agreed and understoo			
 The commitment to t irreversible. 	ransfer funds to The Empire Life Ins	surance Company is	irrevocable and the transfer of such funds is
	Centers within 3 working days of the		pany at its Head Office or one of its Regiona on (indicated above) or while the interest rate
,		ess than or equal to th	ne estimated amount shown above, the terms o
		-	mated amount shown above, the applicable rate
	hall be that guaranteed in this letter on		
	e estimated amount, or		
•	ed amount plus \$10,000		
,	sis or interest rate on the excess shall l	oe that in effect on the	date the actual amount is received.
			main in effect. If the transfer is received more
than 45 days after the	date of this letter, the rate basis or inter	est rate in effect shall	be the lesser of
a) the rate bas	sis or interest rate guaranteed in this let	ter, or	
b) the rate bas	sis or interest rate in effect on the date t	he transfer is received	l.
Datadat	4h.i.a	day of	20
Dated at	,this	day or	,20
Signature of Witness		Signature of Annuitant	