



TRANSFER AUTHORIZATION FOR REGISTERED AND NON-REGISTERED INVESTMENTS

1. CLIENT IDENTIFICATION

 Name of Policy Owner(s)

 Address (Street, City, Province, Postal Code)

 Social Insurance Number

 | | | | | | | | | |

 Telephone Number

2. RELINQUISHING INSTITUTION

 Name of Relinquishing Institution

 Fax Number

 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
 RLSP
 LRSP
 RPP
 FHSA (If your transfer is to an RRSP, RRIF or another FHSA, please also complete and attach Canada Revenue Agency (CRA) form RC721.)

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

 First name

 Last name

 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

Receiving Institution: The Equitable Life Insurance Company of Canada
Business Telephone Number - 1.800.668.4095 Fax Number - 519.883.7404
One Westmount Road North, PO Box 1603 Stn Waterloo, Waterloo ON N2J 4C7

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

For money being sent via A\$M:
Use management code "ELC"

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)

FHSA (If your transfer is from an RRSP, please also complete and attach CRA form RC720. If it is from another FHSA, please also complete and attach CRA form RC721.)

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 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.