



Investment Direction - Equitable Guaranteed Investment Funds (GIF)

Use this form to provide investment instructions on Equitable GIF segregated fund contracts.

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

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, Pivotal Solutions NL/DSC/II) and Pivotal Select, complete the "[Investment Direction - Individual Wealth \(Legacy\) form #693LEG](#)".

1. Contract details

Name of owner(s)	Contract number

2. Deposit allocation

I/We request that: a) Only this deposit of \$ _____ be allocated as follows:
 b) The deposit of \$ _____ and all future deposits be allocated as follows:

Total percentage allocation must equal 100%. Refer to [Equitable GIF segregated fund codes, MERS and Guarantee Fees #375GIF](#).

Fund code	Fund name	Sales charge options	(\$ or %)
		<input type="checkbox"/> FEL <input type="checkbox"/> CB3 <input type="checkbox"/> CB5	
		<input type="checkbox"/> FEL <input type="checkbox"/> CB3 <input type="checkbox"/> CB5	
		<input type="checkbox"/> FEL <input type="checkbox"/> CB3 <input type="checkbox"/> CB5	
		<input type="checkbox"/> FEL <input type="checkbox"/> CB3 <input type="checkbox"/> CB5	
		<input type="checkbox"/> FEL <input type="checkbox"/> CB3 <input type="checkbox"/> CB5	
		<input type="checkbox"/> FEL <input type="checkbox"/> CB3 <input type="checkbox"/> CB5	

If Front End Load is selected, please indicate percentage: _____ (0% - 5%)

- The default is 0% if no percentage is specified.
- FEL above 0% is only available when the application is submitted with a FundSERV advisor code.
- If the FEL Sales Charge Option is selected, future unscheduled Deposits will be allocated with 0% FEL, unless otherwise instructed in writing by the Owner(s).

If you chose a) above, future deposits will be processed based on your current investment instructions on file. The instructions on this form will only apply to the deposit accompanying this form.

If you chose b) above, future deposits will be processed based on the investment instructions on this form until you provide new instructions. If you gave instructions using dollar amounts, future deposits will be invested using proportional percentages. Where proportional percentages do not equal 100% (e.g., 33.33% + 33.33% + 33.33% = 99.99%), we'll round up the first fund listed (e.g., 33.34% + 33.33% + 33.33% = 100%).

What is a Sales Charge Option?

Our segregated Funds are available in the following options:

Front End Load (FEL): You and your advisor may agree on a percentage to be deducted from each Deposit (up to 5%). The deducted amount is paid to your advisor as upfront compensation. When you withdraw your Funds, neither you nor your advisor pay any fees, provided at least 90 days have passed since the Deposit was made.

Chargeback Option (CB3 or CB5): You can withdraw your Funds at any time without any fees, provided at least 90 days have passed since the Deposit was made. Depending on how soon the withdrawal is made from the time of Deposit, your advisor may have to return to Equitable a portion of the commission they received.



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3. Source of funds

Tell us how the money was originally obtained, not where it was transferred from. Check all that apply:

- Earned income or salary
 Divorce or marriage breakdown
 Pension or retirement income
 Business income
 Loan or borrowed money (provide details)
 Gift (provide details)
 Sale of a home or property (provide the address of the property)
 Inheritance or death benefit (provide the name of the deceased)
 Other (provide details)

Details:

Is a third party contributing the funds? No Yes (please complete [Third-Party Form #31](#) or for Tax Free Savings Account please complete [Third-Party Contribution Form #1582](#)) (some restrictions may apply to third-party contributions). Third party contributions are not available with the First Home Savings Account.

4. Dollar Cost Averaging

Dollar Cost Averaging lets you switch an amount from a fund into other funds of the same guarantee class and sales charge option. This helps spread the risk of investing by averaging the highs and lows of the unit prices.

Select frequency:

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

Indicate Start date (1st-28th): _____

End date (optional) (1st-28th): _____

Each "from fund" minimum is \$100 and each "to fund" minimum is \$25. Dollar cost averaging must be within the same sales charge option. Refer to [Equitable GIF segregated fund codes, MERs and Guarantee Fees #375GIF](#).

1. From fund one		To fund(s)	
Fund code	Amount	Fund code	Amount
	\$		\$
			\$
			\$
			\$

2. From fund two		To fund(s)	
Fund code	Amount	Fund code	Amount
	\$		\$
			\$
			\$
			\$

Where there is an insufficient balance in a listed "from fund", we will discontinue future dollar cost averaging from this fund.



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5. Switches (the minimum switch amount is \$100)

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: Where the provided fund name and fund code do not match, the fund code will be used. Fund switches must be within the same sales charge option. Fund minimums must be maintained at all times. Switches do not affect your guarantees.

6. Reset of Death and Maturity Benefit Guarantee

Resets are only available for Estate Class (75/100) and Protection Class (100/100) guarantee options. Refer to your Contract Provisions for an explanation of terms and benefits.

Maturity Benefit Guarantee Reset (Protection Class only)

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 by Equitable.
- Exercising this reset will increase the maturity guarantee base to the contract value on the reset date. A reset will only occur if the contract value is greater than the maturity guarantee base.
- If the guarantee maturity date is less than 15 years from the reset date, exercising this reset will also update the guarantee maturity date to 15 years plus one day 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 by Equitable.
- Exercising this reset will increase the death benefit base to equal the contract value on the reset date. A reset will only 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 the 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 family members, 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, 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? <input type="checkbox"/> This person is the payor: <input type="checkbox"/> Family member (relationship): <input type="checkbox"/> Close associate (relationship):

Note: If more than one person has held a position, complete section 1 and 2 of the [Additional/Updated Client 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: _____



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8. Special instructions

9. Agreements and signatures

I/we have read and agree to the information and instructions 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 Provisions.
- Instructions for deposits will override any previous direction or automatic investment.
- A transfer from another contract or product may result in sales charges and/or loss of benefits, such as guarantees.
- The personal information you provided on this Investment Direction form will be used to service your contract, including processing transactions and adjudicating claims. The information you have provided is accessible to Equitable's authorized employees and retained third parties as well as anyone else you authorize.

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

Joint owner's signature (if applicable): _____ Date (yyyy/mm/dd): _____

Irrevocable beneficiary signature (if applicable): _____

Advisor's signature (if Limited Trading Authorization is on file): _____ Date (yyyy/mm/dd): _____

Send the completed form to:

Equitable

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Waterloo, Ontario N2J 4C7

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Email: individualwealth@equitable.ca