



DSC & TRANSFER FEE REIMBURSEMENT REQUEST FORM

This form is to be used where the contract owner will be reimbursed by the advisor for the Deferred Sales Charge ("DSC") and/or transfer fees incurred when transferring funds from another financial institution to an Equitable® contract.

1. Contract details

Name of Contract Owner (first, last)

Name of Joint Contract Owner (first, last)

Contract Number

Contract Registration Type (RRSP, Non-registered, etc.)

Name of Prior Financial Institution

Contract Registration Type (RRSP, Non-registered, etc.)

2. Instructions for investment of DSC and/or transfer fee reimbursement

The minimum deposit is \$50 per fund.

Maximum age restrictions may apply to deposits.

Invest according to the instructions below

Invest according to the instructions on file

Pivotal Select: Deposits may be made into No Load or No Load Chargeback sales charge options only.

Refer to [Pivotal Select Segregated Fund Codes, MERs and Guarantee Fees Form #375SEL](#).

Legacy segregated fund products:

Refer to [Personal Investment Portfolio and Pivotal Solutions segregated fund codes Form #375ANN](#).

Equitable segregated fund name	Fund code	Amount
		\$
		\$
		\$
		\$



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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 is your responsibility to report this income for personal income tax purposes.

Note: The above is based on current Canada Revenue Agency requirements, which are 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 amount of the fees, and I want this amount deposited to my Equitable contract. I understand that my advisor will earn commission from Equitable.

I agree that I will be subject to the terms of the Equitable contract.

If this is not a registered investment, I understand that the redemption may result in a deemed disposition and could trigger 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 deferred sales charges and/or transfer fees
- Cheque payable to Equitable in the amount of the reimbursement

Advisor Name

Advisor Signature

Date (dd/mm/yyyy)