



EQUITABLE LIFE PAYOUT ANNUITIES | Savings and Retirement

Application

Payout Annuity

As an Equitable Life policyholder you will have instant access to your policy information through **Equitable Client Access!**

What is Equitable Client Access?

It is our secure online client site that allows you to access your policy information, right at your fingertips. With **Equitable Client Access** you can:

- **View policy details including:**
 - investment allocation and market values
 - transaction history and guarantees
 - pre-authorized payment information
 - retrieve fund information and performance

- **Update your personal information including:**
 - address and contact information
 - banking information and pre-authorized payment withdrawal date
 - beneficiary

- **Access your statements and letters**

- **And more!**

Register for Equitable Client Access one of two ways:

- 1) Include your email address on this application and Equitable Life will email you a registration link once your policy is active.
- 2) Once you receive your policy confirmation notice, visit client.equitable.ca and click on "Create Account".

Do you have questions, or would you like some assistance registering your account? Our customer service team would be pleased to help.

You can reach them Monday to Friday from 8:30 a.m. to 7:30 p.m. (eastern time) at 1.800.668.4095.



PAYOUT ANNUITY APPLICATION

All sections are mandatory, unless they are marked as "Optional" in the section title. Annuitants and Policy Owner(s) MUST be Canadian residents under Canadian tax legislation.

Name of Advisor (please print)	Advisor Code	You will need three copies of this completed application: <ul style="list-style-type: none"> Send the original copy to Equitable Life Keep a copy for your files Give a copy to the client
MGA Name	Branch Number	
Advisor Email Address	MGA Email Address	
		Contract number (internal use only)

1. PAYOUT ANNUITY PLAN TYPE

What type of Contract would you like?

A) Term Certain for _____ years _____ months
 Term Certain to Age 90
 Life Annuity Guarantee Period _____ Index Income at 0% 1% 2%
 Joint Life Annuity Guarantee Period _____ Index Income at 0% 1% 2%
 Reduction of payments on first death? No reduction of payment
 Reduce payment to _____ % on death of: Annuitant Joint Annuitant Either Annuitant

B) **Single Premium (\$):** _____
Source of Funds: Non-Registered RRSP RRIF Locked-In _____ (Jurisdiction) Other: _____
Tax option (on Non-Registered funds only): Prescribed Non-Prescribed
Withholding tax deduction (on registered funds only): _____ % deducted per income payment as withholding tax

2. ANNUITANT INFORMATION (MUST BE THE OWNER FOR A REGISTERED PLAN)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Name (first, middle initial, last)		Your email address is important! Once your policy is active we will send you a link to register for Equitable Client Access , our online client website where you can view and manage your policy information 24/7.									
Address (number, street and apartment)		City or Town										
Province	Postal code	Telephone number										
Date of Birth (dd/mm/yyyy)	Email address											
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number (SIN) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>											

Occupation (job title and duties) - if retired, indicate former occupation

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: driver's licence, provincial photo card (excluding provincial health cards), passport, citizenship card, permanent resident card, or certificate of Indian status card. If you do not have one of the pieces of identification indicated, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

Confirmation by advisor (choose one):

I, the advisor, have held and viewed the original photo identification. Provide details:
 Identification Type: _____ Expiry Date (dd/mm/yyyy): _____
 Identification Number: _____ Date Advisor Verified (dd/mm/yyyy): _____
 Issuing Jurisdiction / Country: _____

I, the advisor, have followed the alternative identification instructions, including reviewing two original documents as set out in the instructions. Copies of the two documents are attached with this application.



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3. JOINT ANNUITANT* (IF APPLICABLE)

* Must be spouse if registered

Mr. Mrs. Ms.

Name (first, middle initial, last)

Date of Birth (dd/mm/yyyy)

Sex Male Female

Social Insurance Number (SIN)

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Occupation (job title and duties) - if retired, indicate former occupation

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Identification Type: _____ Expiry Date (dd/mm/yyyy): _____

Identification Number: _____ Date Advisor Verified (dd/mm/yyyy): _____

Issuing Jurisdiction / Country: _____

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4. OWNER (FOR NON-REGISTERED ONLY)

- Annuitant (the owner will be defaulted to annuitant if no option is selected)
 Annuitant and joint annuitant (joint ownership - non-registered policies only)
 Other (complete the information below - non-registered policies only)

For corporate or non-corporate entity, must also complete the [Business Information Form #594](#).

We will send the contract information and future mailing to the primary owner's mailing address only.

Mr. Mrs. Ms. Name (first, middle initial, last)

Address (number, street and apartment)

City or Town

Province

Postal code

Telephone number

Your email address is important!

Once your policy is active we will send you a link to register for **Equitable Client Access**, our online client website where you can view and manage your policy information 24/7.

Date of Birth (dd/mm/yyyy)

Email address

Sex Male Female

Social Insurance Number (SIN)

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Occupation (job title and duties) - if retired, indicate former occupation

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: driver's licence, provincial photo card (excluding provincial health cards), passport, citizenship card, permanent resident card, or certificate of Indian status card. If you do not have one of the pieces of identification indicated, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.

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- I, the advisor, have held and viewed the original photo identification. Provide details:

Identification Type: _____ Expiry Date (dd/mm/yyyy): _____

Identification Number: _____ Date Advisor Verified (dd/mm/yyyy): _____

Issuing Jurisdiction / Country: _____

- I, the advisor, have followed the alternative identification instructions, including reviewing two original documents as set out in the instructions. Copies of the two documents are attached with this application.



PAYOUT ANNUITY APPLICATION

5. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving Annuitant. For locked-in plans the beneficiary must be the spouse or common-law partner (if applicable). As pension legislation dictates, a spouse or common-law partner will take precedence over any other beneficiary designation selected.

Applicant/Owner residing in Quebec: Quebec law stipulates that designation of the owner's spouse (married or civil union) is irrevocable, unless the owner indicates the designation to be revocable by checking the following box: I stipulate that any beneficiary designation of my spouse (married or civil union) is revocable.

Beneficiary name(s)	Date of birth if minor (dd/mm/yyyy)	Trustee applies	Relationship to Annuitant (in Quebec - relationship to Owner)	Share of benefits (must equal 100%)
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
Contingent Beneficiary name(s)	Date of birth if minor (dd/mm/yyyy)	Trustee applies	Relationship to Annuitant (in Quebec - relationship to policyholder)	Share of benefits (must equal 100%)
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%

Trustee for all minor beneficiary(ies) (not applicable in Quebec): Name: _____

Do you wish all of the beneficiaries named above to be able to receive any remaining guaranteed income payments as a commuted lump sum*? YES NO

If "No" has been selected, indicate which beneficiary(ies) must receive any applicable death benefit portion in the form of continued guaranteed payments:

Name(s): _____

Note: Any remaining guaranteed income payments **MUST** be commuted as a lump-sum payment when: (a) the funds are non-registered and the beneficiary is a company, association, partnership, estate or executor **OR** (b) the funds are registered and the beneficiary is not the spouse of the annuitant at the time of death (Income Tax Act (Canada)).

*If this question is not completed it will be deemed you have chosen "yes" here.

6. SPOUSAL WAIVER (FOR LOCKED-IN ONLY)

Annuitant's Spouse or Common-Law Partner Information

Do not complete if the money that is locked-in is from any of the following jurisdictions: New Brunswick, Quebec or Federal Pension Benefits Standards Act.

Mr. Mrs. Ms. Full name of Spouse/Common-Law Partner (first, middle initial, last)

I declare I do not have a spouse/common-law partner within the meaning of applicable legislation

Signature

Date

I am divorced or my spouse is deceased (provide a copy of the death certificate or divorce decree)

I have a spouse/common-law partner within the meaning of applicable legislation and have selected:

a Joint Survivor Life Annuity

a Life Annuity (applicable spousal entitlement waiver form required)



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7. CONTRIBUTIONS

Note: Minimum deposit must be \$10,000. The maximum is \$1,000,000 lump sum deposit OR \$5,000 monthly income.

Personal Cheque

Amount \$: _____

External Transfer

Transferring Company: _____ Amount \$: _____

Internal Transfer

Complete the ["Transfer Authorization Form"](#) (form #114) and send a copy to Equitable Life and the original to the relinquishing financial institution.

Equitable Life Policy Number: _____ Amount \$: _____

8. DIRECT DEPOSIT INFORMATION

A sample/void cheque must be attached. Scheduled payments are only available through direct deposit to your bank account.

Name of Payee (first, middle initial, last)

First Payment date (dd/mm/yyyy) (between the 1st - 28th)

Approximate Amount of Income (\$)

Payable: annually semi-annually quarterly monthly

Will this policy be used to fund a life insurance policy? NO YES Policy #: _____ (only available on a Term Certain Annuity)

The Equitable Life Insurance Company of Canada ("Equitable Life") is authorized to deposit payments under its Direct Deposit Plan ("D.D.P.") to be credited to the bank account below, subject to the conditions below.

CONDITIONS: It is understood and agreed that:

- 1) The D.D.P. will terminate in accordance with the conditions specified in the contract.
- 2) The D.D.P. may be terminated by Equitable Life upon written notice to the payee.
- 3) All monies paid by Equitable Life after the death of the Annuitants are to be returned to Equitable Life to properly disburse any death benefits payable to the Beneficiary.

9. WOULD YOU LIKE TO REQUEST A RATE GUARANTEE? (OPTIONAL SECTION)

Equitable Life requires this application within 3 days of securing the rate guarantee confirmation.

Please do not submit the application more than once (by fax or mail), as multiple copies may result in a delay in processing.

The advisor must secure the interest rate by faxing the completed application to our rate guarantee fax line at 519.883.7428. Your interest rate will automatically be secured based on the receipt date of the fax. Alternatively, you can contact our Advisor Services team at 1.866.884.7427 to secure a rate guarantee or for help with any questions you may have.

3 day rate guarantee (personal cheques only):

Funds received at Equitable Life's Head Office within 3 business days of the confirmation or fax date will receive the higher of the interest rate in effect on the date of receipt and the guaranteed interest rate.

OR

45 day rate guarantee (maturing funds or transfers from another financial institution):

Funds received at Equitable Life's Head Office within 45 days of the confirmation or fax date will receive the guaranteed interest rate. Funds received after 45 days will receive the lower of the interest rate in effect on the date of receipt and the guaranteed interest rate.

Interest rates not approved by Equitable Life's Head Office are null and void.

I agree that:

- a) this is an irrevocable commitment by me to proceed with this investment;
- b) the interest rate guarantee is subject to the above conditions and Equitable Life's administrative requirements.



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10. SOURCE OF FUNDS

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Salary or Earned Income | <input type="checkbox"/> Business Income | <input type="checkbox"/> Sale of Property |
| <input type="checkbox"/> Borrowed Funds | <input type="checkbox"/> Gifted Funds | <input type="checkbox"/> Proceeds from Death Benefits or Estate |
| <input type="checkbox"/> Applicant/Owner Savings | <input type="checkbox"/> Other _____ | |

11. PURPOSE OF THE POLICY

Please indicate the client's stated reason(s) for purchasing this policy. (Not all policies are suitable for all purposes.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Short Term Savings | <input type="checkbox"/> Retirement / Long Term Savings | <input type="checkbox"/> Business / Key Person Protection / Buy Sell Agreement |
| <input type="checkbox"/> Income Creation | <input type="checkbox"/> Gift | <input type="checkbox"/> Income / Family Protection |
| <input type="checkbox"/> Legacy / Inheritance / Estate Protection | <input type="checkbox"/> Mortgage / Debt Insurance | <input type="checkbox"/> Education Purposes |
| <input type="checkbox"/> Other _____ | | |

12. THIRD PARTY (FOR NON-REGISTERED ONLY)

In submitting this application, is the Owner acting on behalf of a Third Party?

Your answer should be "Yes" if someone other than the Owner or Annuitant will be paying the premium or has/will have an ownership interest in this policy. Examples include a power of attorney signing on behalf of the owner, someone other than the owner or annuitant paying premiums, or a corporation having use or access to the policy values.

- No Yes If "Yes" complete the ["Third Party Form"](#) (form # 31).

13. DECLARATION OF TAX RESIDENCE (FOR NON-REGISTERED ONLY)

Policy Owner: check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN): _____
- I am a tax resident in a jurisdiction other than Canada or the United States:
 Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN): _____

If you do not have a TIN for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: _____

Joint Policy Owner: check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN): _____
- I am a tax resident in a jurisdiction other than Canada or the United States:
 Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN): _____

If you do not have a TIN for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: _____



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14. POLITICAL POSITIONS (FOR NON-REGISTERED AND ONLY WHEN DEPOSIT IS EQUAL TO OR GREATER THAN \$100,000)

For the purposes of this question:

- "Payor" means the person who is making the payment(s) on the policy.
- "Close relative" means the Payor's spouse, sibling, parent, spouse's parent, child, or child's spouse.
- "Close associate" means an individual who is closely connected to the Payor for personal or business reasons.

Does the Payor, any of the Payor's close relatives or any of the Payor's close associates hold, or have they ever held, any of the positions listed below:

No - go to section 15 Yes - indicate the position held below

Position in Canada or in another country

Note: For positions in Canada, list only the positions held in the past 5 years. For all other countries, list all such positions that have ever been held.

- | | |
|--|---|
| <input type="checkbox"/> Head of state or head of government (including Governor General and Lieutenant Governor) | <input type="checkbox"/> Head of an international organization that is established by the governments of countries or the head of an institution of any such organization |
| <input type="checkbox"/> President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government) | <input type="checkbox"/> Deputy Minister (or equivalent) |
| <input type="checkbox"/> Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature) | <input type="checkbox"/> Leader or President of a political party in a legislature |
| <input type="checkbox"/> Head of a government agency | <input type="checkbox"/> Ambassador or ambassador's attaché or counsellor |
| <input type="checkbox"/> Judge (in Canada only, must be a judge of an appeal court) | <input type="checkbox"/> Military General (or higher rank) |
| | <input type="checkbox"/> Mayor of a Canadian municipality (does not include mayors in countries other than Canada) |

If you answered "Yes" to the question above, complete the following information:

What is the name of the person who holds or held the position?	What is the title of the position held?
Position held from: _____ to _____ (starting year) (ending year)	In what country was the position held?
With what organization, government or institution was the position held?	How is this person related to the Payor? <input type="checkbox"/> The person is the Payor <input type="checkbox"/> Close relative (relationship): _____ <input type="checkbox"/> Close associate (relationship): _____

Note: If more than one person has held a position, complete section 1 and 2 of the ["Additional / Updated Customer Information Form # 1027"](#) for each additional person.

15. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)



PAYOUT ANNUITY APPLICATION

16. AGREEMENT AND SIGNATURES

For jointly owned policies the terms "I", "me" and "my" refers to both owners of the contract.

I agree and confirm that:

1. My acceptance of the issued contract will indicate my acceptance of any changes, corrections or additions to this application which Equitable Life makes in a Head Office Endorsement(s).
2. I certify that the information provided on this form is current, correct and complete. I will notify Equitable Life within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.
3. The personal information willingly provided by me to the independent broker and/or Equitable Life and collected in this application and held in their files will be used by Equitable Life 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 Equitable Life, third parties retained by Equitable Life, its distribution network, such as a National Account, National MGA, MGA, AGA or Firm, and any other person or party whom I authorize.
4. Only Equitable Life's Head Office is authorized to alter or modify this Application, issue a contract or waive any requirements, and any authorization must be in writing.
5. Equitable Life is authorized to use the information in this Application and its existing files to provide information to me about its other products and services, unless I specify No.
6. The issued contract shall not take effect until the premium deposit made with the application has been honoured by my financial institution.
7. This is an irrevocable commitment by me to proceed with this investment.
8. For registered policies only: Please apply for the registration of the plan under the Income Tax Act (Canada) and, if applicable, under any provincial income tax legislation.
9. I understand that all SIN numbers collected are for income tax purposes

Signed at _____ this _____ of _____ 20 _____.
(city) (province) (day) (month)

Signature of Owner

Signature of Joint Owner (if applicable)

Signature of Annuitant

Signature of Joint Annuitant (if applicable)

Signature of payee(s) for direct deposit

17. ADVISOR CONFIRMATION AND SIGNATURE

HAVE YOU INCLUDED A COPY OF PROOF OF AGE FOR EACH ANNUITANT (required for issue)

HAVE YOU ATTACHED A COPY OF A VOID CHEQUE (required for issue)

By signing below, the Advisor confirms that they:

- Are properly licensed;
- Have disclosed the following information to the owner of the policy:
 - the name of the company or companies they represent;
 - they receive commissions for the sale of insurance-based investment products and may receive bonuses, invitations to conferences or other incentives; and
 - any conflicts of interest they may have with respect to this transaction.

Advisor Name

Advisor Signature

Date Signed (dd/mm/yyyy)

Works for me.®

Canadians have turned to Equitable Life since 1920 to protect what matters most. We work with your independent financial advisor to offer individual insurance and savings and retirement solutions that provide good value and meet your needs – now and in the future.

But we're not your typical financial services company. We have the knowledge, experience and ability to find solutions that work for you. We're friendly, caring and interested in helping. And we're owned by our participating policyholders, not shareholders. So we can focus on your interests and providing you with personalized service, security and wellbeing.



**Equitable Life
of Canada®**

One Westmount Road North,
P.O. Box 1603 Stn. Waterloo,
Waterloo, Ontario N2J 4C7

TF 1.800.668.4095 T 519.886.4734 F 519.883.7404

Visit our website: www.equitable.ca

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