Equitable™

Head Office
One Westmount Road North
P. O. Box 1603 Stn. Waterloo, Waterloo, Ontario N2J 4C7

TF: 1-800-668-4095 **T:** 519-886-5210 **F:** 519-883-7404
individualwealth@equitable.ca | equitable.ca

DSC and transfer fee reimbursement request form

The contract owner can use this form to be reimbursed by the advisor for the Deferred Sales Charge ("DSC") and transfer fees resulting from transferring funds from another financial institution into their Equitable contract.

1. Contract details

Name of contract owner (first, last)	
Name of joint contract owner (first, last)	
Equitable contract number	Contract registration type (RRSP, non-registered, etc.)
Name of prior financial institution	Contract registration type (RRSP, non-registered, etc.)

2. Investment instructions for DSC and/or transfer fee reimbursement

Maximum age restrictions may apply to deposits.

Equitable Guaranteed Investment Funds (GIF): The minimum deposit is $25 per fund. Any deposits made to front-end load sales charge can only be FEL 0%.

Legacy contracts: The minimum deposit is $50 per fund.

☐ Invest according to the instructions below. ☐ Invest according to the instructions on file.

Fund name	Fund code	Amount
		$
		$
		$
		$

Where fund name and fund code do not match, fund code will be used.

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Important tax information:

- If your contract is registered, the reimbursement amount is not considered income and will not be treated as a registered contribution.
- If your contract is non-registered, the reimbursement amount may be considered income under section 12(1)(x) of the *Income Tax Act* (Canada). It's your responsibility to report this income for personal income tax purposes.

Note: The above is based on current Canada Revenue Agency requirements, and is subject to change without notice.

3. Terms and conditions

I* have redeemed part or all of my holdings from the financial institution indicated in **Section 1**. The redemption resulted in DSCs and/or transfer fees. My advisor has reimbursed me for the for the fee amount which I wish to have deposited to my Equitable contract indicated in **Section 1.** I understand that my advisor will earn commission from Equitable as a result of this deposit.

I agree that my reimbursement and my deposit will be subject to Equitable's contract terms.

If my redemption is not from a registered investment, I understand that the redemption may result in a deemed disposition and could lead to a capital gain/loss.

Equitable reserves the right to decline this request.

*For jointly owned policies "I" refers to both owners of the contract.

4. Client signatures

Contract owner signature
Joint contract owner signature
Date (dd/mm/yyyy)

5. Advisor declaration and acknowledgement

I have attached the following requirements:

☐ Transaction confirmation from the prior financial institution showing the DSCs and/or transfer fees; and
☐ Cheque payable to Equitable in the amount of the reimbursement.

Advisor name	Date (dd/mm/yyyy)
Advisor signature	Date (dd/mm/yyyy)