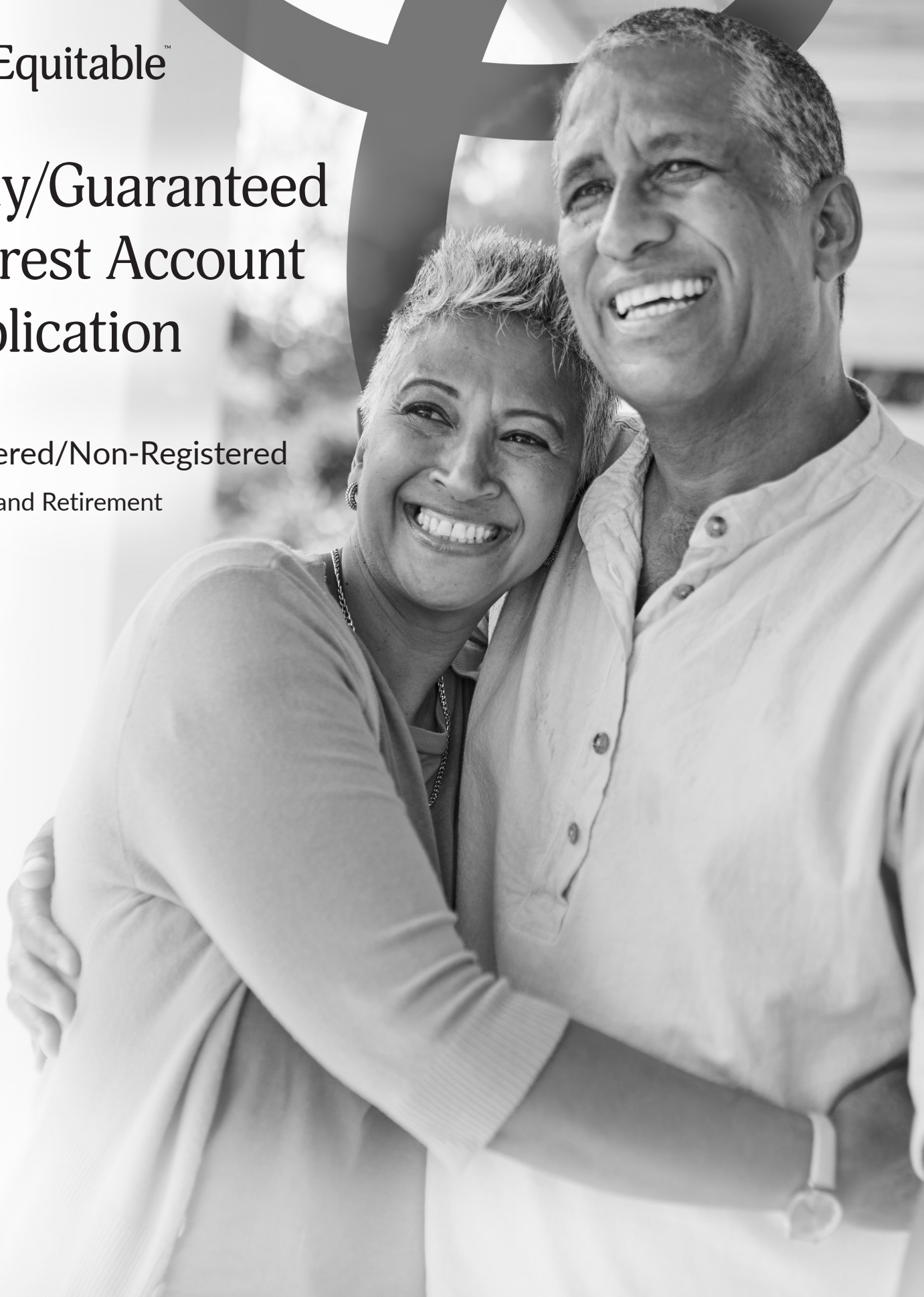




Daily/Guaranteed Interest Account Application

Registered/Non-Registered
Savings and Retirement





As an Equitable contract Owner you will have instant access to your contract information through **Equitable Client Access!**

What is Equitable Client Access?

It is our secure online site that allows you to access your contract information, right at your fingertips. With Equitable Client Access you can:

- **View contract details including:**
 - investment allocation and market values
 - transaction history and guarantees
 - pre-authorized payment information
 - retrieve fund information and performance

- **Update your personal information including:**
 - address and contact information
 - banking information and pre-authorized payment withdrawal date
 - beneficiary

- **Access your statements, tax slips and letters**

- **And more!**

Register for Equitable Client Access one of two ways:

1. Include your email address on this application and Equitable will email you a registration link once your contract is active.
2. Once you receive your contract confirmation notice, visit client.equitable.ca and click on "Create Account".

Do you have questions, or would you like some assistance registering your account? Our Client Care Centre would be pleased to help. You can reach them at 1 800 668 4095.



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION – REGISTERED, NON-REGISTERED

All sections are mandatory unless they are marked as “Optional” in the section title.

Internal use only:
Contract number: _____

Name of Advisor	MGA Name
Advisor Code	Branch Number
Advisor Email Address	MGA Email Address

Electronic applications only:
Application number: _____

Application generated date: _____

1. PLAN TYPE

Registration

- Non-Registered
 Retirement Savings Plan (RSP)
 Spousal RSP*
 Retirement Income Fund (RIF)
- Spousal RIF*
 Life Income Fund (LIF, PRIF, LRIF, RLIF) _____ (Jurisdiction)
- Locked-In Retirement Account (LIRA, RLSP, LRSP) _____ (Jurisdiction)

*If a Spousal RSP or Spousal RIF has been chosen, the following information is required.

Name of contributing Spouse	Spouse's Social Insurance Number (SIN)	Spouse's date of birth (yyyy/mm/dd)																				
	<table style="border: none;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td colspan="11">Expiry Date (if applicable)</td></tr> </table>													Expiry Date (if applicable)								
Expiry Date (if applicable)																						

2. OWNER INFORMATION

Registered contracts:

- The Owner will also be named as the Annuitant.
- The Owner must be a Canadian resident and not more than 95 years of age (71 for RSP and Locked in RSP).

Non-Registered contracts:

- You can decide whether the Owner and Annuitant are the same, or different people. If the Annuitant is someone different, you will need to complete section 5: Annuitant Information
- If the Owner is a corporate or non-corporate entity, leave the “Occupation” and “Verification of Identity” fields blank. Complete the [Business Information Form # 594](#) and submit it with the application.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Owner's Name (first, middle initial, last)		
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Social Insurance Number (SIN)	Expiry Date (if applicable)		
Address (number, street and apartment)			City or Town
Province	Postal Code	Telephone Number	
Date of birth (yyyy/mm/dd)	Email address		
Occupation (if retired or unemployed, indicate former occupation):			
Job Title: _____			
Duties: _____			

The email address is important!
Once the contract is active we will email the Owner a link to register for **Equitable Client Access**. This website allows them to view and manage their contract information.



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

2. OWNER INFORMATION (CONTINUED)

Verification of Identity (only required for non-registered):

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the Owner's identity.

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the Owner in person. The advisor must review one of the following:

- provincial driver's license
- provincial photo identification card (excluding provincial health cards)
- passport
- citizenship card (issued prior to 2012)
- permanent resident card
- secure Certificate of Indian Status

ADVISOR ATTESTATION

I, the advisor:

- Have met the Owner in person, and have held and viewed their authentic, valid, and current photo identification.
- Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the Owner in person or remotely. The advisor must review two forms of identification from different categories*, as described in the [Alternate ID Verification Options](#) document.

ADVISOR ATTESTATION

I, the advisor:

- Have followed the alternative identification instructions as described at equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

Option 3: Equitable validates identity through a third-party service provider

This option can be used when the application was not completed in person.

OWNER ATTESTATION

- I consent to Equitable verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

3. JOINT OWNER (OPTIONAL SECTION) (FOR NON-REGISTERED ONLY)

Not available in Quebec. We will send the contract information and future mailings to the Primary Owner's mailing address only.
On the death of an Owner who is not the Annuitant, his or her ownership interest will pass to the other Owner and/or Successor Owner.

Mr. Mrs. Ms.

Joint Owner's Name (first, middle initial, last)

Male Female

Social Insurance Number (SIN)

--	--	--	--	--	--	--	--	--	--

Expiry Date (if applicable)

Address (number, street and apartment) if different from Owner

City or Town

Province

Postal Code

Telephone Number

Date of birth (yyyy/mm/dd)

Occupation (if retired or unemployed, indicate former occupation):

Job Title: _____

Relationship to Owner

Duties: _____

Verification of Identity:

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the Owner's identity.

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the Owner in person. The advisor must review one of the following:

- provincial driver's license
- provincial photo identification card (excluding provincial health cards)
- passport
- citizenship card (issued prior to 2012)
- permanent resident card
- secure Certificate of Indian Status

ADVISOR ATTESTATION

I, the advisor:

- Have met the Owner in person, and have held and viewed their authentic, valid, and current photo identification.
- Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the Owner in person or remotely. The advisor must review two forms of identification from different categories*, as described in the [Alternate ID Verification Options](#) document.

ADVISOR ATTESTATION

I, the advisor:

- Have followed the alternative identification instructions as described at equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

*Category A – Name and address, Category B – Name and date of birth, Category C – Name and account information.

Option 3: Equitable validates identity through a third-party service provider

This option can be used when the application was not completed in person.

OWNER ATTESTATION

- I consent to Equitable verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

4. SUCCESSOR OWNER (OPTIONAL SECTION) (SUBROGATED OWNER IN QUEBEC) (FOR NON-REGISTERED ONLY)

You may name someone to succeed an Owner of the Contract in the event of an Owner's death.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Successor Owner's name (first, middle initial, last)	Social Insurance Number (SIN)
<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Owner	Expiry Date (if applicable)

5. ANNUITANT INFORMATION (FOR NON-REGISTERED AND ONLY WHEN THE ANNUITANT IS DIFFERENT THAN THE OWNER)

The Annuitant must be a Canadian resident and not more than 95 years of age.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Annuitant's name (first, middle initial, last)	Date of birth (yyyy/mm/dd)	
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Address (number, street and apartment)		City or Town	Province
Postal Code	Telephone Number	Relationship to Owner(s)	

6. SUCCESSOR ANNUITANT (OPTIONAL SECTION) (FOR NON-REGISTERED AND RIF ONLY)

On the death of the Annuitant, the contract will continue and therefore there is no death benefit until the death of the Successor Annuitant.

Note: the applicable Owner(s) have full contractual rights.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Successor Annuitant's name (first, middle initial, last)	Date of birth (yyyy/mm/dd)		
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Address (number, street and apartment)		City or Town	Province	Postal Code
Relationship to Annuitant (For RIF must be legally married or common-law partner)				



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

7. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving Annuitant.

Locked-in plans: For locked-in plans the beneficiary must be the spouse or common law partner (if applicable). As pension legislation dictates, a spouse or common law partner will take precedence over any other beneficiary designation selected.

RIF plans: For RIF plans, if your spouse is the sole beneficiary at the time of your death and a Successor Annuitant has not been named, your spouse will have the option to continue this contract as the Successor Annuitant.

Power of Attorney: If the application is signed by a Power of Attorney, a beneficiary designation cannot be made.

Applicant/Owner residing in Quebec: Quebec law stipulates that designation of the Owner's spouse (married or civil union) is irrevocable, unless the Owner indicates the designation to be revocable by checking the following box: I stipulate that any beneficiary designation of my spouse (married or civil union) is revocable.

Primary Beneficiary name(s)	Date of birth if minor (yyyy/mm/dd)	Trustee applies	Relationship to Annuitant (in Quebec – relationship to Owner)	Email or phone number of beneficiary	Benefit shared equally (unless % specified)
		<input type="checkbox"/>			%
		<input type="checkbox"/>			%
		<input type="checkbox"/>			%
		<input type="checkbox"/>			%
Contingent Beneficiary name(s)	Date of birth if minor (yyyy/mm/dd)	Trustee applies	Relationship to Annuitant (in Quebec – relationship to Owner)	Email or phone number of beneficiary	Benefit shared equally (unless % specified)
		<input type="checkbox"/>			%
		<input type="checkbox"/>			%
		<input type="checkbox"/>			%
		<input type="checkbox"/>			%

Trustee for all minor beneficiary(ies) (not applicable in Quebec): Name: _____

Annuity settlement option: If you would like one or more of your beneficiaries to receive the death benefit in the form of income payments from a payout annuity, complete the [Annuity Settlement Option form #455](#). You can find out more about this option in the [Gradual Inheritance Strategy form #1514](#).

8. CONTRIBUTIONS

Note: Minimum initial deposit must be \$500 or \$50 ongoing Pre-Authorized Debit ("PAD"). Simple Interest Payout Option and RIF/LIF minimum is \$10,000.

The payor must be the Annuitant for an individual RSP or the spouse for a Spousal RSP.

Cheque \$ _____

One-time PAD \$ _____ (complete section 9)

Ongoing PAD \$ _____ (complete section 9)

External Transfer \$ _____

➤ Transferring Company: _____
Complete the "[Transfer Authorization Form](#)" (form #114) and send a copy to Equitable and the original to the relinquishing financial institution.

Internal Transfer (specify \$ or %): _____

➤ Equitable Contract Number: _____

➤ Partial internal transfers will be moved pro-rata unless otherwise specified in Special Instructions (section 19).

Online Banking \$ _____

➤ Once the application has been submitted, the payor can make a deposit using the application or contract number and their financial institution's online banking service. For additional information and a list of banks set up with this service, visit equitable.ca/go/onlinebanking



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

9. PRE-AUTHORIZED DEBIT ("PAD") (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 8)

One-Time PAD:

Amount: \$ _____

Withdrawal Date:

- Withdraw the funds on the date that all application requirements are met, OR
- Specify date (yyyy/mm/dd): _____ (subject to all requirements being met)

Deposit Allocation:

The deposit and reinvestment instructions will be setup as described in the Investment Instructions section.

Ongoing PAD:

This option is not available for simple interest investments.

Amount: \$ _____ PAD start date (yyyy/mm/dd): _____

Payment Frequency:

- Monthly (1 - 28) Semi-monthly (1 & 15) Bi-weekly (every other week) on:
- Monday Tuesday Wednesday Thursday Friday

Deposit Allocation:

- Daily Interest Account (DIA) (must be selected if the deposit is less than \$500)
- Guaranteed Interest Account (GIA) for a specified term of _____ years

Reinvestment instructions will be setup as described in the Investment Instructions section.

Bank Information:

Provide a document that has the banking information and payor details printed on it. E.g. A void cheque, an initial cheque, or a bank letter of direction.

Transit Number: _____ **⑆12345** **⑆012⑆** **123456789**

Bank Number: _____

Account Number: _____

Transit Bank Account
Number Number Number

The advisor must verify that the banking details provided match the banking details on the attached cheque/bank letter. If the banking information is incorrectly entered, the advisor will be responsible for paying Equitable the resulting fees.

Notes:

- Line of credit accounts or credit cards are not accepted.
- There may be a time delay between the date selected and the money being transferred out of the bank account.

Waivers

The payor directs and authorizes The Equitable Insurance Company of Canada ("Equitable") and their financial institution to process withdrawals from their account, subject to the conditions listed here, for the purpose of collecting pre-authorized debits. The payor waives the right to receive pre-notification of the first withdrawal, or a change in the date of the withdrawal as defined by the Canadian Payments Association in Rule H1 at payments.ca.

Type of Service

For the purpose of this agreement, all pre-authorized debits from the payor's account will be treated as personal withdrawals.

Third Party Contributions (complete the Third Party information in section 17)

In certain circumstances, the payor may be a Third Party (someone other than the Owner). By submitting banking information that does not belong to the Owner, both the Owner and payor are agreeing to the following:

- The payor's banking information may be visible to the Owner.
- There is a degree of risk in having banking information for a third-party on file.
- In the event that money is incorrectly deposited to the payor's bank account, the payor will notify Equitable immediately and return the funds.

Cancellation

The payor has the right to cancel the pre-authorized debit at any time. The pre-authorized debit shall remain in effect until the payor notifies Equitable of the cancellation.



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

9. PRE-AUTHORIZED DEBIT ("PAD") (CONTINUED)

NOTE: To ensure cancellation of the next withdrawal, notice by way of telephone, letter, email or fax must be received at Equitable's Head Office, 10 business days prior to the next withdrawal. The payor may contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at payments.ca and may be completed and forwarded to their financial institution.

Contact Information

Equitable, One Westmount Road North P.O. Box 1603 Stn. Waterloo, Waterloo, ON N2J 4C7
TF 1 800 668 4095 F 519 883 7404 Email: savingsretirement@equitable.ca

Recourse & Reimbursement

The payor has certain recourse rights if any debit does not comply with this pre-authorized debit agreement. They have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on recourse rights, the payor may contact their financial institution or visit payments.ca.

10. INVESTMENT INSTRUCTIONS

Based on our administrative rules:

- The total initial deposit must be a minimum \$500 or \$50 ongoing PAD (\$10,000 for RIF/LIF).
- The minimum deposit for each GIA term is \$500 for compound interest, or \$10,000 for simple interest.
- Once the annuitant reaches age 90, the maximum renewal term is 1 year.
- Equitable will direct all future deposits in the same way as the initial deposit by default. If the deposit does not meet the minimum deposit requirements it will be allocated to DIA. To change these instructions for future deposits, notify Equitable head office in writing.
- Simple interest is available on Non-Registered, RIF and LIF.

Total initial deposit of \$ _____

Daily Interest Account (DIA) \$ _____

When enough money accumulates in DIA, invest the money into a compound interest GIA for _____ years.

Guaranteed Interest Account (GIA) (1 - 15 year terms)

Amount	# of Years	Interest Option
\$		<input type="checkbox"/> Compound interest <input type="checkbox"/> Simple Interest - Annual <input type="checkbox"/> Simple Interest - Monthly (The interest rate is the posted rate less 0.25%).
\$		<input type="checkbox"/> Compound interest <input type="checkbox"/> Simple Interest - Annual <input type="checkbox"/> Simple Interest - Monthly (The interest rate is the posted rate less 0.25%).
\$		<input type="checkbox"/> Compound interest <input type="checkbox"/> Simple Interest - Annual <input type="checkbox"/> Simple Interest - Monthly (The interest rate is the posted rate less 0.25%).

Interest rates often change. The latest interest rates are available on the Equitable website at equitable.ca/rates and can be locked in by completing the Rate Guarantee process outlined in section 8.

If the Rate Guarantee section is not completed, we will apply the interest rate in effect on the day that Equitable receives the money.

Investment instructions at the end of the term:

Reinvest in a term of the same length with the same interest 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

GIA Auto Ladder \$ _____ Compound interest Simple Interest - Annual Simple Interest - Monthly

5 years: Deposit will be equally split between 1 - 5 year terms. At maturity each term will be reinvested for 5 years.

10 years: Deposit will be equally split between 1 - 10 year terms. At maturity each term will be reinvested for 10 years.

Simple Interest payments (only applicable if "Simple Interest" was selected):

Deposit the interest into DIA

Deposit the interest into the Owner's bank account (attach a void cheque)



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

11. RATE GUARANTEE (OPTIONAL SECTION)

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:

1. Complete the application in full, with required signatures.
2. Submit the signed application to Equitable by no later than 11:59pm (EST) the day after the application is signed via EZcomplete, EZupload, or fax (519 883 7428).
3. Ensure the deposit is received at Equitable within:
 - 3 business days from the signed date of the application for cheques, one-time pre-authorized debits, and online banking deposits.
 - 45 days from the signed date of the application for transfers from another financial institution or an Equitable contract with an upcoming maturity.

Important: If the above steps are not completed in full, the deposit will not be eligible for a rate guarantee.

Types of Rate Guarantees

1) "Better of" Interest Rate Guarantee (3 business days):

- For direct deposits (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
 - (b) the interest rate in effect on the day all signatures were completed on the application.
- If the deposit is not received within 3 business days from the signature date, the deposit will receive the interest rate in effect the day the deposit is received.

2) "Set Rate" Interest Rate Guarantee (45 days):

- For transfers from another financial institution or an Equitable contract with an upcoming maturity.
- Guarantees the interest rate on the day the application was signed.
- If the deposit is received after 45 days from the signature date, the deposit will receive the lesser of
 - 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 on the application.

By submitting the rate guarantee, all parties 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.



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

12. SCHEDULED INCOME PAYMENTS (FOR RIF/LIF; OPTIONAL FOR NON-REGISTERED)

Complete this section to receive regularly scheduled withdrawals from your Equitable contract to your bank account. Please attach a VOID cheque.

Select frequency (choose one)

monthly quarterly semi-annually annually

Start Date/Date of Withdrawal: _____ Please allow 3 – 5 days for processing.
yyyy/mm/dd (1-28)

Non-Registered

Payment Amount:

\$ _____ (gross payment amounts only; net payments not available)

RIF/LIF

You must withdraw the annual required minimum payment. In the year of issue, the RIF/LIF minimum is zero. We reserve the right to request proof of age for RIF and LIF accounts.

Payment Amount:

Required minimum payment (if selected, the income payment start date must be next year)

\$ _____ (gross payment amounts only; net payments not available) – subject to RIF/LIF minimum and maximum amounts

LIF Maximum payment (LIF only)

Income Calculations:

The minimum income payment calculations will be based on the age of the:

Annuitant (defaulted to "Annuitant" if no selection is made)

Annuitant's spouse / common law partner*

*If RIF/LIF payments are based on the age of the spouse/common law partner provide the following information:

Name of spouse / common law partner: _____

Date of Birth (yyyy/mm/dd): _____

Additional withholding tax (optional):

Deduct taxes on the total payment (including the minimum) _____ %

This option can be chosen if the client wishes to withhold more tax than the standard amount set by the Canada Revenue Agency (CRA) and, if relevant, Revenu Québec. Note that the minimum withholding tax must be met.

Scheduled income payment withdrawals

All regularly scheduled payments will be made from the DIA until it is depleted and then all regularly scheduled payments will be made from the next-to-mature GIA with value.

13. SOURCE OF FUNDS

What is the source of the money being deposited? Check all that apply:

Salary or Earned Income

Applicant/Owner Savings

Business Income

Borrowed Funds (provide details): _____

Gifted Funds (provide details): _____

Sale of Property (provide the address of the property): _____

Proceeds from Death Benefits or Estate (provide the name of the deceased): _____

Other (provide details): _____



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

14. PURPOSE OF THE CONTRACT

Please indicate the Owners' stated reason(s) for purchasing this contract. (Not all contracts are suitable for all purposes.)

- Short Term Savings Retirement / Long Term Savings Business / Key Person Protection / Buy Sell Agreement
 Income Creation Mortgage / Debt Insurance Income / Family Protection
 Gift Education Purposes Legacy / Inheritance / Estate Protection
 Other _____

15. SPOUSAL INFORMATION (FOR LOCKED-IN ONLY)

Annuitant's Spouse or Common-Law Partner Information (choose one)

- I declare I do not have a spouse/common-law partner within the meaning of applicable legislation.

_____ _____
 Signature Date (yyyy/mm/dd)

- I have a spouse/common-law partner within the meaning of applicable legislation.
 Complete the information below.

_____ _____
 Full name of spouse/common-law partner (first, middle, last) Date of Birth (yyyy/mm/dd)

Social Insurance Number (SIN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date (if applicable)

Beneficiary designation:

- My spouse/common-law partner will be my named beneficiary OR
 My spouse/common-law partner has completed and attached the applicable spousal entitlement waiver form and I will name another beneficiary.

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 or Manitoba: Complete and attach the prescribed spousal waiver form.
- Ontario or Newfoundland & Labrador: Your spouse must complete and sign the following consent:
 I confirm that I am the spouse of the annuitant as defined by applicable legislation. I consent to the transfer of the locked-in pension funds to a LIF as indicated in this application.

_____ _____ _____
 Name Signature Date (yyyy/mm/dd)



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

16. DECLARATION OF TAX RESIDENCE (FOR NON-REGISTERED ONLY)

Owner: check all of the options that apply to you.

I am a tax resident of Canada

I am a tax resident or citizen of the United States:

Provide Taxpayer Identification Number (TIN) or functional equivalent: _____

I am a tax resident in a jurisdiction other than Canada or the United States:

Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN) or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

a) I will apply or have applied for a TIN but have not yet received it

b) My jurisdiction of residence does not issue TINs to its residents

Other reason: _____

Joint Owner: check all of the options that apply to you.

I am a tax resident of Canada

I am a tax resident or citizen of the United States:

Provide Taxpayer Identification Number (TIN) or functional equivalent: _____

I am a tax resident in a jurisdiction other than Canada or the United States:

Jurisdiction of tax residence _____ Taxpayer Identification Number (TIN) or functional equivalent: _____

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

a) I will apply or have applied for a TIN but have not yet received it

b) My jurisdiction of residence does not issue TINs to its residents

Other reason: _____



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

17. THIRD PARTY (FOR NON-REGISTERED ONLY)

In submitting this application, is the Owner acting on behalf of a Third Party?

Your answer should be "Yes" if someone other than the Owner or Annuitant will be making the deposit(s) or has/will have an ownership interest in this contract. Examples include a power of attorney signing on behalf of the Owner, someone other than the Owner or Annuitant making the deposit(s), or a corporation having use or access to the contract values.

No Yes If "Yes" complete either the "Individual Third Party" or "Business / Entity Third Party" section as applicable.

Individual Third Party

Name of Third Party (first, middle, last):		Date of Birth (yyyy/mm/dd)	Relationship to Owner	
Address (number, street and apartment)		City or Town	Province	Postal Code
Country	Occupation (if retired or unemployed, indicate former occupation):			
Telephone Number	Job Title: _____			
	Duties: _____			

Type of Third Party (select one and attach any applicable legal documentation)

payor trustee executor collateral/assignee attorney/power of attorney/mandatary

other (please specify): _____

Business / Entity Third Party

Full Legal Name		Relationship to Owner		
Address (number, street and apartment)		City or Town	Province	Postal Code
Telephone Number	Country	Nature of principal business		
Incorporation/Registration Number (if applicable)		Jurisdiction/Country of Issue (if applicable)		

Type of Third Party (select one and attach any applicable legal documentation)

payor trustee executor collateral/assignee attorney/power of attorney/mandatary

other (please specify): _____



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

18. POLITICAL POSITIONS (FOR NON-REGISTERED AND ONLY WHEN 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 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, 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 – go to section 19 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)
- President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)
- Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature)
- Head of a government agency
- Judge (in Canada only, must be a judge of an appeal court)
- 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 the position was held in the past five years)
- Deputy Minister (or equivalent)
- Leader or President of a political party in a legislature
- Ambassador or ambassador's attaché or counsellor
- Military General (or higher rank)
- Mayor of a Canadian municipality (does not include mayors in countries other than Canada)

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?
With what organization, government or institution was the position held?	How is this person related to the Payor? <input type="checkbox"/> The person is the Payor <input type="checkbox"/> Family Member (relationship): _____ <input type="checkbox"/> Close associate (relationship): _____

Note: If more than one person has held a position, complete section 1 and 2 of the ["Additional / Updated Customer 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
- Lottery
- Inheritance
- Other: _____



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

19. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)

20. PRIVACY CONSENT

In this section, unless otherwise specified, the terms "I", "me" and "my" refer to the Owner(s) of the contract and the Annuitant.

I agree and confirm that:

1. I agree and confirm that the personal information willingly provided by me to the independent broker and/or Equitable and collected in this Application and held in their files will be used by Equitable for the purposes of issuing, servicing, administration, and claims processing related to this Application, and any resulting contract and any supplementary documents. The information on file is accessible for the above purposes to: authorized employees of Equitable; third parties retained by Equitable; its sales distribution network; Canadian or foreign tax authorities; and any other person or party whom I authorize.
2. I acknowledge that my personal information may be processed and stored outside of Canada and may therefore be subject to the laws of those jurisdictions. If my contract is issued in Quebec, my personal information will be stored outside Quebec.
3. As an Owner, I consent to the use of my email address to establish a Client Access account and provide associated notices, electronically deliver contract documents and communicate electronically for other contract administration purposes.
4. If providing contact information for a beneficiary, I confirm that I am authorized to act on their behalf and therefore consent and authorize the collection, use and communication of their personal information for contact purposes.
5. As an Owner, I consent and agree to: (a) this Application being transmitted to the Company electronically and received by the Company as my original application for insurance; and (b) electronic delivery to me of the contract, if issued, and any other documents or future written communications relating to the contract.

See equitable.ca for further details about the Company's privacy practices and for information about how to contact the Company's Privacy Officer.

6. Electronic applications only: As an Owner, I consent and agree to the information in this application, including sensitive personal information such as my social insurance number, date of birth, and financial information, being included in the electronic documentation provided to each party who is required to sign the application. I consent to Equitable providing the information in this application to each other party for the purposes of signing the application. If I do not wish to provide this consent, I can decline to sign the application and inform my advisor that I wish to proceed with a paper application instead.

Marketing Consent:

Equitable is authorized to use the information in this Application and its existing files to provide information to me about its other products and services, unless I specify No.



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

21. AGREEMENT & SIGNATURES

In this section, unless otherwise specified, the terms "I", "me" and "my" refer to the Owner(s) of the contract and the Annuitant.

I agree and confirm that:

1. My acceptance of the issued contract will indicate my acceptance of any changes, corrections or additions to this Application which Equitable makes in a Head Office Endorsement(s).
2. I certify that the information provided on this form is current, correct and complete. I will notify Equitable within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.
3. Only Equitable's Head Office is authorized to alter or modify this Application, issue a contract or waive any requirements, and any authorization must be in writing.
4. The issued contract shall not take effect until the initial deposit made with the Application has been honoured by my financial institution.
5. For registered contracts only: I request the Issuer/Carrier to apply to register the Daily/Guaranteed Interest Account Retirement Savings Plan or Daily/Guaranteed Interest Account Retirement Income Fund as a registered retirement savings plan or a registered retirement income fund under section 146 or 146.3 of the Income Tax Act (Canada) and if applicable the Taxation Act (Quebec). I agree to provide any further information which may be required in connection with the registration of this contract.
6. I understand that all benefits payable under the contract are subject to taxation and that all SIN numbers are collected for income tax purposes.
7. I acknowledge, understand, and agree with the terms and conditions set out in the pre-authorized debit section.
8. I authorize Equitable to act on my service instructions as provided by my advisor. This trading authorization can include but is not limited to purchases, withdrawals, modification of investment instructions, reinvestment of maturing funds, rate guarantees, and Pre-authorized Debit (PAD). I acknowledge that Equitable may carry out any transaction requests provided by my advisor. I will set up an Equitable Client Access Account, as required by Equitable's trading authorization administrative rules.

I acknowledge receipt of the Daily/Guaranteed Interest Account Contract, and understand I can access this document electronically at equitable.ca/contracts.

Signature of Owner	Signed in the province of	Date (yyyy/mm/dd)
_____	_____	_____
Signature of Joint Owner	Signed in the province of	Date (yyyy/mm/dd)
_____	_____	_____
Signature of Successor Owner		Date (yyyy/mm/dd)
_____		_____
Signature of Annuitant (if different than Owner)		Date (yyyy/mm/dd)
_____		_____
Signature of Successor Annuitant (if different than Owner)		Date (yyyy/mm/dd)
_____		_____

Payor Information (only required if the Payor is someone other than the Owner)

By signing below, the Payor is indicating they agree to the terms and conditions set out in the Pre-Authorized Debit section. If more than one signature is required to authorize payment on the bank account, both/all payors must sign below.

Name of Payor	Signature of Payor	Date (yyyy/mm/dd)
_____	_____	_____
Name of Joint Payor	Signature of Joint Payor	Date (yyyy/mm/dd)
_____	_____	_____

Name of Power of Attorney
 _____ has signed on behalf of _____.

If a Power of Attorney has signed on behalf of another individual, please attach the applicable documentation.



DAILY/GUARANTEED INTEREST ACCOUNT APPLICATION

22. ADVISOR CONFIRMATION & SIGNATURE

By signing below, I the Advisor confirm that:

- I am licensed in the province in which the application is signed.
- I have explained the contents of the Daily/Guaranteed Interest Account contract to the Owner(s), and have provided the Owner(s) with a copy of the contract.
- I have disclosed the following information to the Owner(s) of the contract:
 - The name of the company or companies I represent.
 - Any commissions for the sale of insurance-based investment products and any bonuses, invitations to conferences or other incentives.
 - Any conflicts of interest I may have with respect to this transaction.
- I have reviewed the information provided in this application with the Owner(s) and to the best of my knowledge, it is complete and true.
- I instruct Equitable to reduce the Guaranteed Interest Account (GIA) commission payable to me by _____ basis points (bps) per year (up to a maximum of 20 bps), for the GIA term(s) indicated in section 10. The GIA interest rate will be increased by the same basis points until maturity (example: A 5 bps reduction will 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.

Advisor signature

Date (yyyy/mm/dd)

You will need three copies of this application (one for the Owner, one for the advisor and one for Equitable).

About Equitable

At Equitable we believe in the power of working together. This guides how we work with each other. How we help our clients and partners. And how we support the communities where we live and work.

Together, with partners across Canada, we offer Individual Insurance, Group Insurance and Savings and Retirement solutions. To help our clients protect today and prepare tomorrow.

We believe the world is better when we work together to build an Equitable life for all.



® or ™ denotes a trademark of The Equitable Life Insurance Company of Canada.

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