



SIGNING AUTHORITIES CERTIFICATE

| | |
|----------------------|---------------------------|
| Applicant/Owner Name | Application/Policy Number |
|----------------------|---------------------------|

1. RESOLUTION

**CERTIFIED COPY OF A
 RESOLUTION OF THE BOARD OF DIRECTORS OF**

(insert name of Company above)
 (the "**Company**")

"RESOLVED THAT:

- the Company is authorized to apply for, or conduct transactions with respect to, one or more insurance policies issued by The Equitable Life Insurance Company of Canada ("Equitable Life Policies");
 - **Check one box below**
 - any one** of the signing officers set forth below with their specimen signatures
 - any two** of the signing officers set forth below with their specimen signatures
- is authorized to sign on behalf of the Company any document relating to Equitable Life Policies and the Company will be bound thereby;
- Equitable Life can take any action based on the orders and instructions of the listed signing officers without making any inquiry into the correctness of these orders and instructions; and
 - Equitable Life can rely on this resolution until advised in writing that this resolution has been revoked.

| | | |
|--------|---------|---------------|
| _____ | _____ | _____ |
| (Name) | (Title) | (Signature) |
| _____ | _____ | _____ |
| (Name) | (Title) | (Signature) |
| _____ | _____ | _____ |
| (Name) | (Title) | (Signature) |
| _____ | _____ | _____ |
| (Name) | (Title) | (Signature) " |



SIGNING AUTHORITIES RESOLUTION

2. CERTIFICATION

As an authorized signing officer of the Company, I hereby certify that:

- the above resolution is a true copy of a resolution passed by the directors of the Company and forms part of the official corporate records of the Company; and
- the above resolution is in full force and effect as the date of this certificate.

| | | |
|------------------------------|-----------|-------------------|
| First Name | Last Name | |
| Signature of signing officer | Title | Date (dd-mm-yyyy) |

| | | |
|------------------------------|-----------|-------------------|
| First Name | Last Name | |
| Signature of signing officer | Title | Date (dd-mm-yyyy) |

3. INSTRUCTIONS

1. Complete this form if you are applying for a Whole Life, Universal Life or Non-Registered policy on behalf of a corporation, or updating Equitable Life regarding new or removed signing officers.
2. This form can be used as an alternative to an existing Bylaw or Director's Resolution identifying authorized signing officers.
3. The signature(s) included on this form must be representative of the signing officer(s)'s signature(s) in the form of a physical signature or an electronic copy. Stamps provided by eSignature programs that only provide a name and date are not permitted.