Equitable™

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Limited Trading Authorization - Individual Wealth

Use this form for all Individual Wealth contracts if the original application did not include Limited Trading Authorization.

Contract number(s)	
Name of contract owner	Name of joint contract owner (if applicable)
Name of advisor	Advisor's code and branch number

I/We authorize Equitable® to act on my/our instructions provided in writing by my/our advisor. This authorization includes but is not limited to:

- Modification of investment instructions
- Reinvestment of maturing funds
- Partial withdrawals
- Reset of maturity and death benefit guarantees
- Purchases
- Rate guarantees
- Switches (not including change of Sales Charge Option)
- Scheduled income payments (stopping, restarting, changing existing SWP instructions)
- Pre-authorized debit (PAD) (stopping, restarting, changing existing PAD instructions)
- Asset Rebalancing on Equitable Guaranteed Investment Funds (GIF) (starting, stopping, changing existing instructions).

I/We understand and agree that:

a) Written instructions provided by my/our advisor to Equitable under this authorization will be accepted as if I/we had provided signed written instructions directly to Equitable. I/we release Equitable from any liability, losses, damages, costs, charges and expenses (including fees) that may result from acting on the instructions;

b) Equitable will act on these instructions, which could result in tax consequences, transaction fees and investment losses, for which I am/we are responsible;

c) I/We have set up my confidential online Equitable Client Access® account;

d) I/We should keep a record of instructions that I/we send to my/our advisor and ensure that they have been carried out appropriately by reviewing confirmations and statements, which will be posted to my/our confidential online Equitable Client Access account;

e) This Limited Trading Authorization will expire immediately when: i) Equitable receives my/our written notice cancelling it, changing my/our advisor or signing a new authorization; ii) Equitable receives written notice of my/our mental incapacity or death; iii) termination of the advisor's contract with Equitable; or, iv) Equitable sending notice of this Limited Trading Authorization's termination; and,

f) Equitable reserves the right to decline instructions submitted by the advisor.

Signed at _____ (city) _____ (province) this _____ (day) of _____ (month) 20_____.

Signature of contract owner	Signature of joint contract owner (if applicable)
Signature of advisor	