



TRANSFER AUTHORIZATION FOR REGISTERED AND NON-REGISTERED INVESTMENTS

1. Client Identification

Name of Policy Owner(s)

Please do not forget to enter the SIN of the client.

Address (Street, City, Province, Postal Code)

Social Insurance Number

Telephone Number

2. Relinquishing Institution

This can be found on the client's policy statement.

Name of Relinquishing Institution

Fax No.

Address (Street, City, Province, Postal Code)

Please ensure the proper mailing address for the receiving institution is provided.

Client Policy Number

I hereby request the transfer, **IN CASH**, from the above noted account/contract to Equitable Life:

All of the value **OR** A partial withdrawal as specified below:

Note: Full withdrawals of RIF/LIF plans require the payment of the Required Minimum prior to transfer.

Investment Name	Fund Code (if applicable)	% / \$ Amount

Registration Type:

- Non-Registered
 TFSA
 RRSP
 LIRA
 LIF
 RRIF
 PRIF
 LRIF
 RLIF
 RLSP
 LRSP
 RPP

Spousal Plan? Yes No - If Yes, provide the following details about the spousal contributor.

First name

Last name

Social Insurance Number

Locked-in pension funds? Yes No - If Yes, provide the following details.

Legislation

Plan name

Note to relinquishing institution:

- Where required by applicable legislation, please provide the investment gain/loss to date of transfer for the current calendar year.
- If the funds are being transferred from a RIF, please confirm if the funds are from a qualifying RIF upon transfer.



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3. Receiving Institution

The Equitable Life Insurance Company of Canada
Receiving Institution

One Westmount Road
Address (Street, City, Province, Postal Code)

Advisor Name

If transferring to a new policy, a policy number is not available and cannot be established until the application is received. However, if available, you can use our CRA specimen registration number for the applicable product.

1.800.668.4095
Business Telephone Number

519.883.7404
Fax Number

Waterloo • Waterloo ON N2J 4C7

Advisor code

Advisor telephone number

Please deposit the assets transferred into the following policy:

Policy/Application number

Product type: Segregated Funds Guaranteed Interest Account Payout Annuity

Registration Type:

- Non-Registered
- TFSA
- RRSP
- Spousal RRSP
- RRIF
- Spousal RRIF
- Locked-In Retirement Account (LIRA, RLSP, LRSP)
- Life Income Fund (LIF, PRIF, LRIF, RLIF)

Investment Instructions:

Deposit according to the existing investment instructions on file, OR Deposit to the investment instructions specified below:

Investment Name	Fund Code (if applicable)	% / \$ Amount

Locked-In Funds Confirmation:

The Equitable Life Insurance Company of Canada agrees to administer any locked-in funds transferred to the governing pension legislation indicated in section 2.

Authorized Signature

Date

Please remember to enter your name and code.

Please select the correct investment and registration types for the receiving policy.

If applicable, please provide the details of the fund the client wishes to invest in. If this information was included on a new application, this isn't needed.

4. Client Authorization

I authorize the withdrawal of all or part of my investment as indicated above and agree to the value being reduced by any applicable fees, taxes, charges or adjustments.

Signature of Policy Owner

Date

Signature of Joint Policy Owner (if applicable)

Date

Signature of Irrevocable Beneficiary (if applicable)

Please ensure the account holder signs and dates the form.

Please note: Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.