

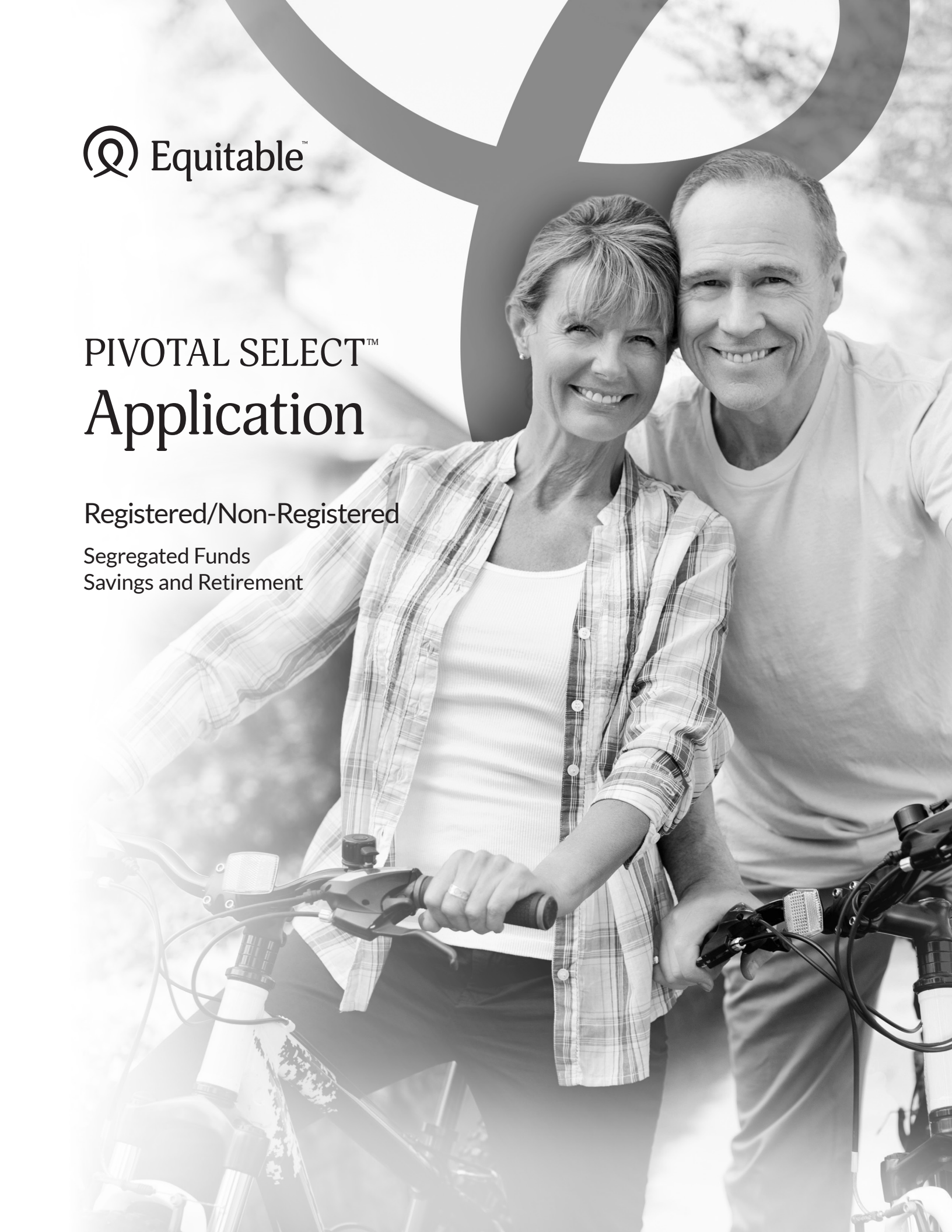


PIVOTAL SELECT™ Application

Registered/Non-Registered

Segregated Funds

Savings and Retirement





As an Equitable client you will have instant access to your contract information through **Equitable Client Access!**

What is Equitable Client Access?

It is our secure online site that allows you to access your contract information, right at your fingertips. With Equitable Client Access you can:

- **View contract 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, tax slips and letters**

- **And more!**

Register for Equitable Client Access one of two ways:

1. Include your email address on this application and Equitable will email you a registration link once your contract is active.
2. Once you receive your contract 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 Client Care Centre would be pleased to help. You can reach them at 1 800 668 4095.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

All sections are mandatory unless they are marked as "Optional" in the section title.

Name of Advisor	Dealer/MGA Name	<i>Internal use only:</i> Contract number:
FundSERV Rep ID (if advisor is not FundSERV eligible, provide Advisor Code)	FundSERV Dealer ID (if MGA is not FundSERV eligible, provide Branch Number)	<i>Electronic applications only:</i> Application number
Advisor Email Address	MGA Email Address	Application generated date:

1. PLAN TYPE

What type of Contract would you like? Please check one box for A) and B)

A) Guarantee Class

Pivotal Select Investment Class 75/75

Pivotal Select Estate Class 75/100

Pivotal Select Protection Class 100/100

B) Registration

Non-Registered

Retirement Savings Plan (RSP) _____ (Jurisdiction)

Spousal RSP*

Retirement Income Fund (RIF)

Spousal RIF* _____ (Jurisdiction)

Life Income Fund (LIF, PRIF, LRIF, RLIF)

Locked-In Retirement Account (LIRA, RLSP, LRSP)

*If a Spousal RSP or Spousal RIF has been chosen, the following information is required.

Name of contributing Spouse	Spouse's Social Insurance Number (SIN) Expiry Date (if applicable)	Spouse's date of birth (yyyy/mm/dd)
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2. OWNER INFORMATION

Registered contracts:

- The Owner will also be named as the Annuitant.

Non-Registered contracts:

- You can decide whether the Owner and Annuitant are the same, or different people. If the Annuitant is someone different, you will need to complete section 5: Annuitant Information
- If the Owner is a corporate or non-corporate entity, leave the "Occupation" and "Verification of Identity" fields blank. Complete the [Business Information Form # 594](#) and submit it with the application.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Owner's Name (first, middle initial, last)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Social Insurance Number (SIN)		Expiry Date (if applicable)
Address (number, street and apartment)		City or Town
Province	Postal Code	Telephone Number
Date of Birth (yyyy/mm/dd)	Email Address	
Occupation (if retired or unemployed, indicate former occupation): Job Title: _____ Duties: _____		The email address is important! Once the contract is active we will email the Owner a link to register for Equitable Client Access . This website allows them to view and manage their contract information.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

2. OWNER INFORMATION (CONTINUED)

Verification of Identity (only required for non-registered):

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the Owner's identity:

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the Owner in person. The advisor must review one of the following:

- provincial driver's license
• provincial photo identification card (excluding provincial health cards)
• passport
• citizenship card (issued prior to 2012)
• permanent resident card
• Secure Certificate of Indian Status

ADVISOR ATTESTATION

- ☐ I, the advisor:
• Have met the Owner in person, and have held and viewed their authentic, valid, and current photo identification.
• Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

Table with 5 columns: Identification Type, Identification Number, Issuing Jurisdiction/Country, Expiry Date (yyyy/mm/dd), Date Advisor Verified (yyyy/mm/dd)

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the Owner in person or remotely. The advisor must review two forms of identification from different categories*, as described in the Alternate ID Verification Options document.

ADVISOR ATTESTATION

- ☐ I, the advisor:
• Have followed the alternative identification instructions as described at equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

Provide details:

Table with 6 columns: 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.

Option 3: Equitable validates identity through a third-party service provider

This option can be used when the application was not completed in person.

OWNER ATTESTATION

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



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

3. JOINT OWNER (OPTIONAL SECTION) (FOR NON-REGISTERED ONLY)

Not available in Quebec. We will send the contract information and future mailings to the primary Owner's mailing address only. On the death of an Owner who is not the Annuitant, his or her ownership interest will pass to the other Owner and/or Successor Owner.

Mr. Mrs. Ms. Joint Owner's Name (first, middle initial, last) Sex: Male Female

Social Insurance Number (SIN) Expiry Date (if applicable)

Address (number, street and apartment) if different from Owner City or Town Province Postal Code

Telephone Number Date of Birth (yyyy/mm/dd) Occupation (if retired or unemployed, indicate former occupation): Job Title:

Relationship to Owner Duties:

Verification of Identity:

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the Owner's identity:

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the Owner in person. The advisor must review one of the following:

- provincial driver's license citizenship card (issued prior to 2012)
provincial photo identification card (excluding provincial health cards) permanent resident card
passport Secure Certificate of Indian Status

ADVISOR ATTESTATION

- I, the advisor: Have met the Owner in person, and have held and viewed their authentic, valid, and current photo identification. Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

Table with 5 columns: Identification Type, Identification Number, Issuing Jurisdiction/Country, Expiry Date (yyyy/mm/dd), Date Advisor Verified (yyyy/mm/dd)

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the Owner in person or remotely. The advisor must review two forms of identification from different categories*, as described in the Alternate ID Verification Options document.

ADVISOR ATTESTATION

- I, the advisor: Have followed the alternative identification instructions as described at equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

Provide details:

Table with 6 columns: 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.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

3. JOINT OWNER (OPTIONAL SECTION) (FOR NON-REGISTERED ONLY)

Option 3: Equitable validates identity through a third-party service provider
This option can be used when the application was not completed in person.

OWNER ATTESTATION

I consent to Equitable 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.

4. SUCCESSOR OWNER (OPTIONAL SECTION) (SUBROGATED OWNER IN QUEBEC) (FOR NON-REGISTERED ONLY)

You may name someone to succeed an Owner of the Contract in the event of an Owner's death.

Form with fields for Successor Owner's Name, Social Insurance Number (SIN), Sex, Relationship to Owner(s), and Expiry Date.

5. ANNUITANT INFORMATION (FOR NON-REGISTERED AND ONLY WHEN THE ANNUITANT IS DIFFERENT THAN THE OWNER)

Form with fields for Annuitant's name, Date of Birth, Sex, Address, City or Town, Province, Postal Code, Telephone Number, and Relationship to Owner(s).

6. SUCCESSOR ANNUITANT (OPTIONAL SECTION) (FOR NON-REGISTERED AND RIF ONLY)

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(s) have full contractual rights.

Form with fields for Successor Annuitant's Name, Date of Birth, Sex, Address, City or Town, Province, Postal Code, and Relationship to Annuitant.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

7. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving Annuitant.

Locked-in plans: For locked-in plans the beneficiary must be the spouse or common law partner (if applicable). As pension legislation dictates, a spouse or common law partner will take precedence over any other beneficiary designation selected.

RIF plans: For RIF plans, if your spouse 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 continue this contract as the Successor Annuitant.

Power of Attorney: If the application is signed by a Power of Attorney, a beneficiary designation cannot be made.

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.

Table with 6 columns: Primary Beneficiary name(s), Date of birth if minor, Trustee applies, Relationship to Annuitant, Email or phone number of beneficiary, Benefit shared equally. Includes a section for Contingent Beneficiary name(s).

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.

8. CONTRIBUTIONS

Note: Minimum initial deposit must be \$500 or \$50 ongoing Pre-Authorized Debit ("PAD"). RIF/LIF minimum is \$10,000. The payor must be the Annuitant for an individual RSP or the spouse for a Spousal RSP.

Cheque \$ _____

One-time PAD \$ _____ (complete section 10)

Ongoing PAD \$ _____ (complete section 10)

External Transfer \$ _____

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

Loan \$ _____

Lending Company: _____

Internal Transfer (specify \$ or %): _____

Equitable Contract Number: _____

Partial internal transfers will be moved pro-rata unless otherwise specified in Special Instructions (section 19).

Online Banking \$ _____

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



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

9. FUND SELECTION

Based on our administrative rules:

- The minimum deposit is \$50 per fund.
- NL-CB and NL-CB5 may not be held within the same contract.
- Deposits over age 80 are limited to the NL sales charge option.
- If the name of the fund provided does not match the fund code provided, the fund code will be used.
- The fund code(s) must align with the Guarantee Class selected.

For fund availability, refer to the ["Pivotal Select segregated fund codes and fees" #375SEL](#).

Fund Code	Segregated Fund Name	Sales Charge Option			%
		<input type="checkbox"/> NL	<input type="checkbox"/> NL-CB	<input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> NL	<input type="checkbox"/> NL-CB	<input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> NL	<input type="checkbox"/> NL-CB	<input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> NL	<input type="checkbox"/> NL-CB	<input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> NL	<input type="checkbox"/> NL-CB	<input type="checkbox"/> NL-CB5	

NL = No Load

NL-CB and NL-CB5 = No Load Charegback (chargeback to advisor)

Unless advised by a subsequent instruction request from you, all future deposits received will be deposited to the same fund(s) as the original deposit. If dollar values have been provided, a proportional percentage will be calculated for future deposits. In situations where the original deposit cannot be divided into percentages equaling 100% (e.g. 33.33%, 33.33%, 33.33% = 99.99%), the first fund listed will be rounded up (e.g. 33.34%, 33.33%, 33.33% = 100%).



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

10. PRE-AUTHORIZED DEBIT (“PAD”) (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 8)

Based on our administrative rules:

- 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.

One-Time PAD:

Amount: \$ _____

Withdrawal Date:

Withdraw the funds on the date that all application requirements are met, OR

Specify date (yyyy/mm/dd): _____

Ongoing PAD:

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

Payment Frequency:

- Monthly (1 – 28)
- Semi-monthly (1 & 15)
- Bi-weekly (every other week)

To choose a different fund selection for regular pre-authorized debit payments, provide the details below. If instructions are not provided, the pre-authorized debit payments will be allocated according to the instructions in the Fund Selection section.

Fund Code	Fund Name	Allocation %

If a fund name does not match the fund code provided, the fund code will be used.

Banking Information:

Provide a document that has the banking information and payor details printed on it. E.g. A void cheque, an initial cheque, or a bank letter of direction.

Transit Number: _____

⋮12345 ⋮012⋮ 1234⋮56789

Bank Number: _____

Transit Number

Bank Number

Account Number

Account Number: _____

Note: The advisor must verify that the banking details provided match the banking details on the attached cheque/bank letter. If the banking information is incorrectly entered, the advisor will be responsible for paying Equitable the resulting fees.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

10. PRE-AUTHORIZED DEBIT ("PAD") (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 8)

Waivers

The payor directs and authorizes The Equitable Life Insurance Company of Canada ("Equitable") and their financial institution to process withdrawals from their account, subject to the conditions listed here, for the purpose of collecting pre-authorized debits. The payor waives the right to receive pre-notification of the first withdrawal, or a change in the date of the withdrawal as defined by Payments Canada in Rule H1 at payments.ca.

Type of Service

For the purpose of this agreement, all pre-authorized debits from the payor's account will be treated as personal withdrawals.

Third Party Contributions (complete the Third Party information in section 17)

In certain circumstances, the payor may be a Third Party (someone other than the Owner). By submitting banking information that does not belong to the Owner, both the Owner and payor are agreeing to the following:

- The payor's banking information may be visible to the Owner.
- There is a degree of risk in having banking information for a third-party on file.
- In the event that money is incorrectly deposited to the payor's bank account, the payor will notify Equitable immediately and return the funds.

Cancellation

The payor has the right to cancel the pre-authorized debit at any time. The pre-authorized debit shall remain in effect until the payor notifies Equitable of the cancellation.

NOTE: To ensure cancellation of the next withdrawal, notice by way of telephone, letter, email or fax must be received at Equitable's Head Office, 10 business days prior to the next withdrawal. The payor may contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at payments.ca and may be completed and forwarded to their financial institution.

Contact Information

Equitable. One Westmount Road North P.O. Box 1603 Stn. Waterloo, Waterloo, ON N2J 4C7
TF: 1 800 668 4095 F: 519 883 7404 Email: savingsretirement@equitable.ca

Recourse & Reimbursement

The payor has certain recourse rights if any debit does not comply with this pre-authorized debit agreement. They have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on recourse rights, the payor may contact their financial institution or visit payments.ca.

11. 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.

Select frequency:

- weekly monthly bi-monthly (once every two months) 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), To Fund(s) (Fund Code, Fund Amount). Includes dollar signs in the Fund Amount cells.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

12. SCHEDULED INCOME PAYMENTS (FOR RIF/LIF; OPTIONAL FOR NON-REGISTERED)

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

Select frequency (choose one)
Start Date/Date of Withdrawal:
Please allow 3 – 5 days for processing.

Non-Registered
Payment Amount:
\$ (gross payment amounts only; net payments not available)

RIF/LIF
You must withdraw at least the annual required minimum payment. In the year of issue, the RIF/LIF minimum is zero. We reserve the right to request proof of age for RIF and LIF accounts.
Payment Amount:
Income Calculations:
Withholding Tax Special Instructions (optional):

Scheduled income payments will be made pro-rata unless otherwise specified below:

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 indicate in the Special Instructions (section 19).



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

13. SOURCE OF FUNDS

What is the source of the money being deposited? Check all that apply:

- Salary or Earned Income
Applicant/Owner Savings
Business Income
Borrowed Funds (provide details):
Gifted Funds (provide details):
Sale of Property (provide the address of the property):
Proceeds from Death Benefits or Estate (provide the name of the deceased):
Other (provide details):

14. PURPOSE OF THE CONTRACT

Please indicate the Owner's stated reason(s) for purchasing this contract. (Not all contracts 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

15. SPOUSAL INFORMATION (FOR LOCKED-IN ONLY)

Annuitant's Spouse or Common-Law Partner Information (choose one)

I declare I do not have a spouse/common-law partner within the meaning of applicable legislation.

Signature Date (yyyy/mm/dd)

I have a spouse/common-law partner within the meaning of applicable legislation. Complete the information below.

Full name of spouse/common-law partner (first, middle, last) Date of Birth (yyyy/mm/dd)

Social Insurance Number (SIN)
Expiry Date (if applicable)

Beneficiary designation:

- My spouse/common-law partner will be my named beneficiary OR
My spouse/common-law partner has completed and attached the applicable spousal entitlement waiver form and I will name another beneficiary.

Spousal Consent to Transfer Funds (LIF only):

- New Brunswick, Quebec or Federal Pension Benefits Standards Act: No additional requirements.
British Columbia, Alberta, Saskatchewan, Nova Scotia or Manitoba: Complete and attach the prescribed spousal waiver form.
Ontario or Newfoundland and Labrador: Your spouse must complete and sign the following consent: I confirm that I am the spouse of the Annuitant as defined by applicable legislation. I consent to the transfer of the locked-in pension funds to a LIF as indicated in this application.

Name Signature Date (yyyy/mm/dd)



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

16. DECLARATION OF TAX RESIDENCE (FOR NON-REGISTERED ONLY)

Owner: Check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States:
Provide Taxpayer Identification Number (TIN) or functional equivalent: _____
- I am a tax resident in a jurisdiction other than Canada or the United States:
Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN) or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: _____

Joint Owner: Check all of the options that apply to you.

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States:
Provide Taxpayer Identification Number (TIN) or functional equivalent: : _____
- I am a tax resident in a jurisdiction other than Canada or the United States:
Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN) or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: _____



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

17. THIRD PARTY (FOR NON-REGISTERED ONLY)

In submitting this application, is the Owner acting on behalf of a Third Party?

Your answer should be "Yes" if someone other than the Owner or Annuitant will be making the deposit(s) or has/will have an ownership interest in this contract. Examples include a power of attorney signing on behalf of the Owner, someone other than the Owner or Annuitant making the deposit(s), or a corporation having use or access to the contract values.

No Yes If "Yes" complete either the "Individual Third Party" or "Business / Entity Third Party" section as applicable.

Individual Third Party

Name of Third Party (first, middle, last):		Date of Birth (yyyy/mm/dd)		Relationship to Owner(s)	
Address (number, street and apartment)		City or Town		Province	Postal Code
Country		Occupation (if retired or unemployed, indicate former occupation):			
Telephone Number		Job Title: _____			
		Duties: _____			
Type of Third Party (select one and attach any applicable legal documentation)					
<input type="checkbox"/> payor <input type="checkbox"/> trustee <input type="checkbox"/> executor <input type="checkbox"/> collateral/assignee <input type="checkbox"/> attorney/power of attorney/mandatary					
<input type="checkbox"/> other (please specify): _____					

Business / Entity Third Party

Full Legal Name			Relationship to Owner(s)		
Address (number, street and apartment)		City or Town		Province	Postal Code
Country	Telephone Number	Nature of principal business			
Incorporation/Registration Number (if applicable)			Jurisdiction/Country of Issue (if applicable)		
Type of Third Party (select one and attach any applicable legal documentation)					
<input type="checkbox"/> payor <input type="checkbox"/> trustee <input type="checkbox"/> executor <input type="checkbox"/> collateral/assignee <input type="checkbox"/> attorney/power of attorney/mandatary					
<input type="checkbox"/> other (please specify): _____					



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

18. 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 contract.
• "Family Member" means the Spouse, 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 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 19 [] 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.

- [] Head of state or head of government (including Governor General and Lieutenant Governor)
[] President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)
[] Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature)
[] Head of a government agency
[] Judge (in Canada only, must be a judge of an appeal court)
[] 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)
[] Deputy Minister (or equivalent)
[] Leader or President of a political party in a legislature
[] Ambassador or ambassador's attaché or counsellor
[] Military General (or higher rank)
[] 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:

Table with 2 columns: Question and Answer. Questions include: 'What is the name of the person who holds or held the position?', 'What is the title of the position held?', 'Position held from: (starting year) to (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?'.

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.

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 _____



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

19. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)

20. PRIVACY CONSENT

In this section, unless otherwise specified, the terms “I”, “me” and “my” refer to the Owner(s) of the contract and the Annuitant.

1. I agree and confirm that the personal information willingly provided by me to the independent broker and/or Equitable and collected in this Application and held in their files will be used by Equitable for the purposes of issuing, servicing, administration, and claims processing related to this Application, and any resulting contract and any supplementary documents. The information on file is accessible for the above purposes to: authorized employees of Equitable; third parties retained by Equitable; its sales distribution network; Canadian or foreign tax authorities; and any other person or party whom I authorize.
2. I acknowledge that my personal information may be processed and stored outside of Canada and may therefore be subject to the laws of those jurisdictions. If my contract is issued in Quebec, my personal information will be stored outside Quebec.
3. As an Owner, I consent to the use of my email address to establish a Client Access account and provide associated notices, electronically deliver contract documents and communicate electronically for other contract administration purposes.
4. If providing contact information for a beneficiary, I confirm that I am authorized to act on their behalf and therefore consent and authorize the collection, use and communication of their personal information for contact purposes.
5. As an Owner, I consent and agree to: (a) this Application being transmitted to the Company electronically and received by the Company as my original application for insurance; and (b) electronic delivery to me of the contract, if issued, and any other documents or future written communications relating to the contract.
6. Electronic applications only: As an Owner, I consent and agree to the information in this application, including sensitive personal information such as my social insurance number, date of birth, and financial information, being included in the electronic documentation provided to each party who is required to sign the application. I consent to Equitable providing the information in this application to each other party for the purposes of signing the application. If I do not wish to provide this consent, I can decline to sign the application and inform my advisor that I wish to proceed with a paper application instead.

See equitable.ca for further details about the Company’s privacy practices and for information about how to contact the Company’s Privacy Officer.

Marketing Consent:

Equitable 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.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

21. AGREEMENT & SIGNATURES

In this section, unless otherwise specified, the terms "I", "me" and "my" refer to the Owner(s) of the contract and the Annuitant.

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 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 within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.
3. Only Equitable'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.
4. The issued contract shall not take effect until the initial deposit made with the Application has been honoured by my financial institution.
5. For registered contracts only: I request the Issuer/Carrier to apply to register the Pivotal Select Contract and Information Folder Retirement Savings Plan or Pivotal Select Contract and Information Folder Retirement Income Fund as a registered retirement savings plan or a registered retirement income fund under section 146 or 146.3 of 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.
6. I understand that all benefits payable under the contract are subject to taxation and that all SIN numbers are collected for income tax purposes.
7. I acknowledge, understand, and agree with the terms and conditions set out in the Pre-authorized Debit section.
8. I authorize Equitable 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 may carry out any transaction requests provided by my advisor. I will set up an Equitable Client Access Account, as required by Equitable'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 equitable.ca/contracts.

Table with 3 columns: Signature of Owner, Signed in the province of, Date (yyyy/mm/dd). Rows include Signature of Joint Owner, Signature of Successor Owner, Signature of Annuitant (if different than Owner), and Signature of Successor Annuitant (if different than Owner).

Payor Information (only required if the Payor is someone other than the Owner or Annuitant)

By signing below, the Payor is indicating they agree to the terms and conditions set out in the Pre-Authorized Debit section. If more than one signature is required to authorize payment on the bank account, both/all payors must sign below.

Table with 3 columns: Name of Payor, Signature of Payor, Date (yyyy/mm/dd). Rows include Name of Joint Payor.

Name of Power of Attorney
_____ has signed on behalf of _____
If a Power of Attorney has signed on behalf of another individual, please attach the applicable documentation.



PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – REGISTERED, NON-REGISTERED

22. 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 copy of these documents.
- I have disclosed the following information to the Owner(s) of the contract:
 - 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)

You will need three copies of this application (one for the Owner, one for the advisor and one for Equitable).

About Equitable

At Equitable we believe in the power of working together. This guides how we work with each other. How we help our clients and partners. And how we support the communities where we live and work.

Together, with partners across Canada, we offer Individual Insurance, Group Insurance and Savings and Retirement solutions. To help our clients protect today and prepare tomorrow.

We believe the world is better when we work together to build an Equitable life for all.



® or ™ denotes a trademark of The Equitable Life Insurance Company of Canada.