





Use this form to provide investment instructions on Daily/Guaranteed Interest Account (DIA, GIA)

Note: To provide direction on an Equitable Guaranteed Investment Funds (GIF) segregated funds contract, complete the "Investment Direction – Equitable Guaranteed Investment Funds #693GIF".

For any Legacy Segregated Fund Products (Personal Investment Portfolio, Pivotal Solutions NL/DSC/II and Pivotal Select), complete the "Investment Direction - Individual Wealth (Legacy) form #693LEG". In this form, the terms "Equitable," "you", "your", "my" and "owner" refer to the contract owner(s). The terms "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.

Name of owner(s)			Contract number			
2. Deposit allocation for Daily Interest Account and Guaranteed Interest Account						
Please note that GIA deposits must be a minimum of \$500. Deposits below \$500 can be allocated to DIA.						
New deposits (select one): I/We request that:						
a) Only this deposit of \$ be allocated to the investment option(s) below.						
b) This deposit of \$ and all future deposits be allocated to the investment option(s) below.						
Existing GIA investments (select one): For my existing GIA that is maturing on (yyyy/mm/dd) for years: Transfer on maturity to the investment option(s) below. Transfer immediately to the investment option(s) below.						
Investment options: a) Amount of deposit allocated to Daily Interest Account (DIA): \$ Optional: When sufficient money accumulates in the DIA, invest the money into a Guaranteed Interest Account for years b) Amount of deposit allocated to Guaranteed Interest Account (GIA): \$ (choose one or more terms between 1-15 years below)						
Amount	# of Years	Interest Option				
\$		Compound intere Simple interest - a Simple interest mo				
\$		☐ Compound intere☐ Simple interest - a☐ Simple interest me				
\$		Compound intere Simple interest - a Simple interest ma				
 Simple interest is available on non-registered, RIF and LIF If your contract is a RIF/LIF and you choose simple interest, the interest will be transferred to DIA 						
Investment instructions at the end of the term (select one):						
Reinvest in a term of the same length with the same investment option (default if not specified)						
Reinvest in a new GIA for years Compound interest Simple interest – annual Simple interest – monthly						
☐ Transfer the amount to DIA						
Simple interest payments (only applicable if "simple interest" was selected):						
Deposit the interest into I	DIA					
☐ Deposit the interest into	Deposit the interest into the owner's bank account (attach a void cheque) (not available with RIF/LIF)					

1. Contract details



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 brea ☐ Loan or borrowed money (provide details) ☐ Gift (provide details) ☐ Inheritance or death benefit (provide the name of the deceased) Details:	kdown						
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. 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.							
Head of state or head of government (including Governor General and Lieutenant Governor)	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)						
President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial	☐ Deputy Minister (or equivalent)						
government)	☐ Ambassador or ambassador's attaché or counsellor						
Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a	☐ Military General (or higher rank)						
provincial legislature) Head of a government agency	Mayor of a Canadian municipality (does not include mayors in						
Countries other than Canada Judge (in Canada, must be a judge of an appeal court)							
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?						



4. Political positions (for non-registered and only when the depo	osit is equal to or gre	eater than \$100,000) (continued)			
With what organization, government or institution was the position held?	How is this person rela This person is the p Family member (re Close associate (re	payor: elationship): elationship):			
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 Inheritance Other:					
5. Rate guarantee					
A rate guarantee protects against a potential decline in interest rates. Would you like to request a rate guarantee? Yes No If "Yes" is selected, follow these steps to activate the rate guarantee: Complete this form with required signatures: Submit the signed form to Equitable by no later than 11:59 pm (EST) the day af 3. Ensure the deposit is received at Equitable within: 3 business days from the signed date of the form for client cheques, one-times 45 days of signing the form for transfers from another financial institution of Important: If the above steps are not competed in full, the client will not be eligible.	ne pre-authorized debits, a or an Equitable contract ne	and online banking deposits.			
Types of rate guarantees					
 1) Interest rate guarantee (3 business days): For direct deposits from the owner (personal cheques, one-time pre-authorized debit and online banking deposits) Guarantees the higher of: 					
(a) the interest rate in effect on the day the deposit is received, and	on the form				
 (b) the interest rate in effect on the day all signatures were completed on the form. If the deposit is not received within 3 business days from the signature date, the owner will receive the interest rate in effect the day the deposit is received. 					
 2) Interest Rate Guarantee (45 days): For transfers from another financial institution or an Equitable contraction. Guarantees the interest rate on the day the form was signed. If the deposit is received after 45 days from the signature date, the own (a) the interest rate in effect on the day the deposit is received, and (b) the interest rate in effect on the day all signatures were completed. 	ner will receive the lesser				
By submitting the rate guarantee, the advisor and owner understand and agree that:					
a) This is an irrevocable commitment to proceed with this investment.					
 b) The interest rate guarantee is subject to the conditions and administrative rules that have been outlined. Equitable reserves the right to decline a rate guarantee at our sole discretion. 					
☐ Cheque made payable to The Equitable Life Insurance Company of Canada or online deposit: \$					
Guaranteed Interest Account maturing: \$	on	(yyyy/mm/dd)			
External transfer: \$ (please attach a copy of the transfer form and ensure that a copy is sent to the relinquishing institution)					
Financial institution name:					



6. Advisor rate discretion option					
A rate enhancement can only be requested by the advisor on record and will only be applied if the advis Signatures" section of this form.	or signature is present on the "Agreements and				
Name of Advisor:					
I, the Advisor, instruct Equitable to reduce the GIA commission payable to me by basis points GIA term(s) indicated in Section 3. The GIA guaranteed interest rate will be increased by the same basis p increase the GIA interest rate by 0.05%).					
Note: The rate adjustment will not apply to future reinvestments or deposits. Limited to GIA terms of 10 years or less.					
7. Special instructions					
O A successort and signatures					
8. Agreement 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 rece					
Deposit allocations, transfers, and automatic investment options are subject to the minimums stated	d 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 One Westmount Road North P.O. Box 1603 Stn. Waterloo Email: individualwealth@equitable.ca					

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