



INVESTMENT DIRECTION — PIVOTAL SOLUTIONS, PIP AND GIA

Instructions for completing this form

For Pivotal Solutions, Pivotal Solutions II, Personal Investment Portfolio (PIP) or Guaranteed Interest Account (GIA) products. For Pivotal Select policies, refer to [Investment Direction - Pivotal Select \(Form # 693SEL\)](#).

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

1. Contract Details

Name of Policy Owner(s) (first, middle initial, last): _____

Policy number(s): _____

2. 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 policy.
- “Family Member” means the 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 - go to Section 3 **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 the position was 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? <input type="checkbox"/> The person is the Payor <input type="checkbox"/> Family Member (relationship): _____ <input type="checkbox"/> 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.



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2. Political Positions (FOR NON-REGISTERED AND ONLY WHEN DEPOSIT IS EQUAL TO OR GREATER THAN \$100,000) (Cont.)

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

- Salary or Earned Income Business Income Investment Income
- Property Income/Holdings Lottery Inheritance
- Other _____

3. Premium Allocation for Daily Interest Account and Guaranteed Deposit Account

The undersigned requests that:

- Only this premium of \$ _____ be allocated as follows **OR**
- This premium of \$ _____ and all future premiums are allocated as follows:

Daily Interest Account (DIA): _____ \$ or %

- When sufficient funds accumulate in the DIA, automatically transfer to a Guaranteed Deposit Account for _____ months. The transfer will occur at the earlier of the next policy anniversary or at the time a premium is paid.

Guaranteed Deposit Account (GDA): _____ \$ or %

- GDA Term: To lock in an interest rate, a rate guarantee must be completed in Section 6.

\$ _____ for _____ months

\$ _____ for _____ months

At the end of the term of a GDA I request the following:

- Automatically reinvest in a new GDA for the same term **OR**
- Automatically reinvest in a new GDA for _____ months **OR**
- Automatically reinvest in the DIA (not available on non-registered simple interest Guaranteed Deposit Account)

NOTE - If alternate option not elected, funds will automatically reinvest for original term.

- Guaranteed Deposit Account Auto-ladder:

- 5 years: Your deposit will be equally split between 1-5 year terms. At maturity each term will be reinvested for 5 years.
- 10 years: Your deposit will be equally split between 1-10 year terms. At maturity each term will be reinvested for 10 years.

4. Source of Funds

Check all that apply:

- Salary or Earned Income Applicant/Owner Savings Proceeds from Death Benefits or Estate
- Sale of Property Business Income Other: _____
- Gifted Funds Borrowed Funds

Is a third party contributing the funds? No Yes (please complete [Third-Party Form #31](#))



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5. 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 Life 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 40 bps. The rate adjustment will not apply to future reinvestments or deposits. Limited to GDA terms of 10 years or less.

6. Request for Rate Guarantee

Applicable for GDA deposits only. Interest rates not approved by our Head Office are null and void.

Advisor must secure the interest rate for each deposit with Head Office, by faxing this completed form and transfer form (if applicable) via our rate guarantee fax line, 519.883.7428. Your interest rate will automatically be secured based on the receipt date of the fax.

- 3-day rate guarantee** (personal cheques only): Funds received at Head Office within 3 business days of the confirmation or fax date, will receive the higher of the interest rate in effect on the date of receipt and the guaranteed interest rate **OR**
- 45-day rate guarantee** (maturing funds or transfers from another financial institution): Funds received at Head Office within 45-calendar days of the fax date will receive the guaranteed interest rate. Funds received after 45-calendar days will receive the lower of the interest rate in effect on the date of receipt and the guaranteed interest rate.

I agree that:

- this is an irrevocable commitment by me to proceed with this investment;
- the interest rate guarantee is subject to the above conditions and Equitable Life's administrative requirements.

Cheque made payable to Equitable Life: \$ _____

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

External transfer: \$ _____

Financial institution name: _____



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7. Premium Allocation For Segregated Funds

Total allocation must equal 100%.

I/We request that: a. Only this premium of \$_____ be allocated as follows: **OR**

b. This premium of \$_____ and all future premiums be allocated as follows:

| Segregated Fund Name | \$ or % |
|----------------------|---------|
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8. Asset Rebalancing

Please refer to Section 7 for fund selection. 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. Dollar Cost Averaging

Please refer to Section 7 for fund selection.

Please select frequency: monthly quarterly semi-annually annually

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

| Dollar Amount | From Fund | To Fund |
|---------------|-----------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

10. Switches

Segregated funds

I request the following transfers (refer to Section 7 for fund selection):

| Dollar Amount / Percentage | From Fund | To Fund |
|----------------------------|-----------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

GDA deposits

The account value of the GDA maturing on:

(yyyy/mm/dd) _____ for _____ months

Transfer immediately Transfer on maturity

There may be market value adjustments and surrender charges for amounts transferred prior to maturity.



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11. Reset Of Death And Maturity Guarantee

Only available for Personal Investment Portfolio (PIP), Pivotal Solutions II, and Pivotal Solutions Deferred Sales Charge (DSC) policies. Resets are not available on RIF or LIF policies. 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 policy. 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's), 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 policy 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 a 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 policy is not transferred to an Equitable Life RIF or LIF at maturity, the current/previous reset guarantees will be void.

12. Special Instructions



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13. Agreements & Signatures

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

- Premium allocations and automatic investment options selected remain in effect until the Company receives a written request for change from the Policyowner(s).
- Premium allocations, transfers and automatic investment options are subject to the minimums stated in your policy 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.
- If transferred funds received for GDA deposit exceed 110% of the amount specified in Section 6, we may adjust the guaranteed rate for the excess amount.
- 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 policy 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.

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

Joint Policy owner's signature (if applicable): _____

Irrevocable beneficiary signature (if applicable): _____

Assignee signature (if applicable): _____

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

14. Advisor Information

Advisor Name: _____ Advisor Code: _____

Advisor Email: _____