

Use this form to provide investment instructions on Daily/Guaranteed Interest Account (DIA, GIA)

Note: To provide direction on a Pivotal Select segregated funds contract, complete the "Investment Direction - Pivotal Select" form #693SEL". For any 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 DAILY INTEREST ACCOUNT AND GUARANTEED INTEREST ACCOUNT

Please note that GIA deposits must be a minimum of \$500, deposits below \$500 can be allocated to DIA.

- Allocate only this deposit of \$ ______as follows OR
- Allocate this deposit of \$ _____ and all future deposits as follows:

OR

For my existing GIA that is maturing on ______ (yyyy/mm/dd) for _____ years:

- □ Transfer on maturity to the investment(s) described below.
- Transfer immediately to the investment(s) described below.

a) Daily Interest Account (DIA): \$ _____

When sufficient money accumulates in the DIA, invest the money into a Guaranteed Interest Account for ______ years.

b) Guaranteed Interest Account (GIA): \$ _____

□ GIA Term (1-15 years)

Amount	# of Years	Interest Option
		Compound interest
\$		Simple Interest - Annual
		Simple Interest - Monthly (The interest rate is the <u>posted rate</u> less 0.25%.)
		Compound interest
\$		Simple Interest - Annual
		Simple Interest - Monthly (The interest rate is the <u>posted rate</u> less 0.25%.)



2. DEPOSIT ALLOCATION FOR DAILY INTEREST ACCOUNT AND GUARANTEED INTEREST ACCOUNT (continued)

□ 5 years: Deposit will be equally split between 1-5 year terms. At maturity, each term will be reinvested for 5 years and you do not choose alternate reinvestment instructions below.

10 years: Deposit will be equally split between 1-10 year terms. At maturity, each term will be reinvested for 10 years and you do not choose alternate reinvestment instructions below.

Investment instructions at the end of the term:

□ Reinvest in a term of the same length with the same interest option (default if not specified)

□ Reinvest in a new GIA for _____ years () Compound interest () Simple Interest - Annual () Simple Interest - Monthly

 \Box Transfer the amount to DIA

Simple Interest payments (only applicable if "Simple Interest" was selected):

Deposit the interest into DIA

Deposit the interest into the Owner's bank account (attach a void cheque) (not available with RIF/LIF)

3. SOURCE OF FUNDS

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

□ Salary or Earned Income

 \Box Applicant/Owner Savings

 \Box 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):

 \Box Other (provide details):

Is a third party contributing the funds? \Box No \Box Yes (please complete <u>Third-Party Form #31</u> and for TFSA please complete <u>Third-Party Contribution Form #1582</u>) (some restrictions may apply to third-party contributions)



4. POLITICAL POSITIONS (FOR NON-REGISTERED AND ON	LY 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 personwho 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.				
Head of state or head of government (including Governor General and Lieutenant Governor)	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)			
President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)	Deputy Minister (or equivalent)			
Member of the executive council of government or member of a	Ambassador or ambassador's attaché or counsellor			
legislature (including the Senate, House of Commons or a provincial legislature)	Military General (or higher rank)			
Head of a government agency	Mayor of a Canadian municipality (does not include mayors in countries other than Canada			
□ Judge (in Canada only, must be a judge of an appeal court)				
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: toto(starting 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 <u>Additional/Updated Customer Information Form #1027</u> 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				
Other:				



5. RATE GUARANTEE

A rate guarantee protects against a potential decline in interest rates. Would you like to request a rate guarantee?

🗌 Yes 🗌 No

If "Yes" is selected, follow these steps to activate the rate guarantee:

- 1. Complete the form with required signatures:
- 2. Submit the signed form to Equitable by no later than 11:59 pm (EST) the day after the form is signed via EZ Upload, or fax to 519 883 7428.
- 3. Ensure the deposit is received at Equitable within:
 - 3 business days from the signed date of the form for cheques, one-time pre-authorized debits, and online banking deposits.
 - 45 days from the signed date of the form for transfers from another financial institution or an Equitable contract with an upcoming maturity.

Important: If the above steps are not competed in full, the deposit will not be eligible for a rate guarantee

Types of Rate Guarantees

1) Interest Rate Guarantee (3 business days):

- For direct deposits from the Owner (personal cheques, one-time pre-authorized debit and online banking deposits)
- Guarantees the higher of:
 - (a) the interest rate in effect on the day the deposit is received, and
 - (b) the interest rate in effect on the day all signatures were completed on the form.
- If the deposit is not received within 3 business days from the signature date, the Owner will receive the interest rate in effect the day the
 deposit is received.
- 2) Interest Rate Guarantee (45 days):
 - For transfers from another financial institution or an Equitable contract with an upcoming maturity.
 - Guarantees the interest rate on the day the form was signed.
 - If the deposit is received after 45 days from the signature date, the Owner will receive the lesser of:
 - (a) the interest rate in effect on the day the deposit is received, and
 - (b) the interest rate in effect on the day all signatures were completed on the form.

By submitting the rate guarantee, the advisor and Owner understand and agree that:

- a) This is an irrevocable commitment to proceed with this investment.
- b) The interest rate guarantee is subject to the conditions and administrative rules that have been outlined. Equitable reserves the right to decline a rate guarantee at our sole discretion.

Cheque made payable to The Equitable Life Insurance Company of Canada: \$_____

Guaranteed Interest Account maturing: \$

on

(yyyy/mm/dd)

External transfer: \$

(please attach a copy of the transfer form and ensure that a copy is sent to the relinquishing institution)

Financial institution name:

6. ADVISOR RATE DISCRETION OPTION

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 to reduce the GIA commission payable to me by ______ basis points (bps) per year (up to a maximum of 20 bps), for the GIA term(s) indicated in Section 3. The GIA guaranteed interest rate will be increased by the same basis points until maturity (example: A 5 bps reduction will increase the GIA interest rate by 0.05%).

Note: The rate adjustment will not apply to future reinvestments or deposits. Limited to GIA terms of 10 years or less.



7. SPECIAL INSTRUCTIONS

8. 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:	

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