



SEGREGATED FUNDS | Savings and Retirement

PIVOTAL SELECT™ Application

Tax-Free Savings Account (TFSA)

Yellow highlights provide reminders.

Orange highlights provide further information or instructions.



PRIORITY PROCESSING
OF APPLICATION



SYSTEM ALERTS
YOU TO ANY MISSING
INFORMATION



STEP BY STEP
DIRECTIONS

EZcomplete® for Pivotal Select™

EZcomplete is intuitive, simple to use and puts everything you need right at your fingertips. Using it can reduce the time, frustration and potential mistakes that can happen with a paper application.



Get started by going to
advisor.equitable.ca

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. (ET) at 1.800.668.4095.



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

Name of Advisor	Dealer/MGA Name	You will need three copies of this completed application: <ul style="list-style-type: none"> Copy 1 - Equitable Life Copy 2 - Advisor Copy 3 - Client
Advisor Code OR FundSERV Sales Rep. ID <small>(only one, whichever is applicable)</small>	Branch Number OR FundSERV Dealer ID	
Advisor 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: <input type="checkbox"/> Pivotal Select Investment Class 75/75 <input type="checkbox"/> Pivotal Select Estate Class 75/100 <input type="checkbox"/> Pivotal Select Protection Class 100/100

2. ANNUITANT INFORMATION (MUST BE OWNER/HOLDER 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"/> Miss. <input type="checkbox"/> Dr.	Name (first, middle initial, last)	Social Insurance Number (SIN)											
<input type="checkbox"/> Male <input type="checkbox"/> Female		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> </table>											
Address (number, street and apartment)		City or Town											
Province	Postal Code	Telephone Number											
Date of Birth (yyyy/mm/dd)	Email Address												
Occupation (if retired, indicate former occupation): Job Title: _____ Duties: _____		<div style="border: 1px solid black; padding: 5px;"> <p>Your email address is important!</p> <p>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.</p> </div>											

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Given Name: _____ Last Name: _____

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner. Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date <small>(yyyy/mm/dd)</small>	Date Advisor Verified <small>(yyyy/mm/dd)</small>

If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.



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

I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

Application was not completed in person.

I, the Owner, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

3. SUCCESSOR ANNUITANT (OPTIONAL SECTION)

On the death of the Annuitant, the contract will continue and therefore there is no death benefit until the death of the Successor Annuitant. Note: the Applicable Owner has full contractual rights.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr.	Successor Annuitant's name (first, middle initial, last)	Relationship to Annuitant (must be legally married or Common-Law Partner)
<input type="checkbox"/> Male <input type="checkbox"/> Female		

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

City or Town	Province	Postal Code
Date of Birth (yyyy/mm/dd)	Social Insurance Number (SIN) _ _ _ _ _ _ _ _ _	Expiry Date (if applicable)

4. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving Annuitant. If your Spouse or Common-Law partner is the sole beneficiary at the time of your death and a Successor Annuitant has not been named, your spouse will have the option to receive the death benefit or to continue this contract as the Successor Annuitant.

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.

Primary Beneficiary name(s)	Date of birth if minor (yyyy/mm/dd)	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 (yyyy/mm/dd)	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: _____

Annuity settlement option:

If you would like one or more of your beneficiaries to receive the death benefit in the form of income payments from a payout annuity, complete the [Annuity Settlement Option form #455](#). You can find out more about this option in the [Gradual Inheritance Strategy form #1514](#).



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5. CONTRIBUTIONS (PAYMENT(S) MUST BE MADE BY THE OWNER)

Note: Minimum initial deposit must be \$500 or \$50 Pre-Authorized Debit ("PAD").

Cheque \$ _____

One-time PAD \$ _____ (complete section 6)

Ongoing PAD \$ _____ (complete section 6)

External Transfer \$ _____

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

Internal Transfer \$ _____

Equitable Life Policy Number: _____

Online Banking \$ _____

Once the application has been submitted, the payor can make a deposit using the application number and their financial institution's online banking service. For additional information and a list of banks set up with this service, visit www.equitable.ca/go/onlinebanking

Loan \$ _____

Lending Company: _____

6. PRE-AUTHORIZED DEBIT ("PAD") (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 5)

One-Time PAD:

Amount: \$ _____

Withdrawal Date:

- Withdraw the funds on the date that all application requirements are met, OR
Specify date (yyyy/mm/dd): _____

Banking information:

- 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 the existing PAD account on Equitable Life policy #: _____ (void cheque not required)

Ongoing PAD:

Amount: \$ _____ PAD start date (yyyy/mm/dd): _____

Payment Frequency:

- Monthly (1 - 28) Semi-monthly (1 & 15) Bi-weekly (every other week) on
Monday Tuesday Wednesday Thursday Friday

Banking information:

- 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 the existing PAD account on Equitable Life policy #: _____

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.



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6. PRE-AUTHORIZED DEBIT (“PAD”) (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 5)

Ongoing PAD fund selection:

If you would like to specify a different fund selection for ongoing PAD please provide the details below. If no instructions are provided the ongoing PAD will be allocated based on the instructions in the Fund Selection section.

Fund Name	Fund Code	Allocation %/\$

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 at www.payments.ca.

Type of Service

For the purpose of this agreement, all PAD 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.

Contact Information

Equitable Life of Canada. One Westmount Road North P.O. Box 1603 Str. Waterloo, Waterloo, ON N2J 4C7

TF 1.800.668.4095 F 519.883.7404 Email: savingsretirement@equitable.ca

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.payments.ca and may be completed and forwarded to your financial institution.

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.payments.ca.



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7. FUND SELECTION

Total allocation must equal 100%. \$50 minimum deposit per fund. Based on our administrative rules, DSC, LL, NL-CB and NL-CB5 units may not be held within the same contract. Refer to Segregated Fund Code (form #375SEL) for fund codes and names.

Table with 4 columns: Fund Code, Segregated Fund Name, Sales Charge Option, and (\$ or %). It contains five rows of checkboxes for DSC, NL, LL, NL-CB, and NL-CB5.

DSC = Deferred Sales Charge (Sales charge applies to client)
NL = No Load
LL = Low Load (Sales charge applies to client)
NL-CB and NL-CB5 = No Load CB (Chargeback to advisor)

8. DOLLAR COST AVERAGING (OPTIONAL SECTION)

Complete this section when a lump sum deposit is being made to a low risk fund, and you wish to regularly transfer to a different fund(s) allowing unit prices to be averaged during market fluctuations. Each "from fund" minimum is \$500 and each "to fund" minimum is \$50. Dollar Cost Averaging must be within the same sales charge option. Please refer to section 7 for fund selection and fund codes.

Select frequency:
[] weekly [] monthly [] bi-monthly [] quarterly [] semi-annually [] annually

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

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

Table with 4 columns: From Fund (Fund Code, Fund Amount) and To Fund(s) (Fund Code, Fund Amount). It shows a transfer from one fund to multiple funds.



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9. SCHEDULED INCOME PAYMENTS (OPTIONAL SECTION)

Complete this section to receive regularly scheduled withdrawals from your Equitable Life policy to your bank account. Please attach a VOID cheque.

\$ _____ per frequency
[] monthly [] quarterly [] semi-annually [] annually

Start Date/Date of Withdrawal: _____
Please allow 3 – 5 days for processing. yyyy/mm/ dd(1-28)

Scheduled income payments to be withdrawn from: (see section 7 for fund names and codes)

Table with 3 columns: 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.

10. SOURCE OF FUNDS

Check all that apply:

- [] Salary or Earned Income [] Business Income [] Sale of Property
[] Borrowed Funds [] Gifted Funds [] Proceeds From Death Benefits or Estate
[] Applicant/Owner Savings [] 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.)

- [] Short Term Savings [] Retirement/Long Term Savings [] Business/Key Person Protection/Buy Sell Agreement
[] Income Creation [] Mortgage/Debt Insurance [] Income/Family Protection
[] Gift [] Education Purposes [] Legacy/Inheritance/Estate Protection
[] Other _____

12. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)



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13. AGREEMENT & SIGNATURES

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. 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). I agree to provide any further information which may be required in connection with the registration of this contract.
8. I understand SINs are collected for income tax purposes
9. I authorize Equitable Life to act on my service instructions as provided by my advisor. This trading authorization can include but is not limited to purchases, withdrawals, switches, resets, as well as modification of investment instructions, Pre-authorized Debit (PAD) and any Scheduled Withdrawal Plans (SWP). I acknowledge that Equitable Life may carry out any transaction requests provided by my advisor. I will set up an Equitable Client Access Account, as required by Equitable Life's trading authorization administrative rules.

I acknowledge receipt of the Pivotal Select Contract and Information Folder and Fund Facts, and understand I can access these documents electronically at www.equitable.ca/contracts.

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. Payor must be the Annuitant. If payment is made from a joint account and more than one signature is required on cheques against the account, both joint bank account owners must sign for PAD.

Signature of Annuitant

Name of Payor _____

Signature of Payor _____

Name of Joint Payor _____

Signature of Joint Payor (if required) _____



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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 have provided the owner(s) with a paper copy of these documents, unless the owner(s) 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.
 - Any commissions for the sale of insurance-based investment products and any bonuses, invitations to conferences or other incentives.
 - 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.

Advisor Signature

Date (yyyy/mm/dd)

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 provide you with personalized service, security and wellbeing.



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