

Investment Application

Single Premium Immediate Annuity

Policies are issued by:

The Empire Life Insurance Company

Corporate Head Office
259 King Street East
Kingston, Ontario
K7L 3A8

www.empire.ca

Throughout this application, "Empire Life" means The Empire Life Insurance Company.

1. Who will be the Annuitant? If the Plan is to be registered under the Income Tax Act (Canada) the Annuitant MUST be the Owner.

Proof of age for the Annuitant MUST be submitted with this application.

Provide a copy of one of the following acceptable documents:

- Birth Certificate Driver's Licence Passport Baptismal Certificate Citizenship Card

Any benefits payable will be based on this person's life. Do you have any other policies with Empire Life? Yes No

First name		Middle name		Last name	
Address (number, street name)			City	Province	Postal Code
<input type="radio"/> Male	Telephone	SIN	Date of birth (dd/mmm/yy)		
<input type="radio"/> Female					
Occupation (job titles and duties) – If retired, indicate former occupation			Employer	Type of principal business	

2. Who will be the Joint Annuitant (if applicable)? Proof of age for the Joint Annuitant MUST be submitted with this application.

Provide a copy of one of the following acceptable documents:

- Birth Certificate Driver's Licence Passport Baptismal Certificate Citizenship Card

First name		Middle name		Last name	
Address (number, street name)			City	Province	Postal Code
<input type="radio"/> Male	Telephone	SIN	Date of birth (dd/mmm/yy)		
<input type="radio"/> Female					
Occupation (job titles and duties) – If retired, indicate former occupation			Employer	Type of principal business	

3. Who will be the Applicant/Owner? If the policy is purchased with funds transferred via Form T2037, the Annuitant will be the Owner.

- Annuitant Non-Profit Organization or Trust – complete form C-0044-ENG Corporation/Organization Owner Supplement

Full legal name of Non-Profit Organization or Trust

4. All confirmations and statements will be sent to the Owner. If not specified, we will communicate in the language of this application. English French

This section does not apply if the annuity selected in Section 7 has no guaranteed period.

5. Who will be the beneficiary(ies) of any applicable death benefit?

If the Annuitant is the Owner, upon the death of the Annuitant, the Joint Annuitant, if any, shall become the Owner. The commuted value of any remaining guaranteed payments due following the death of all Annuitants shall be payable to the named beneficiary, if living, otherwise the commuted value of the remaining guaranteed payments will be paid to the Owner or Estate of the Owner. If the annuity is registered under the Income Tax Act (Canada) and the Spouse/Common-law partner of the Annuitant is named beneficiary, the Spouse Common-law partner shall become the Owner and receive any remaining guaranteed payments due following the death of the Annuitant.

Only the Owner of a policy may name or change a beneficiary. If you name more than one beneficiary and do not indicate a share percentage, the benefits will be divided equally among all surviving beneficiaries.

Contingent beneficiary: A contingent beneficiary will only become a primary beneficiary if the primary beneficiary(ies) have died before the Annuitant(s). Contingent beneficiaries are revocable. The beneficiary is deemed primary unless you check the Contingent box in the Beneficiary designation area.

Irrevocable/Revocable designations: A minor irrevocable beneficiary cannot consent to a change of beneficiary and a parent or guardian may **not** sign on behalf of a minor child for this purpose. All beneficiaries are assumed revocable unless you check the irrevocable box below. In Quebec, if a married or civil union spouse is named beneficiary, the designation is irrevocable unless you check the revocable box below.

Minors: Outside Quebec, you should name a Trustee to receive the benefits while the beneficiary is still a minor. In Quebec, the benefits will be paid to the Tutor(s) unless you have appointed an Administrator (below) or have established a formal Trust.

Indicate below the percentage of the amount payable on death, if any, each beneficiary is to receive.

If you wish to designate more than 2 beneficiaries, use form D-0017 Beneficiary and/or Contingent/Successor Owner or Subrogated Policyholder Designation. Percentages for all beneficiaries must total 100%.

Beneficiary				Beneficiary			
First name		Middle name		First name		Middle name	
Last name or exact name of corporation/organization				Last name or exact name of corporation/organization			
Relationship to Annuitant (in Quebec, relationship to Owner)				Relationship to Annuitant (in Quebec, relationship to Owner)			
<input type="radio"/> Primary	If Primary:	<input type="radio"/> Revocable	Share %	<input type="radio"/> Primary	If Primary:	<input type="radio"/> Revocable	Share %
<input type="radio"/> Contingent		<input type="radio"/> Irrevocable		<input type="radio"/> Contingent		<input type="radio"/> Irrevocable	
Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name/Administrator		Date of birth for Minor Beneficiary (dd/mmm/yy)		Trustee name/Administrator	

6. What are the details of your deposit?

a) Are you including a deposit with this application? Yes No

If yes, what is the amount of this deposit \$ _____ Make cheque payable to The Empire Life Insurance Company

b) Original source of funds (e.g. inheritance, sale of house): _____

c) Will funds be transferred from another company or companies? Yes No

If yes, provide the name of the transferring companies and the expected transfer amounts. Appropriate forms must be completed and submitted to complete the requested transfer(s). Cheques should be payable to The Empire Life Insurance Company.

Transferring Company	Expected Transfer Amount
----------------------	--------------------------

	\$ _____
--	----------

	\$ _____
--	----------

Are the transferred funds subject to pension legislation? (i.e. LRSP, LIRA, LIF, LRF, PRIF RPP, etc.)

Yes No If yes, indicate the Province or Act: _____

Is a Rate Basis Guarantee being requested?*

Yes No If yes, indicate Quote Number on which rate basis guarantee is based: _____

*The terms and conditions of the rate basis guarantee are on the reverse of this application.

7. Plan details

This will be a prescribed annuity unless otherwise noted under Head Office Additions and Amendments in Section 10.

Is this Plan to be registered under the Income Tax Act (Canada)? Yes No

Are these funds being transferred from a Spousal/Common-law partner RSP? Yes No

If yes, complete the following information for your Spouse/Common-law partner.

First name	Middle name	Last name	SIN
------------	-------------	-----------	-----

<input type="radio"/> Single Life	<input type="radio"/> No Guarantee	OR	Guaranteed for _____ year(s)
-----------------------------------	------------------------------------	-----------	------------------------------

<input type="radio"/> Joint and Last Survivor	<input type="radio"/> No Guarantee	OR	Guaranteed for _____ year(s)
---	------------------------------------	-----------	------------------------------

If this annuity is life with no guarantee, then this annuity provides NO benefits after the death of the annuitant(s) on whose survival it depends.

Term Certain Guaranteed for _____ year(s) **Must be to age 90 for registered plans.**

Income Payments: One payment frequency after issue Payment Frequency: Monthly Quarterly

*Amount \$ _____ Payment Start Date (dd/mmm/yy) Semi-annually Annually

Annuity reduces to _____ % on death of Annuitant First to die of Annuitant and Joint Annuitant Not Applicable

Payment Method: **DIRECT DEPOSIT ONLY** (Complete Section 8)

*The amount of the Income Payment may be recalculated upon receipt of all requirements.

8. Financial Institution account to be credited:

Account shown on the attached void cheque — **ATTACH VOID CHEQUE**

Savings Account only, use the following account:

Account holder's name(s)	Financial institution
--------------------------	-----------------------

Bank #	Transit #	Account #
--------	-----------	-----------

9. Special instructions

10. Head Office additions and amendments

11. Declaration, Acknowledgement, Authorization and Consent

By signing below, I confirm that I have read, understood and agreed to the statements in the Declaration, Acknowledgement, Authorization and Consent on the reverse of this Application and consent to the use of my personal information as described.

11.1 Application completed and signed at (City and Province) _____ **Date** (dd/mmm/yy) _____

Signature of Annuitant _____ **Signature of Joint Annuitant** _____

X **X**

11.2 Signature of Applicant/Owner (if different than Annuitant)

If the Owner is a Non-Profit Organization or Trust, indicate its exact name. Persons signing must provide proof of authority to bind the Non-Profit Organization or Trust.

Signature — Applicant/Owner or officer _____ **Print name and title** (if signing for Non-Profit Organization or Trust) _____

X

Signature — 2nd officer _____ **Print name and title** (if signing for Non-Profit Organization or Trust) _____

X

11.3 If using a corporate account or the account of someone who isn't the Annuitant or Owner for Direct Deposit, complete the following:

Signature _____ **Signing authority name** (please print) _____

X

11.4 Signature of Witness to Advisor's signature (only if the Advisor is the Owner or Annuitant)

X

12. Advisor's Report This section must be completed by the Advisor.

For all Non-registered plans, in compliance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, the Advisor must verify each Owner's identity by reviewing the original of one of the following government issued identification documents:

12.1 Verification of Identity of Owner – If Owner is a Non-Profit Organization or Trust complete form C-0044-ENG Corporation/Organization Owner Supplement

- Birth Certificate
 Passport
 Driver's Licence (with photo and signature)
 Provincial Health Card (except in Manitoba, Ontario and PEI)

Jurisdiction (i.e. Canada, province, territory)	Document number	Place of issue	Date of issue (dd/mmm/yy)	Expiry date (dd/mmm/yy)
---	-----------------	----------------	---------------------------	-------------------------

Has the Owner or any close relative(s) of the Owner (child, mother, father, spouse/civil union spouse/common-law partner; the mother or father of the Owner's spouse/civil union spouse/common-law partner; or child of the Owner's mother or father) ever held one of the following positions in a country other than Canada?

- (a) **Government** (head of state/government; member of executive council or legislature; leader/president of a political party represented in a legislature; deputy minister or equivalent; head of a government agency)
- (b) **Other Official** (Military officer with a rank of general or above; judge; president of a state-owned company/bank; ambassador/attaché/counsellor of an ambassador)
- No Yes (If yes, provide details: _____)

12.2 Determination of Third Party Interests (Must answer "No" or "Yes" for all plans, if yes, complete entire section).

To comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act, the Advisor must determine any third-party interests. In making this application, is the Owner acting on behalf of a third party? (Your answer should be 'Yes' if someone other than the Annuitant or Owner is contributing the funds or has or will have an ownership interest in this policy.)

- No Yes

First name	Middle name	Last name or exact name of business/corporation	Date of birth (dd/mmm/yy)
Address (number, street name)		City	Province
			Postal Code
Occupation	Type of business	Relationship to Owner	
Jurisdiction of registration (if applicable) (i.e. Canada, province, territory)		Incorporation number	

12.3 Advisor compensation and contact information

Name of Servicing Advisor	Advisor code	% Split	Valid license and E&O insurance on file?
			<input type="radio"/> Yes <input type="radio"/> No
Name of Sharing Advisor			<input type="radio"/> Yes <input type="radio"/> No
Name of GA, AGA or MGA firm	Contact at firm	Phone and email	

12.4 Advisor declaration and acknowledgement

I declare that:

- I have witnessed all signatures in Section 11;
- I have explained the entire contents of this Application to the Owner and Annuitant;
- I provided to the Owner(s) and Life Insured(s) a statement of disclosure outlining the companies I represent, the fact I receive compensation for the sale of annuity products, including the possibility I may receive additional compensation in the form of bonuses, conference programs or other incentives, and any conflicts, or potential conflicts of interest;

- All answers provided in the Application and related forms are those of the Owner or Annuitant as applicable;
- I am not aware of any additional information material to the acceptance of this Application;
- I have determined third party interests as indicated in Section 12.2 and, if a Non-registered annuity has been applied for, verified the identity of the Owner(s);
- I understand that Empire Life will not pay compensation to Advisors who do not have a valid license and E&O insurance on file with Empire Life for the province in which this application was signed.

Signature of Advisor as witness to all signatures X	Name of Advisor (please print)
Signature of training supervisor (where required in Quebec only) X	Date (dd/mmm/yy)

DECLARATION, ACKNOWLEDGEMENT, AUTHORIZATION AND CONSENT

I declare that:

- I have read and understood the meaning and importance of the questions, answers and statements in the Application and any supplementary forms (collectively the "Application").
- I was present when the answers and statements about me (collectively "my Answers") were recorded on the Application. I have reviewed my Answers and confirm them to be true to the best of my knowledge and belief, and my Answers may be relied upon by Empire Life.

I understand and agree that:

- If I am applying for a registered contract, I request that Empire Life apply to have this policy registered as an RSP under the Income Tax Act (Canada) and any other applicable Act(s). This contract will be subject to the provisions of these Act(s), and in accordance with the provisions of any applicable endorsements. All payments made out of the contract will be subject to tax under the provisions of the Act(s).
- If this annuity has no guarantee period, then this annuity provides no benefits after the death of the Annuitant and, if applicable, the Joint Annuitant, on whose survival it depends. I am fully aware that the benefits applied for are payable for my lifetime only and that upon my death no payments will be made to my beneficiary or estate. I am fully aware that an annuity with a guarantee period is available. However, it is my desire to have the maximum income during my lifetime.
- Any amendments made by Empire Life and specified in Section 10 shall be ratified by my acceptance of the policy. I further agree that Empire Life will not be under any risk or obligation unless
 - a) the total deposit is paid, and
 - b) the policy is delivered to me.
- Any direct deposit arrangements may be terminated on 10 days written notice beginning the day the notice is mailed either by Empire Life or by me.
- Empire Life will maintain the information contained in this Application and any related documents in my file. My file enables Empire Life and its employees, agents or representatives, on a continuing basis, to assess this Application, appraise the risk, assess any claim that I or my beneficiaries may make for income payments or other benefits, administer my file, answer any questions I may have about this application or my file in general, and provide me with information about my file and Empire Life products and services.

- My file will be kept at Empire Life Head Office and that I am entitled to consult my file and, when applicable, have it corrected. To exercise my rights, I must send written notification to: Chief Privacy Officer, Empire Life, P.O. Box 1000, Kingston, Ontario, K7L 4Y4.
- I have authorized Empire Life to retain and exchange personal information about me on a continuing basis for the purpose of my file. I understand that if I try to withdraw this consent, Empire Life will be unable to continue to administer the policy and may therefore cancel the policy in its sole discretion. If this occurs, neither I nor my estate will be able to exercise any rights under the policy.

I acknowledge that:

- I received satisfactory information concerning the product I am applying for before signing this application and I understand that my Advisor may be paid on a commission basis.

I authorize:

- My financial institution to honour any deposit (credit) to my account as outlined in Section 8 of this application, and return to Empire Life any amount deposited to which I am not entitled.
- Empire Life, its reinsurers, employees, agents and representatives, and any other person authorized by me to access, retain and exchange personal information about me as required in order to achieve the objectives of my file.
- Empire Life to provide and exchange information regarding my file to my Advisor (and agency) on an ongoing basis in order to provide me with ongoing service and advice related to my file. I understand that I can change my advisor or withdraw this authorization by writing to Empire Life.
- The Owner, beneficiary, heirs and the personal representative or liquidator of my estate to provide Empire Life, its reinsurers and their agents, with all the information and authorizations necessary to obtain the information required to appraise the claim, if I die.

A copy of the signed Declaration, Acknowledgement, Authorization and Consent in Section 11 will be as valid as the original.

Notice of Disclosure by Advisor

The plan/product you have applied for is supplied by The Empire Life Insurance Company (Empire Life), a company licensed to conduct business in all provinces and territories of Canada. I am an independent contractor representing Empire Life or [] (name of agency/firm/marketing intermediary) which represents Empire Life. I/ [] (name of agency/firm/marketing intermediary) will receive compensation from Empire Life when this policy becomes effective. I may also be eligible for travel or other incentives depending on various factors such as the volume or persistency of my business.

Commission sharing arrangements (if any) relating to this application are as follows:

Advisor's name	Advisor's name
----------------	----------------

You are not required to transact any other business with Empire Life or any other person, firm, corporation or entity (including me) as a condition of this application. For residents of British Columbia: The Advisor is licensed as a general agent, life insurance agent, or general insurance salesperson by the Insurance Council of British Columbia.

Advisor's signature X	Advisor's name	Date (dd/mmm/yy)
---------------------------------	----------------	------------------

**RATE BASIS GUARANTEE
TERMS AND CONDITIONS**

REGISTERED PLAN ENDORSEMENT

In requesting a Rate Basis Guarantee it is understood and agreed that:

1. The commitment to transfer funds to The Empire Life Insurance Company is irrevocable and the transfer of such funds is irreversible;
2. The application must be received by The Empire Life Insurance Company at its Head Office within 2 working days of the date of the annuity quotation indicated in Section 6, Details of Deposit, of this application. If this application is not received within this period the rate basis guaranteed shall be that in effect on the date that the application is received by The Empire Life Insurance Company;
3. If the actual amount of the transfer is at least \$7,500.00 but less than or equal to the estimated amount shown on the application the terms of this commitment remain in effect. If the actual amount of the transfer exceeds the estimated amount shown on the application, the applicable rate basis shall be that guaranteed on this application on the lesser of
 - a) 110% of the estimated amount, or
 - b) the estimated amount plus \$10,000.00.

The applicable rate basis on the excess shall be that in effect on the date the transferred funds are received by The Empire Life Insurance Company;

4. If the transfer is received within
 - i) 45 days, if the transfer of funds is from a registered source (RRSP, RPP, DPSP), or
 - ii) 30 days, if the funds are being transferred from a non-registered source,
 of the date this application is signed, the terms of this rate basis guarantee shall remain in effect.

If the transfer is received more than the period specified in i) or ii) above, as applicable, after the date of this application, the rate basis in effect shall be the lesser of

 - a) the rate basis guaranteed in this application, or
 - b) the rate basis in effect on the date the transfer is received.

NOTE: THIS ENDORSEMENT ONLY APPLIES TO PLANS TO BE REGISTERED UNDER THE INCOME TAX ACT (CANADA).

If you have requested that this contract be registered under the Income Tax Act (Canada) and any applicable provincial income tax legislation, the following provisions form part of the contract and, if applicable, override anything to the contrary within the Policy Provisions:

1. The contract may not be assigned in whole or in part;
2. In the event of the death of the Owner prior to the settlement of the contract, the proceeds will be payable in one sum;
3. The right to select a retirement income is limited to those described in Section 146(1) of the Income Tax Act (Canada);
4. Annuity payments to the Owner, or to the Spouse or Common-law partner of the Owner shall be in the form of equal annual or more frequent periodic payments and as specified in the Income Tax Act (Canada). Annuity payments may not be surrendered, commuted or assigned. However, in the event of the death of the Owner, any remaining annuity payments must be commuted and paid in one sum to the beneficiary, if other than the Spouse or Common-law partner. If the beneficiary is the Spouse or Common-law partner, payment of the annuity will continue under the terms of the settlement selected and subject to the terms of the Income Tax Act (Canada);
5. Notwithstanding Section 146(2)(a) of the Income Tax Act (Canada) the contract will provide for payment of an amount to an annuitant where the amount is paid to reduce the amount of tax otherwise payable under Part X.1 of the Income Tax Act (Canada), or if applicable, any provincial act. The Company must be given proof that there is tax payable and will require return of the contract for endorsement. The refund may not exceed the commuted value of the annuity as determined by the Company at the date of calculation. If the refund is equal to or greater than the commuted value the policy will be terminated and no further income payments will be due or payable. If the refund is less than the commuted value, the income payments will be reduced commencing with the first payment due after the date of calculation;
6. No advantage that is conditional in any way on the existence of this contract will be extended to the Owner or to a person with whom the Owner was not dealing at arm's length other than as specified in the Income Tax Act (Canada);
7. No contributions may be paid following the maturity date of the contract.