



SEGREGATED FUNDS | Savings and Retirement

PIVOTAL SELECT™
Application

Tax-Free Savings Account (TFSA)

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.



Every section on the application is mandatory unless the section title indicates "Optional".

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All sections are mandatory, unless they are marked as "Optional" in the section title.

You are required to leave a copy of the application with the client.

This code is used to pay you. (use print)	Dealer/MGA Name	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
Advisor Code OR FundSERV Sales Rep. ID (only one, whichever)	Emails are used to communicate and keep both you and your MGA informed.	
Agent Email Address	MGA Email Address	Contract number (internal use only)

1. PLAN TYPE

This application is for a Tax-Free Savings Account (TFSA). Please select a Guarantee Option:

Pivotal Select Investment Class 75/75
 Pivotal Select Estate Class 75/100
 Pivotal Select Protection Class 100/100

2. ANNUITANT INFORMATION (MUST BE OWNER FOR A TFSA)

Note: Annuitant must be a Canadian resident and at least 18 years of age.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Male <input type="checkbox"/> Female	Name (first, middle initial, last)	Very important! Please complete accurately.
Address (number, street and apartment)		Social Insurance Number (SIN)
Province	Postal Code	City or Town
Date of birth (dd/mm/yyyy)	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.
Occupation (job title and duties) - if retired, indicate former occupation	Email address	

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 _____ Identification Number _____ Issuing Jurisdiction _____	The advisor must verify the owner's identity, and indicate which method was used (check only one box).	Expiry Date (dd/mm/yyyy): _____ Date Advisor Verified (dd/mm/yyyy): _____
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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. SUCCESSOR ANNUITANT (OPTIONAL SECTION)

On the death of the Annuitant, the contract will continue and therefore there

Successor Annuitant's name (first and last)
Mr. Mrs. Ms.
Male Female

Address (number, street and apartment) (if different from Annuitant above)

City or Town

Telephone number

Date of Birth (dd/mm/yyyy)

Social Insurance Number (SIN)

Only applicable if the annuitant wishes to have the policy transferred into their spouse name after the annuitant's death. Only the annuitant's spouse may be named.
Did you know? If a successor annuitant is not named and the spouse is the primary beneficiary at the time of the annuitant's death, the spouse will have the option to receive the death benefit OR to become the successor annuitant and continue the policy.

4. BENEFICIARY DESIGNATION

If your Spouse or Common-Law partner is the sole beneficiary, you may continue this contract as the Successor Annuitant.

Applicant/Owner residing in Quebec: Quebec
checking the following box: [] stipulate that

A Power of Attorney cannot designate a beneficiary. If a POA is already in place then the beneficiary must be the Estate.

"Irrevocable beneficiary" means that the beneficiary cannot be changed and withdrawals are not permitted without the written consent of the beneficiary. In Quebec, a spouse is automatically considered irrevocable unless the client indicates otherwise.

Table with 5 columns: Beneficiary name(s), Date of birth if minor, Trustee applies, Relationship to Annuitant, Share of benefits. Includes rows for primary and contingent beneficiaries with associated notes.

A contingent beneficiary is the backup beneficiary, and is only applicable if all of the primary beneficiaries are deceased when the annuitant dies.

NOTE: If the client has chosen the spouse as the successor annuitant, the spouse cannot be the beneficiary.

If the beneficiary is a minor (under 18) then a trustee must be named.

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

Annuity settlement option:
Are you interested in one or more of your beneficiaries receiving the death benefit in the form of income payments from a payout annuity? If so, complete the Annuity Settlement Option form # 455.
You can find out more about this option in the Gradual Inheritance Strategy marketing piece # 1514.



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5. PAYMENT INFORMATION (PAYMENT(S) MUST BE MADE BY THE END OF EACH MONTH)

A minimum deposit of \$500 is required or a \$50 minimum pre-authorized debit (PAD). Please note that a minimum of \$50 is required per fund.

Note: Minimum initial deposit must be \$500 or \$50 Pre-Auth.

Cheque \$ _____

Cheque must be from a bank account in the owner's name. Corporate cheques are not permitted.

External Transfer \$ _____

Pre-Authorized Debit \$ _____

Equitable Life Policy Number: _____

External Transfer \$ _____

Online Banking \$ _____

Transferring Company: _____

Online Banking allows a client to make a deposit to their policy using their own financial institution's online banking service. The deposit is made like a bill payment to "Equitable Life Savings Plan" once the policy number has been assigned.

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

6. PRE-AUTHORIZED DEBIT ("PAD") (OPTIONAL SECTION UNLESS REQUIRED BY FINANCIAL INSTITUTION)

This section allows the client to automatically withdraw money from their bank account and deposit it to this policy on a regular basis. This is a simple way for clients to save over time. Leave blank if the client does not want to establish a PAD.

Payment Frequency:

- Monthly (1-28th) | Semi-Monthly (1&15th only) | Bi-Weekly (every 2 weeks)

Withdrawal Arrangements: Amount \$ _____

PAD start date (dd/mm/yyyy) _____

Automatic Payment Increase Option:

Automatically increase my PAD by _____ (indicate \$ or %) on an annual basis. This will take effect on the first scheduled withdrawal date of each year.

Banking Information:

There is a minimum of \$50 per fund per frequency.

Please remember to indicate the PAD start date.

Establish new PAD Account, using:

- The same account shown on the first premium cheque provided with application.
The attached VOID cheque or bank letter of direction (Payor name is required on the cheque)

Use existing PAD Account (void cheque not required)

Equitable Life Policy #: _____

Additional Information:

- There is a \$50 minimum deposit per fund for PAD
Line of credit accounts or credit cards are not accepted
There may be a time delay between the date you have selected and the money being transferred out of your bank account.

Waivers

I/We direct and authorize The Equitable Life Insurance Company of Canada ("Equitable Life") and my/our financial institution to process withdrawals from my/our account, subject to the conditions listed here, for the purpose of collecting premiums.

I/We waive the right to receive pre-notification of the first withdrawal, or a change in the date of the withdrawal as defined by the Canadian Payments Association in Rule H1@www.cdnpay.ca

Type of Service

For the purpose of this agreement, all Pre-Authorized Debits from my/our account will be treated as personal withdrawals.

Cancellation

I/We have the right to cancel this PAD at any time. This PAD shall remain in effect until I/we notify Equitable Life of the cancellation.

NOTE: To ensure cancellation of the next withdrawal, notice by way of telephone, letter, email or fax must be received at Equitable Life's Head Office, 10 business days prior to the next withdrawal.

Contact your financial institution about your rights regarding cancellation. A sample cancellation form is available at www.cdnpay.ca and may be completed and forwarded to your financial institution.

Contact Information

Equitable Life of Canada. One Westmount Road North P.O. Box 1603 Stn. Waterloo, Waterloo, ON N2J 4C7
TF 1.800.668.4095 F 519.883.7404 Email: savingsretirement@equitable.ca

Recourse & Reimbursement

I/We have certain recourse rights if any debit does not comply with this "PAD". I/We have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this "PAD". To obtain more information on recourse rights, please contact your financial institution or visit www.cdnpay.ca



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7. FUND SELECTION				Fund selection must match plan type selected in Section 1.								
Total allocation cannot be held within the same contract.												
Please note minimum \$50 deposit per fund. Allocation (percentages) must equal 100%.				Investment Class (75/75)			Estate Class (75/100)			Protection Class (100/100)		
Fund Class	Segregated Funds	%	DSC	NL	LL	DSC	NL	LL	DSC	NL	LL	
Fixed Income	Equitable Life Active Canadian Bond Fund Select		602	702	1202	802	902	1302	1002	1102	1402	
	Equitable Life Mackenzie Corporate Bond Fund Select		646	746	1246	846	946	1346	1046	1146	1446	
	Equitable Life Money Market Fund Select		605	705	1205	805	905	1305	1005	1105	1405	
	Equitable Life Templeton Global Bond Fund Select		611	711	1211	811	911	1311	1011	1111	1411	
Balanced and Asset Allocation	Equitable Life Bissett Monthly Income and Growth Fund Select		642	742	1242	842	942	1342	1042	1142	1442	
	Equitable Life Dynamic U.S. Monthly Income Fund Select		655	755	1255	855	955	1355	1055	1155	1455	
	Equitable Life Dynamic Value Balanced Fund Select		633	733	1233	833	933	1333	1033	1133	1433	
	Equitable Life Mackenzie Canadian All Cap Balanced Fund Select		635	735	1235	835	935	1335	1035	1135	1435	
	Equitable Life Mackenzie Income Fund Select		641	741	1241	841	941	1341	1041	1141	1441	
	Equitable Life Mackenzie Ivy Canadian Balanced Fund Select		654	754	1254	854	954	1354	1054	1154	1454	
	Equitable Life Mackenzie Ivy Global Balanced Fund Select		648	748	1248	848	948	1348	1048	1148	1448	
	Equitable Life Trimark Diversified Yield Fund Select		651	751	1251	851	951	1351	1051	1151	1451	
Domestic Equity	Equitable Life Trimark Global Balanced Fund Select		619	719	1219	819	919	1319	1019	1119	1419	
	Equitable Life Bissett Canadian Equity Fund Select		640	740	1240	840	940	1340	1040	1140	1440	
	Equitable Life Bissett Dividend Income Fund Select		616	716	1216	816	916	1316	1016	1116	1416	
	Equitable Life Canadian Equity Value Fund Select		609	709	1209	809	909	1309	1009	1109	1409	
	Equitable Life Canadian Stock Fund Select		603	703	1203	803	903	1303	1003	1103	1403	
Foreign Equity	Equitable Life Dynamic Equity Income Fund Select		649	749	1249	849	949	1349	1049	1149	1449	
	Equitable Life Dynamic American Fund Select		647	747	1247	847	947	1347	1047	1147	1447	
	Equitable Life Dynamic Global Discovery Fund Select		645	745	1245	845	945	1345	1045	1145	1445	
	Equitable Life Mackenzie Global Small Cap Growth Fund Select		617	717	1217	817	917	1317	1017	1117	1417	
	Equitable Life Trimark Europlus Fund Select		618	718	1218	818	918	1318	1018	1118	1418	
	Equitable Life Trimark Fund Select		650	750	1250	850	950	1350	1050	1150	1450	
Portfolio funds	Equitable Life Trimark International Companies Fund Select		630	730	1230	830	930	1330	1030	1130	1430	
	Equitable Life Active Balanced Growth Portfolio Select		639	739	1239	839	939	1339	1039	1139	1439	
	Equitable Life Active Balanced Income Portfolio Select		638	738	1238	838	938	1338	1038	1138	1438	
	Equitable Life Active Balanced Portfolio Select		637	737	1237	837	937	1337	1037	1137	1437	
	Equitable Life Invesco Intactive Balanced Growth Portfolio Select		644	744	1244	844	944	1344	1044	1144	1444	
	Equitable Life Invesco Intactive Balanced Income Portfolio Select		643	743	1243	843	943	1343	1043	1143	1443	
	Equitable Life Quotential Balanced Growth Portfolio Select		622	722	1222	822	922	1322	1022	1122	1422	
	Equitable Life Quotential Balanced Income Portfolio Select		621	721	1221	821	921	1321	1021	1121	1421	
	Equitable Life Quotential Diversified Equity Portfolio Select		624	724	1224	824	924	1324	1024	1124	1424	
	Equitable Life Quotential Diversified Income Portfolio Select		623	723	1223	823	923	1323	1023	1123	1423	
Equitable Life Quotential Growth Portfolio Select		625	725	1225	825	925	1325	1025	1125	1425		

DSC = Deferred Service Charge NL = No Load LL = Low Load

Unless advised by a subsequent instruction request from you, all future premiums received will be deposited to the same fund(s) as the original deposit.



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8. DOLLAR COST AVERAGING (OPTIONAL SECTION)

Optional section. Dollar cost averaging (DCA) allows the client to pre-select the amount of premium to switch from one fund to another. This feature allows the client to spread the risk of investing by averaging the highs and lows of the price of units allocated. See the Pivotal Select Contract and Information Folder for more information.

weekly monthly bi-monthly quarterly semi-annually annually (dd/mm/yyyy) _____ (dd/mm/yyyy) _____

From Fund		To Fund(s)		From Fund		To Fund(s)	
Fund Code	Amount	Fund Code	Amount	Fund Code	Amount	Fund Code	Amount
Please note "From" fund minimum of \$500 and "To" fund minimum of \$50.					\$		\$
	\$		\$		\$		\$
			\$				\$
			\$				\$

9. SCHEDULED INCOME PAYMENTS (OPTIONAL SECTION)

Complete this section to receive regularly scheduled

\$ _____ per period

monthly quarterly semi-annually

Scheduled income payments to be withdrawn from

Complete this section only if the client wishes to have regular income payments set up. This is typically used when a large lump sum is invested and the client wants to create an ongoing income stream. Withdrawals from their policy are made on a regular basis and the funds are deposited to their bank account. The minimum scheduled withdrawal is \$100.

Fund name	Fund Code	Allocation %

If there is a discrepancy between the fund name and fund code, the fund code will be used. If more room is required, please attach a separate page with instructions.



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10. SOURCE OF FUNDS

This is a required section!

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

This is a required section!

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. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)



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13. AGREEMENT & SIGNATURES

I agree and confirm that:

Please ensure the client reads this agreement in its entirety. Don't forget to have the client SIGN AND DATE ALL PORTIONS OF THIS AGREEMENT.

- 1. My acceptance of the issued contract will indicate my acceptance of any changes, corrections or additions to this Application which I have signed.
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 the information provided.
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.
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. I request the issuer file an election to register the Pivotal Select Contract and Information Folder as a Tax-Free Savings Account under the Income Tax Act (Canada) and if applicable, the Taxation Act (Quebec).
8. I understand SIN numbers are collected for income tax purposes.
9. I authorize Equitable Life to act on my service instructions as provided by my advisor.

I hereby acknowledge receipt of the Pivotal Select Contract and Information Folder and Fund Facts, or have accessed these documents electronically at www.equitable.ca/contracts. Payor must be the Annuitant. Must be signed in the province in which you are licensed to do business.

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

All signatures for withdrawals from the account are present in this Application, and all terms and conditions set out in the "PAD" in section 6 are understood and agreed upon.

Signature of Annuitant | Signature of Payor | Signature of Joint Payor (if required)

14. ADVISOR CONFIRMATION & SIGNATURE

By signing below I, the Advisor, confirm that:

- I am licensed in the province in which the application is signed.
I have explained the contents of the Pivotal Select Contract and Information Folder and Fund Facts to the owner(s) and they have accessed these documents electronically at www.equitable.ca/contracts.
I have disclosed the following information to the owner of the policy:
- the name of the company or companies I represent.
- I receive commissions for the sale of insurance-based investment products and may receive benefits from the sale of such products.
- any conflicts of interest I may have with respect to this transaction.
I have reviewed the information provided in this application with the owner and to the best of my knowledge, it is complete and true.

IMPORTANT: You must provide the client: - a copy of the completed application - Pivotal Select Contract & Information Folder* - Pivotal Select Fund Facts* *You can provide these documents in paper format, or the client can choose to obtain these documents electronically at www.equitable.ca/contracts.

Advisor Name | Advisor Signature | Code/ID | Date (dd/mm/yyyy)

Please remember to sign and date this form.

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®**

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Visit our website: www.equitable.ca

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