



INVESTMENT DIRECTION- SAVINGS & RETIREMENT (LEGACY)

Use this form to provide investment instructions on Legacy Segregated Fund Products (Personal Investment Portfolio and Pivotal Solutions NL/DSC/II).

Note: To provide direction on a Pivotal Select segregated fund contract, complete the [Investment Direction - Pivotal Select" form #693SEL](#). For a stand-alone Daily/Guaranteed Interest Account contract, complete the [Investment Direction - DIA/GIA form #693GIA](#).

In this form, the terms "you", "your", "my" and "owner" refer to the contract owner(s). The terms "we", "our" and "us" refer to The Equitable Life Insurance Company of Canada (Equitable). An advisor can complete this form if there is "Limited Trading Authorization" on file.

1. CONTRACT DETAILS

Name of Owner(s)

Contract Number

2. DEPOSIT ALLOCATION FOR SEGREGATED FUNDS

Total allocation must equal 100%

I/We request that: a) Only this deposit of \$ _____ be allocated as follows: OR

b) This deposit of \$ _____ and all future deposits be allocated as follows:

Fund Code	Segregated Fund Name	(\$ or %)

Unless advised by a subsequent instruction request from you, all future deposits received will be deposited to the same fund(s) as the original deposit. If dollar values have been provided, a proportional percentage will be calculated for future deposits. In situations where the original deposit cannot be divided into percentages equalling 100% (e.g. 33.33%, 33.33%, 33.33% = 99.99%, the first fund listed will be rounded up (e.g. 33.34%, 33.33%, 33.33% = 100%).



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3. DEPOSIT ALLOCATION FOR DAILY INTEREST ACCOUNT AND GUARANTEED INTEREST ACCOUNT

Please note that Guaranteed Interest Account (GIA) deposits must be a minimum of \$500, deposits below \$500 can be allocated to Daily Interest Account (DIA).

I/We request that: a) Allocate only this deposit of \$ _____ as follows

OR

b) Allocate this deposit of \$ _____ and all future deposits as follows:

OR

For my existing GIA that is maturing on _____ (yyyy/mm/dd) for _____ years:

a) Transfer on maturity to the investment(s) described below.

b) Transfer immediately to the investment(s) described below.

Daily Interest Account (DIA): \$ _____

When sufficient money accumulates in the DIA, invest the money into a Guaranteed Interest Account for _____ years.

Guaranteed Interest Account (GIA): \$ _____

GIA Term (1-15 years)

Amount	# of years	Interest Option
\$		<input type="checkbox"/> Compound Interest <input type="checkbox"/> Simple Interest - Annual <input type="checkbox"/> Simple Interest - Monthly (the interest rate is the posted rate less .25%)
\$		<input type="checkbox"/> Compound Interest <input type="checkbox"/> Simple Interest - Annual <input type="checkbox"/> Simple Interest - Monthly (the interest rate is the posted rate less .25%)

(Note: simple interest is only available on RIF/LIF. A minimum deposit of \$10,000 is required for this option.)

GIA Auto Ladder \$ _____

Compound interest Simple Interest - Annual Simple Interest - Monthly

5 years: Deposit will be equally split between 1-5 year terms.

10 years: Deposit will be equally split between 1-10 year terms.

Investment instructions at the end of the term for this and all future maturities of my GIA:

Reinvest in a term of the same length with the same interest option (default if not specified)

Reinvest in a new GIA for _____ years

Transfer the amount to DIA



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4. SOURCE OF FUNDS

What is the source of money being deposited? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Salary or Earned Income | <input type="checkbox"/> Applicant/Owner Savings |
| <input type="checkbox"/> Business Income | <input type="checkbox"/> Borrowed Funds (provide details):
_____ |
| <input type="checkbox"/> Gifted Funds (provide details):
_____ | <input type="checkbox"/> Sale of Property (provide the address of the property):
_____ |
| <input type="checkbox"/> Proceeds from Death Benefits or Estate
(provide the name of the deceased):
_____ | <input type="checkbox"/> Other (provide details):
_____ |

Is a third party contributing the funds? No Yes (please complete [Third-Party Form #31](#) and for TFSA please complete [Third-Party Contribution Form #1582](#)) (some restrictions may apply to third-party contributions).



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5. 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 contract.
- “Family Member” means the spouse, ex-spouse, sibling, parent, mother-in-law or father-in-law, or biological or adoptive child.
- “Close associate” means an individual who is closely connected to the Payor for personal or business reasons.
- “Spouse” means the spouse or common law partner.
- “Ex-spouse” means the ex-spouse or ex-common law partner.

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; OR is the Payor a Family Member of a person who holds or has ever held any of the positions below:

No 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 (indicate only if position held in the past five years) |
| <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?

- The person is the Payor
- Close relative (relationship): _____
- 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.

What is the Payor’s source of wealth? Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Salary or Earned Income | <input type="checkbox"/> Business Income | <input type="checkbox"/> Investment Income |
| <input type="checkbox"/> Property Income/Holdings | <input type="checkbox"/> Lottery | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Other _____ | | |



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6. DOLLAR COST AVERAGING

Complete this section when a lump sum deposit is being made to a fund, and you wish to regularly transfer a portion to a different fund(s), allowing unit prices to be averaged during market fluctuations. Each "from fund" has a minimum transfer amount of \$500 and each "to fund" has a minimum of \$50.

Select frequency:

monthly quarterly semi-annually annually

Indicate start date (1-28): _____
(yyyy/mm/dd)

End date (Optional) (1-28): _____
(yyyy/mm/dd)

From Fund One		To Fund(s)	
Fund Code	Fund Amount	Fund Code	Fund Amount
	\$		\$
			\$
			\$
			\$

From Fund Two (if applicable)		To Fund(s)	
Fund Code	Fund Amount	Fund Code	Fund Amount
	\$		\$
			\$
			\$
			\$

7. SWITCHES

The minimum switch amount is \$500.

I request the following transfers:

\$ / %	From Fund (fund code or name)	To Fund (fund code or name)

8. ASSET REBALANCING

Total allocation must equal 100%.

Please select frequency:

Semi-annually (May 15 & November 15) Annually (November 15)

Segregated Fund Name	Rebalance %



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9. RESET OF DEATH AND MATURITY BENEFIT GUARANTEE

Only available for Personal Investment Portfolio (PIP), Pivotal Solutions II, and Pivotal Solutions Deferred Sales Charge (DSC) contracts. Resets are not available on RIF or LIF contracts. Please refer to your information folder for an explanation of terms and benefits. Submitting a new reset request will void the current guarantees and any previous reset guarantees.

For Personal Investment Portfolio (PIP), Pivotal Solutions II and Pivotal Solutions DSC contracts issued prior to January 1, 2011

I/We authorize a reset of the death and maturity benefit guarantees on the above-mentioned contract. The reset date will be the date this direction form is received at our office.

I/We understand the following reset provisions:

- Exercising this reset will lock in the current value of the segregated fund portion of the death and maturity guarantees on the reset date.
- The reset will not be permitted if:
 - This form is not signed by the appropriate parties.
 - Two resets have already been done in the current calendar year.
 - It is past the calendar year in which the annuitant turns 80 for non-registered plans and Tax-Free Savings Accounts (TFSA), and 71 for registered plans.
 - The new guarantee base is less than the current guarantee base. Depending on the performance of your funds, it is possible that the guarantee base will increase with the reset but that the death benefit will decrease. Your advisor can provide you with information to determine if this will occur.
 - The maturity date cannot be extended to 10 years after the reset date.
- Resets elected on a registered contract that is maturing in fewer than 10 years. If the contract is not transferred to an Equitable Life RIF or LIF at maturity, the current/previous reset guarantees will be void.

For Pivotal Solutions DSC contracts issued after January 1, 2011

Please select one:

Reset maturity benefit guarantee Reset death benefit guarantee

I/We understand the following reset provisions:

- Exercising this reset will lock in the current value of the segregated fund portion of the death and maturity guarantees on the reset date.
- The reset will not be permitted if:
 - This form is not signed by the appropriate parties.
 - Two maturity benefit guarantee base resets have already been completed within the life of the contract.
 - Two death benefit guarantee base resets have already been completed in the current calendar year.
 - The annuitant has had an 81st birthday (non-registered and TFSA plans) or it is past the calendar year in which the annuitant reaches age 71 (registered plans).
 - The new guarantee base is less than the current guarantee base. Depending on the performance of your funds, it is possible that the guarantee base will increase with the reset but the death benefit will decrease. Your advisor can provide you with the information to determine if this will occur.
 - The maturity date cannot be extended to 15 years after the reset date.
- Resets elected on a registered contract that is maturing in fewer than 15 years. If the contract is not transferred to an Equitable Life RIF or LIF at maturity, the current/previous reset guarantees will be void.



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10. RATE GUARANTEE

A rate guarantee protects against a potential decline in interest rates.

Would you like to request a rate guarantee?

Yes No

If "Yes" is selected, follow these steps to activate the rate guarantee:

1. Complete the form with required signatures.
2. Submit the signed form to Equitable by no later than 11:59 pm (EST) the day after the form is signed via EZ Upload, or fax to 519 883 7428.
3. Ensure the deposit is received at Equitable within:
 - 3 business days from the signed date of the form for cheques, one-time pre-authorized debits, and online banking deposits.
 - 45 days from the signed date of the form for transfers from another financial institution or an Equitable contract with an upcoming maturity.

Important: If the above steps are not completed in full, the deposit will not be eligible for a rate guarantee.

Types of Rate Guarantees

1) Interest Rate Guarantee (3 business days):

- For direct deposits from the Owner (personal cheques, one-time pre-authorized debit and online banking deposits)
- Guarantees the higher of:
 - (a) the interest rate in effect on the day the deposit is received, and
 - (b) the interest rate in effect on the day all signatures were completed on the form.
- If the deposit is not received within 3 business days from the signature date, the Owner will receive the interest rate in effect the day the deposit is received.

2) Interest Rate Guarantee (45 days):

- For transfers from another financial institution or an Equitable contract with an upcoming maturity.
- Guarantees the interest rate on the day the form was signed.
- If the deposit is received after 45 days from the signature date, the Owner will receive the lesser of:
 - (a) the interest rate in effect on the day the deposit is received, and
 - (b) the interest rate in effect on the day all signatures were completed on the form.

By submitting the rate guarantee, the advisor and Owner understand and agree that:

- a) This is an irrevocable commitment to proceed with this investment.
- b) The interest rate guarantee is subject to the conditions and administrative rules that have been outlined. Equitable reserves the right to decline a rate guarantee at our sole discretion.

Cheque made payable to The Equitable Life Insurance Company of Canada: \$ _____

Guaranteed Interest Account maturing: \$ _____ on _____ (yyyy/mm/dd)

External transfer: \$ _____
(please attach a copy of the transfer form and ensure that a copy is sent to the relinquishing institution)

→ Financial institution name: _____



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11. ADVISOR RATE DISCRETION OPTION (GDA ONLY)

A rate enhancement can only be requested by the advisor on record, and will only be applied if the advisor signature is present on the "Agreements and Signatures" section of this form.

Name of Advisor: _____

I, the Advisor, instruct Equitable to reduce the GDA commission payable to me by _____ basis points (bps) per year, for the GDA term(s) indicated in Section 3. The GDA guaranteed interest rate will be increased by the same basis points until maturity (example: A 5 bps reduction will increase the GDA interest rate by 0.05%).

Note: The maximum rate enhancement is 20 bps. The rate adjustment will not apply to future reinvestments or deposits. Limited to GDA terms of 10 years or less.

12. SPECIAL INSTRUCTIONS

Empty box for special instructions.



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13. AGREEMENT & SIGNATURES

The undersigned has/have received and agree with all information and instructions set out above and agree that:

- Deposit allocations and automatic investment options selected remain in effect until Equitable receives a written request for change from the owner(s).
- Deposit allocations, transfers and automatic investment options are subject to the minimums stated in your contract.
- Instructions for deposits will override any previous direction or automatic investment.
- A transfer from another product may result in sales charges and/or loss of benefits, such as guarantees.
- The personal information you willingly provided on this Investment Direction form will be used by us for the purposes of servicing and claims processing and adjudication in relation to this application and any resulting contract and any subsequent documents. The information on file is accessible for the above purposes to our authorized employees as well as third parties retained by us and any other person or party whom the undersigned authorizes.

Owner's signature: _____ Date (yyyy/mm/dd) _____

Joint owner's signature (if applicable): _____

Irrevocable beneficiary signature (if applicable): _____

Advisor's signature (if Limited Trading Authorization is on file): _____

Send the completed form to:

Equitable
One Westmount Road North Fax: 519 883 7404
P. O. Box 1603 Stn. Waterloo Email: savingsretirement@equitable.ca
Waterloo, Ontario N2J 4C7