



INVESTMENT DIRECTION – PIVOTAL SELECT

Use this form to provide investment instructions on Pivotal Select contracts.

Note: To provide direction on a stand-alone Daily/Guaranteed Interest Account contract, complete the "[Investment Direction – DIA/GIA form #693GIA](#)". For Legacy Segregated Fund products (Personal Investment Portfolio and Pivotal Solutions NL/DSC/II), complete the "[Investment Direction – Savings & Retirement \(Legacy\) form #693ANN](#)".

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

1. CONTRACT DETAILS	
Name of Owner(s)	Contract Number

2. DEPOSIT ALLOCATION FOR SEGREGATED FUNDS	
I/We request that: a) <input type="checkbox"/> Only this deposit of \$ _____ be allocated as follows: b) <input type="checkbox"/> This deposit of \$ _____ and all future deposits be allocated as follows:	
Based on our administrative rules, NL-CB and NL-CB5 units may not be held within the same contract. Total percentage allocation must equal 100%. Refer to Pivotal Select segregated fund codes, MERS and Guarantee Fees Form #375SEL .	

Fund Code	Segregated Fund Name	Sales Charge Options	(\$ or %)
		<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	
		<input type="checkbox"/> NL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	

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 equalling 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%).

3. SOURCE OF FUNDS
What is the source of money being deposited? Check all that apply:
<input type="checkbox"/> Salary or Earned Income
<input type="checkbox"/> Applicant/Owner Savings
<input type="checkbox"/> Business Income
<input type="checkbox"/> Borrowed Funds (provide details): _____
<input type="checkbox"/> Gifted Funds (provide details): _____
<input type="checkbox"/> Sale of Property (provide the address of the property): _____
<input type="checkbox"/> Proceeds from Death Benefits or Estate (provide the name of the deceased): _____
<input type="checkbox"/> Other (provide details): _____
Is a third party contributing the funds? <input type="checkbox"/> No <input type="checkbox"/> Yes (please complete Third-Party Form #31 and for TFSA please complete Third-Party Contribution Form #1582) (some restrictions may apply to third-party contributions).



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4. DOLLAR COST AVERAGING

Select frequency:

weekly monthly bi-monthly (once every two months) quarterly semi-annually annually

Indicate start date (1-28): _____

End date (Optional) (1-28): _____

Each “from fund” minimum is \$500 and each “to fund” minimum is \$50. Dollar cost averaging must be within the same sales charge option. Refer to [Pivotal Select segregated fund codes, MERs and Guarantee Fees Form #375SEL](#).

From Fund One		To Fund(s)	
Fund code	Amount	Fund code	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$

From Fund Two (if applicable)		To Fund(s)	
Fund code	Amount	Fund code	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$

5. SWITCHES (THE MINIMUM SWITCH AMOUNT IS \$500)

Switch from fund name	Fund code	Amount <input type="checkbox"/> % or <input type="checkbox"/> \$	Switch to fund name	Fund code	Amount <input type="checkbox"/> % or <input type="checkbox"/> \$

Note: Fund switches must be within the same sales charge option. To make a transfer from DSC option or LL option to the NL option, please use [Change of Sales Charge Option \(Form #1388\)](#). Fund minimums must be maintained at all times. A \$25 fee may apply for withdrawals and switches. Switches do not affect your guarantees.

6. RESET OF DEATH AND MATURITY BENEFIT GUARANTEE

Resets are only available for Pivotal Select Estate Class (75/100) and Pivotal Select Protection Class (100/100) guarantee options. Refer to your information folder for explanation of terms and benefits.

Maturity Benefit Guarantee Reset

I/We authorize a reset of the maturity guarantee base on the above mentioned contract, and understand the following reset provisions:

- The reset date will be the date this direction form is received at our head office.
- Exercising this reset will increase the maturity guarantee base to the contract value on the reset date. A reset will occur if the contract value is greater than the maturity guarantee base.
- If the deposit maturity date is less than 15 years from the reset date, exercising this reset will also update the deposit maturity date to 15 years from the reset date.

Death Benefit Guarantee Reset

I/We authorize a reset of the death benefit base on the above mentioned contract, and understand the following reset provisions:

- The reset date will be the date this direction form is received at our head office.
- Exercising this reset will increase the death benefit base to the contract value on the reset date. A reset will occur if the contract value is greater than the death benefit base.



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7. 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 the 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 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 position 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?

- This person is the payor:
 Close relative (relationship):
 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.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Salary or earned income | <input type="checkbox"/> Business income | <input type="checkbox"/> Investment income |
| <input type="checkbox"/> Property income/holdings | <input type="checkbox"/> Lottery | <input type="checkbox"/> Inheritance |

Other: _____



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8. SPECIAL INSTRUCTIONS

9. AGREEMENT & SIGNATURES

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

- Deposit allocations and automatic investment options selected remain in effect until Equitable receives a written request for change from the owner(s).
- Deposit allocations, transfers and automatic investment options are subject to the minimums stated in your 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.
- 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 contract 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.

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

Joint owner's signature (if applicable): _____

Irrevocable beneficiary signature (if applicable): _____

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

Send the completed form to:

Equitable
One Westmount Road North
P.O. Box 1603 Stn. Waterloo
Waterloo, Ontario N2J 4C7

Fax: 519 883 7404
Email: Savingsretirement@equitable.ca