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RSP TO RIF CONVERSION FORM

Use this form to convert an existing Retirement Savings Plan (RSP/LIRA) to a Retirement Income Fund (RIF/LIF) of the same product and guarantee type as the original contract. All previous investment instructions, successor annuitant and owner designations, beneficiary designations, guarantees, maturity dates, and contract provisions remain in effect. It is recommended that you consult your advisor prior to completing this form.

To convert to a different product or guarantee type, a new application form must be submitted.

1. Annuitant Information			
Name:	Contract Number:		
We reserve the right to request proof of age for new RRIF and LIF accounts.			
2. Conversion Details			
Registration Type:			
□ Retirement Income Fund (RIF)* □ Prescribed Retirement Income Fund (PRIF) (Saskatchewan and Manitoba only) □ Life Income Fund (LIF/LRIF/RLIF) □			
*If the existing contract is a Spousal RRSP, the contract will be converted to a Spousal RRIF.			
3. Scheduled Income Payments			
You must withdraw the required CRA annual minimum payment. In the year of issue, the RIF/LIF minimum amount is zero.			
Payment Amount:	Banking Details:		
☐ Required minimum payment ☐ Maximum payment (locked-in funds) ☐ Level amount* of \$ (gross)	☐ Same as current banking information on file OR ☐ Account shown on the attached void cheque or bank letter of direction		
*Subject to the required minimum, and if applicable, maximum payment – gross dollar amount only (net amount not available)			
Payment Frequency:	Start Date / Date of First Withdrawal:		
\square Monthly \square Quarterly \square Semi-annually \square Annually	(please allow 3 – 5 days for processing)		
Minimum/Maximum income payment:	Day (1-28) Month Year		
Based on the age of: ☐ Annuitant ☐ Annuitant's Spouse/Common-Law partner Note: Some provinces such as Ontario do not allow spouse's age to be used to calculate maximum income payment.			
4. Withdrawal Instructions			
Only complete the section that applies to the product you currently own. Segregated fund availability can be found at equitable.ca/performance (use the filter options to filter by product). If your instructions do not provide all required information or there are insufficient funds in the selected investment(s), we			
will withdraw according to our administrative rules.			



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Pivotal Select / Pivotal Solutions / Pivotal Solutions DSC / Pivotal Solutions II: □ Pro rata OR □ From the following segregated funds indicated below (total must be 100%)						
Fund Name/Code	Withdrawal (%)	Fund Name/Code	Withdrawal (%)			
Personal Investment Portfolio:						
All regularly scheduled payments will be made first from the Daily Interest Account until it is depleted. Once the value in the Daily Interest Account is depleted, withdraw all regularly scheduled payments as follows:						
Please check one:		1.7				
☐ On a pro rata basis from all Guaranteed De	posit Accounts and	/or Segregated funds with value				
\square Withdraw all regularly scheduled payments from the following as denoted by the percentage allocation indicated:						
Investment Name	Withdrawal (%)	Fund Name	Withdrawal (%)			
Daily/Guaranteed Interest Account:						
All regularly scheduled payments will be made first from the Daily Interest Account until it is depleted. Once the value in the Daily Interest Account is depleted, scheduled payments will come from the next to mature Guaranteed Interest Account.						
5. Unlocking Funds (For locked-in funds in Alberta, Manitoba, New Brunswick, Ontario, and Federal jurisdictions only)						
Complete and attach the applicable spousal waiver and/or unlocking form(s). These forms can be obtained from the applicable provincial/federal websites. Most jurisdictions require funds to be unlocked within 60 days of the conversion.						
Deposit the unlocked funds to:						
☐ Equitable contract #	New Equitabl	e RIF contract (attach applicatio	n or conversion form)			
6. Spousal Information						
For locked-in only						
Annuitant's Spouse or Common-Law Partner Information (choose one)						
\square I declare I do not have a spouse/common-law partner within the meaning of applicable legislation.						
\square I have a spouse/common-law partner within the meaning of applicable legislation.						

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Complete the information below:			
Full name of Spouse/Common-Law Partner (first, middle initial, la	ast)		
Date of birth (dd/mm/yyyy):	Social Insurance Number (SIN):		
Beneficiary designation:			
\square My spouse/common-law partner will be my named be	eneficiary OR		
☐ My spouse/common-law partner has completed and a name another beneficiary using beneficiary change for	· · · · · · · · · · · · · · · · · · ·	iver form and I will	
Spousal Consent to Transfer Funds (LIF only):			
• New Brunswick, Quebec or Federal Pension Benefits	Standards Act: No additional requirements.		
 British Columbia, Alberta, Saskatchewan, Nova Scotia waiver form. 	or Manitoba: Complete and attach the prescri	bed spousal	
• Ontario or Newfoundland & Labrador: Your spouse m	nust complete and sign the following consent:		
I confirm that I am the spouse of the annuitant as defi pension funds to a LIF as indicated in this conversion f	, , ,	ansfer of the locked-in	
Signature of Spouse			
7. Agreements and Signatures			
 I request that Equitable: convert my savings plan to a retirement income fund apply to have this contract registered as a retirement income fund under the <i>Income Tax Act</i> (Canada) and applicable the <i>Taxation Act</i> (Quebec). I understand and confirm that: this contract continues to be subject to the provisions of the <i>Income Tax Act</i> (Canada) and if applicable the <i>Taxation Act</i> (Quebec), and if applicable, any locked-in endorsements, and that all payments made from the contract will be subject to tax under these Act(s); 	remain the same and any declarat authorizations previously provide force (unless otherwise changed t separate instructions); I authorize my financial institution (credit) to my account as outlined by signing this form I authorize the authorization to remain in effect, checking the following box: □ No, trading authorization. with the exception of Pivotal Selection	 I authorize my financial institution to accept any deposit (credit) to my account as outlined in section 3; by signing this form I authorize the limited trading authorization to remain in effect, unless I specify "no" by checking the following box: □ No, remove 	
Signature of Annuitant	Signature of Successor Annuitant	(if applicable)	
Signature of Irrevocable Beneficiary (if applicable)	Signed at (City and Province)	Date (dd/mmm/yyyy)	
Signature of Advisor	Name of Advisor	Date (dd/mmm/yyyy)	

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 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 1800 668 4095.

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