



TRANSFER AUTHORIZATION FOR REGISTERED AND NON-REGISTERED INVESTMENTS

1. Client Identification

Name of Policy Owner(s) _____

Address (Street, City, Province, Postal Code) _____

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Social Insurance Number

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Telephone Number

2. Relinquishing Institution

Name of Relinquishing Institution _____

Fax No. _____

Address (Street, City, Province, Postal Code) _____

Client Policy Number _____

I hereby request the transfer, **IN CASH**, from the above noted account/contract to Equitable Life:

All of the value **OR** A partial withdrawal as specified below:

Note: Full withdrawals of RIF/LIF plans require the payment of the Required Minimum prior to transfer.

Investment Name	Fund Code (if applicable)	% / \$ Amount

Registration Type:

Non-Registered
 TFSA
 RRSP
 LIRA
 LIF
 RRIF
 PRIF
 LRIF
 RLIF
 RLSF
 LRSP
 RPP

Spousal Plan? Yes No - If Yes, provide the following details about the spousal contributor.

First name _____

Last name _____

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Social Insurance Number

Locked-in pension funds? Yes No - If Yes, provide the following details.

Legislation _____

Plan name _____

Note to relinquishing institution:

- Where required by applicable legislation, please provide the investment gain/loss to date of transfer for the current calendar year.
- If the funds are being transferred from a RIF, please confirm if the funds are from a qualifying RIF upon transfer.



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3. Receiving Institution Information

The Equitable Life Insurance Company of Canada

Receiving Institution

1.800.668.4095

Business Telephone Number

519.883.7404

Fax Number

One Westmount Road North • PO Box 1603 Stn Waterloo • Waterloo ON N2J 4C7

Address (Street, City, Province, Postal Code)

Advisor Name

Advisor code

Advisor telephone number

Please deposit the assets transferred into the following policy:

Policy/Application number

Product type: Segregated Funds Guaranteed Interest Account Payout Annuity

Registration Type:

Non-Registered TFSA RRSP Spousal RRSP RRIF Spousal RRIF

Locked-In Retirement Account (LIRA, RLSP, LRSP) Life Income Fund (LIF, PRIF, LRIF, RLIF)

Investment Instructions:

Deposit according to the existing investment instructions on file, **OR** Deposit to the investment instructions specified below:

Investment Name	Fund Code (if applicable)	% / \$ Amount

Locked-In Funds Confirmation:

The Equitable Life Insurance Company of Canada agrees to administer any locked-in funds transferred under this transfer authorization according to the governing pension legislation indicated in section 2.

Authorized Signature

Date

4. Client Authorization

I authorize the withdrawal of all or part of my investment as indicated above and agree to the value being reduced by any applicable fees, taxes, charges or adjustments.

Signature of Policy Owner

Date

Signature of Joint Policy Owner (if applicable)

Date

Signature of Irrevocable Beneficiary (if applicable)

Date

Please note: Equitable Life® cannot ensure the privacy and confidentiality of any information sent through the internet because e-mail may be vulnerable to interception. As a result, Equitable Life is not responsible for any loss or damages you may incur if your information is intercepted and misused. If you would prefer to submit your information by another means, please contact us at 1.800.668.4095.