



## LIMITED TRADING AUTHORIZATION - SAVINGS AND RETIREMENT

**Use this form for all Savings and Retirement policies.**

Policy number(s)	
Name of policy owner	Name of additional policy owner (if applicable)
Name of advisor	Advisor's code and branch number

I/We authorize The Equitable Life Insurance Company of Canada ("Equitable") to act on my/our instructions provided in writing by my advisor. This authorization includes but is not limited to:

- Modification of investment instructions
- Reinvestment of maturing funds
- Withdrawals
- Reset of maturity and death benefit guarantees
- Purchases
- Rate guarantees
- Switches
- Scheduled withdrawal plans (SWP) (stopping, restarting, changing existing SWP instructions)
- Pre-authorized debit (PAD) (stopping, restarting, changing existing PAD instructions)

I/We understand and agree that:

- a) Written instructions provided by my advisor to Equitable under this authorization shall have the same validity as if I/we had provided signed written instructions directly to Equitable Life. In consideration for this, I/we release Equitable Life from any liability, losses, damages, costs, charges and expenses (including fees) that may result from complying with the instructions;
- b) Equitable will act on these instructions, which could result in tax consequences, policy transaction fees and investment losses, for which I am responsible;
- c) I have set up my confidential Equitable Client Access account;
- d) I should keep a record of my instructions to my advisor and satisfy myself that they have been carried out appropriately by reviewing confirmations and statements, which will be posted to my confidential Equitable Client Access account;
- e) This Limited Trading Authorization will expire immediately upon: i) Equitable receiving my written notice revoking it, changing my advisor or signing a new authorization; ii) Equitable receiving written notice of my mental incapacity or death; iii) termination of the advisor's contract with Equitable; or, iv) Equitable sending me notice of termination; and,
- f) Equitable reserves the right to decline instructions submitted by the advisor based on its administrative rules.

Signed at _____ this _____ of _____ 20____. <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(city)</span> <span>(province)</span> <span>(day)</span> <span>(month)</span> </div>	
Signature of Policyowner	Signature of Joint Policyowner (if applicable)
Signature of Advisor	