

RETIREMENT INCOME FUND

LIFE INCOME FUND

FINANCIAL SOLUTIONS FOR LIFE®

Application

THE EQUITABLE LIFE INSURANCE COMPANY OF CANADA

General Information

Policy Number

Plan being applied for:

- Retirement Income Fund (RIF)
 Life Income Fund (LIF)
 Prescribed Saskatchewan RRIF
 Prescribed Manitoba RRIF

Annuitant (must be owner for a registered plan):

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms			
Name in Full			
Residence Address	Street	City	
Province		Postal Code	
Date of Birth	(day)	(month)	(year) (Proof of age must be submitted)
*S.I.N.			
Occupation			
Type of business			

Verification of Client – Provide current/original Canadian government-issued photo ID (e.g. driver's licence, passport, citizenship card or permanent resident card) or if not available, two other identification documents (e.g. birth certificate and one of the following: foreign passport, employee ID card, SIN card, credit card or, except for ON and MB, provincial health card)

Identification Type _____ Number _____

Place of Issue _____ Expiry Date _____

Verification of above _____
(Advisor's/Broker's initials)

* This information will be used when issuing tax forms for income tax purposes.

Direct Deposit Plan Information

The Equitable Life Insurance Company of Canada is hereby requested and authorized to deposit payments under its Direct Deposit Plan (hereinafter referred to as D.D.P.) such payments to be credited to my bank account as shown below subject to the conditions below. **Scheduled payments from your policy will only be available through D.D.P.**

Name of Payee	Account Type:	<input type="checkbox"/> Current	<input type="checkbox"/> Personal Chequing	<input type="checkbox"/> Savings
Account Number:	Bank Name:			
Bank Branch Address:				
Transit Number:				
Signature of Payee:				Date:
<i>Please send a sample of a void cheque you are using for this D.D.P. account.</i>				

CONDITIONS: It is understood and agreed that:

- 1) The D.D.P. will terminate in respect of the policy referred to in accordance with the conditions specified in the contract.
- 2) The D.D.P. may be terminated by the Company upon written notice to the payee.
- 3) The payee acknowledges that all monies paid by the Company after the death of the Annuitant are to be returned to the Company in order for the Company to properly disburse any death benefits payable to the Beneficiary.

Retirement Income Fund (RIF) Plan Information

The income payment period is to be based on the age of the: Annuitant Annuitant's Spouse (Please attach Proof of Age)

The Applicant elects RRIF payments to continue to the Annuitant's Spouse after the Annuitant's death. Yes No

If YES, please complete the Spousal Information Section only. If NO, please complete the Beneficiary Section only.

Spousal Information: (complete only if the RRIF is to be based on the age of the spouse, or if RRIF payments are to continue to the Annuitant's Spouse after the Annuitant's death) * This information will be used when issuing tax forms for income tax purposes.

Mr. Surname: _____
or Given

Spouse's *S.I.N.: _____

Mrs. Names: _____

Date of Birth: _____ (Proof of age must be submitted)
Day Month Year

Beneficiary (The spouse should not be named as beneficiary if payments are to continue to the spouse after the death of the Annuitant)

Name in full	Relationship to Annuitant	Residence Address (Street, City, Province, Postal Code)

Deposit(s) transferred from: A Registered Retirement Savings Plan (RRSP).
 An existing Registered Retirement Income Fund (RRIF).
 A Registered Pension Plan (RPP). Non Locked-In Funds Only.
 Other (please indicate): _____

Payment Commencement Date: _____
Day Month Year

Payment Amount: (choose one only)

- Required Minimum payment
- \$ _____ per period (subject to the required minimum payment)
- \$ _____ per period increasing by _____ % annually (subject to the required minimum payment)

Payable: (choose one only) Monthly Quarterly Semi-annually Annually

I request Equitable Life to register this contract as a Retirement Income Fund in accordance with provisions of the Income Tax Act (Canada) and of the Quebec Income Tax Act and Provincial Legislation, if applicable. I understand that all benefits payable under the contract are subject to taxation.

For the Prescribed Manitoba or Saskatchewan RRIF, legislation requires that a spouse or a common law partner consents to transfer to a RRIF Contract by completing the applicable form available on the applicable provincial websites.

Life Income Fund (LIF) Plan Information

Legislation requires that a Spousal Waiver/Consent Form be completed. Forms are available at each province's own website, except in Nova Scotia. For the Nova Scotia LIF, the following spousal consent must be completed and signed. I, _____, the spouse or common-

(print or type full name of spouse)

law partner of the Applicant of the LIF, hereby consent to the transfer of locked in pension funds to the LIF. _____

Signature

Beneficiary (Legislation may require that a spouse be entitled to the death benefit regardless of the beneficiary designation)

Name in full	Relationship to Annuitant	Residence Address (Street, City, Province, Postal Code)

Deposit(s) transferred from: A locked-in RRSP or a Locked-In Retirement Account (LIRA).
 An existing Life Income Fund (LIF).
 A Registered Pension Plan (RPP) under which the funds are locked-in.
 Other (please indicate): _____

Payment Commencement Date: _____
Day Month Year

Payment Amount: (choose one only)

- Required Minimum payment
- Maximum payment
- \$ _____ per period (subject to the required minimum & maximum payment).
- \$ _____ per period increasing by _____ % annually (subject to the required minimum & maximum payment).

Payable: (choose one only) Monthly Quarterly Semi-annually Annually

I request Equitable Life® to register this contract as a Retirement Income Fund in accordance with provisions of the Income Tax Act (Canada) and of the Quebec Income Tax Act and Provincial Legislation, if applicable. I understand that all benefits payable under the contract are subject to taxation.

Investment Information

Total initial deposit of \$ _____ and subsequent transfers, if any, to be allocated as follows:

Daily Interest Account:

_____ %

Guaranteed Deposit Account:
(For each deposit, choose one only of Simple or Compound Interest)

	*Simple Interest		Interest Compounded Annually
	Monthly	Annually	
_____ % for <input type="checkbox"/> <input type="checkbox"/> months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ % for <input type="checkbox"/> <input type="checkbox"/> months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ % for <input type="checkbox"/> <input type="checkbox"/> months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ % for <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Interest credited is applied to the Daily Interest Account. Minimum: \$500 per deposit.

Term Deposit Account

	*Simple Interest	
	Monthly	Annually
_____ % for <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> months	<input type="checkbox"/>	<input type="checkbox"/>
_____ % for <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> months	<input type="checkbox"/>	<input type="checkbox"/>

*Interest credited is applied to the Daily Interest Account. Terms: 121 to 360 mos. inclusive. Minimum: \$5,000 per deposit.

Segregated Funds
(minimum: \$250 per Fund)

Segregated Fund Name	Allocation	Rebalance	Segregated Fund Name	Allocation	Rebalance
	%	%		%	%
	%	%		%	%
	%	%		%	%
	%	%		%	%
	%	%		%	%
	%	%		%	%

Automatic Investment Options (Please select a term of 12 to 120 months - default is to reinvest for same investment term)

- At the end of the term of a GDA, it will be automatically reinvested in a new GDA for a term of _____ months.
- At the end of the term of a GDA, it will be automatically transferred to the Daily Interest Account.
- When sufficient funds accumulate in the Daily Interest Account, they will be automatically transferred as of the beginning of the next policy month to a GDA of _____ months.

Asset Rebalancing Yes No If "yes", please elect a frequency: monthly quarterly semi-annually annually

If "yes", indicate start date: _____ End date (Optional): _____
Day Month Year Day Month Year

Unless advised by subsequent written notification received by us, all future transfers received will be deposited to the same account and/or fund(s) as the original deposit.

Scheduled Payment Allocations

Please check one:

- Once the value in Daily Interest Account is depleted, withdraw all regularly scheduled payments on a pro rata basis from all Guaranteed and Term Deposit Accounts and/or Segregated Funds with value.
- Once the value in Daily Interest Account is depleted, withdraw all regularly scheduled payments from the following Account(s) and/or Segregated Fund(s) with value as denoted by the percentage allocation indicated:

Guaranteed Deposit Account - Annual	_____ %
Guaranteed Deposit Account - Compound	_____ %
Guaranteed Deposit Account - Monthly	_____ %
Term Deposit Account - Annual	_____ %
Term Deposit Account - Monthly	_____ %
American Growth Fund	_____ %
Asset Allocation Fund	_____ %
Canadian Bond Fund	_____ %
Canadian Stock Fund	_____ %
Equitable Life AIM Canadian Premier Fund	_____ %
Equitable Life Acuity Pure Canadian Equity Fund	_____ %
Equitable Life Acuity Canadian Balanced Fund	_____ %
Equitable Life Bissett Dividend Income Fund	_____ %
Equitable Life Dynamic Far East Value Fund	_____ %
Equitable Life Dynamic Power Global Growth Fund	_____ %
Equitable Life Quotential Balanced Growth Portfolio*	_____ %
Equitable Life Quotential Balanced Income Portfolio*	_____ %
Equitable Life Quotential Diversified Income Portfolio*	_____ %
Equitable Life Quotential Global Growth Portfolio*	_____ %
Equitable Life Quotential Growth Portfolio*	_____ %
Equitable Life Quotential Maximum Growth Portfolio*	_____ %
Equitable Life Mackenzie Universal U.S. Emerging Growth Fund	_____ %
Equitable Life MB Canadian Equity Value Fund	_____ %
Equitable Life Templeton Global Bond Fund	_____ %
Equitable Life Templeton Growth Fund	_____ %
Equitable Life Trimark Europlus Fund	_____ %
Equitable Life Trimark Global Balanced Fund	_____ %
Equitable Life Trimark International Companies Fund	_____ %
Money Market Fund	_____ %
* Underlying Fund managed by Franklin Templeton Investments Corp.	Percentage Allocation: _____ %

Withdrawals will be processed on a pro rata basis if:

1. a percentage allocation is not requested, or
2. the percentage allocation requested cannot be accommodated due to lack of sufficient funds in the selected Account(s) and/or Segregated Fund(s), or
3. if percentage allocation is not equal to 100%.

45 Day Interest Rate Guarantee for GDA

Amount of Funds: \$ _____ Transferring Company: _____

In-house Funds: \$ _____ maturing on _____ under Policy Number _____

Guaranteed Deposit Account \$ _____ for _____ months at a guaranteed interest rate of _____ %
to be (check one only): Monthly Annual OR Compounded

Guaranteed Deposit Account \$ _____ for _____ months at a guaranteed interest rate of _____ %
to be (check one only): Monthly Annual OR Compounded

Term Deposit Account — 121 months to 360 months inclusive
\$ _____ for _____ months at a guaranteed interest rate of _____ % to be (check one only): Monthly Annual

I understand that this is an irrevocable commitment on my part but is subject to the following conditions being satisfied:

1. if the above funds are received at the Equitable Life (The "Company") Head Office within 45 calendar days of the date of this Application, the higher of the interest rate(s) in effect on the date the funds are received at the Company's Head Office and the interest rate(s) shown above will be applied by the Company.
2. if funds are received after 45 calendar days of the date of this Application, the rate(s) applied by the Company will be the interest rate(s) in effect on the date the funds are received at the Company's Head Office.
3. a copy of the transfer form for registered funds must be received at the Company's Head Office within 3 (4 for Western agencies) working days of the Application date.
4. the Company must be contacted by phone at the time of completing this Application to secure the Interest Rate Guarantees as they are subject to Head Office approval.
5. all premiums are subject to the minimums stated in your RRIF/LIF Information Folder Policy Contract.
6. Interest Rate Guarantees not approved by the Company are null and void.

Special Instructions

Head Office Endorsements

Receipt and Acknowledgement

I hereby acknowledge receipt of the Information Folder [1074 version (2008/04/30)] and the Segregated Funds Financial Highlights & Performance Data for the Retirement Income Fund Life Income Fund from The Equitable Life Insurance Company of Canada, prior to signing the application.

Date

Signature of Annuitant

Agreement

I hereby agree (1) That the contract issued hereon shall not take effect until the premium made with the application has been paid to the Company's Head Office, (2) That no agent or other person except a duly authorized officer of the Company has power to make or modify any contract on behalf of the Company or to waive any of the Company's rights or requirements, and that no waiver shall be valid unless in writing and signed by one of such officers, (3) That every statement and answer herein contained is true, (4) The personal information willingly provided by me/us to the independent broker and/or the Company and collected on this Application and held in their files will be used by the Company for the purposes of issuing, servicing, administration, and claims processing related to this Application, and any resulting policy and any supplementary documents. The information on file is accessible for the above purposes to authorized employees of the Company, third parties retained by the Company, the Company's distribution network, such as a National Account, National MGA, MGA, AGA or Firm, and any other person or party whom I/we authorize, (5) Consent to the Company using the information in this Application and its existing files to provide information to me about its other products and services. Yes, (6) That my acceptance of any contract issued on this Application shall be a ratification of any changes or corrections in or additions to this application which the Company may make in the space for Head Office Endorsements.

Signature of Annuitant

Dated at _____ this _____ day of _____, _____

Witness - Soliciting Advisor/Broker

I confirm that the Advisor/Broker Disclosure form was provided and explained to the client.

Advisor's/Broker's Signature

Advisor's/Broker's Name (please print)

Advisor's/Broker's Number

MGA Name

Regional Office

Advisor/Broker Disclosure

This Savings and Retirement plan is issued by Equitable Life of Canada, licenced to conduct business in all provinces of Canada.

I am an independent advisor/broker, representing Equitable Life of Canada through _____
(agency/MGA name)

I hereby disclose that I have earned commissions for this plan and will continue receiving servicing/renewal commissions, if you continue to keep this plan inforce. I may be eligible for additional compensation, such as bonuses and travel incentives, depending on the volume or persistency of business I place with Equitable Life of Canada, during a given time period. In my duty to disclose any conflict of interest with you as my client, I confirm there is no conflict of interest resulting from this transaction.

Commission sharing arrangement(s) for this plan, if applicable, is:

Advisor/Broker Name(s): _____ Percentage %: _____
_____ Percentage %: _____

For Independent Advisors/Brokers in British Columbia and Ontario:

"I am a licensed general agent, life agent and general insurance salesperson by the Insurance Council of British Columbia and Financial Services Commission of Ontario respectively."

Advisor's/Broker's name _____ Advisor's/Broker's signature _____ Date: _____

Advisors/Brokers working in BC and Ontario are required to list the companies they represent:

Equitable Life of Canada®... A wise choice for YOU!

Throughout its more than 85 years in operation, Equitable Life® has provided generations of policyholders with sound financial protection. We remain committed to delivering long-term value to our many clients as an independent, mid-sized mutual Canadian life insurance company.

In the financial services industry of the new millennium, Equitable Life of Canada® provides a choice – a wise choice for our policyholders ...now, and for many years to come!

Equitable Life® offers our clients a wide selection of quality products to meet their financial needs, including life insurance, annuities and employee benefit plans, and segregated funds.



**Equitable Life
of Canada®**

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