

Equitable Guaranteed Investment Funds

Application for a

Registered Account (RRSP, RIF, LIRA, LIF)

Segregated Funds

Client Access[®]

As an Equitable client 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

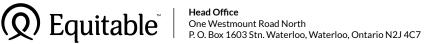
Update your personal information including

- 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 <u>client.equitable.ca</u> 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.



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



Equitable Guaranteed Investment Funds Registered Application

All sections of the application must be completed unless they are marked optional.

will sections of the application must be co	Inpicted uniess	they are marked option	iai.		
1. Advisor Information					Internal use only
If the advisor or MGA are not Fundserv dealer/rep codes.	eligible, please	provide Equitable advis	or code and branch number insteac	l of	Contract number:
Advisor name	Fundserv Rep	ID	1 11		Electronic applications only: Application number
Dealer/MGA name Fundserv Dealer ID		Dealer/MGA email			
2. Account Type				·	
This application is for a Registered Cont	ract.				
Please choose one of the account types	below and comp	plete the necessary info	ormation:		
☐ Retirement Savings Plan (RSP)	□ Reti	rement Income Fund (R	RIF) 🗆 Locked-in R	etirement	: Account (LIRA, RLSP, LRSP)
☐ Spousal RSP*	☐ Spot	usal RIF*	☐ Life Income	Fund (LIF	, PRIF, LRIF, RLIF)
*For spousal RSPs and spousal RIFs, plea	ase provide the	following information:			
Name of contributing Spouse:		Г	Date of birth (yyyy/mm/dd):		
Social Insurance Number (SIN):		→ E	Expiry date (if applicable):		
3. Owner/Annuitant Informatio					
			::	10: 0	h 1
The Owner will be named as the Annuit	ant. The Owner	must be a Canadian res	sident and at least 16 years of age (.	Lo III Que	bec).
First name(s)		Last name		D	ate of birth (yyyy/mm/dd)
Social Insurance Number (and expiry in	f applicable)	Sex ☐ Male ☐ Female		Pł	none number
Address (number, street, and apartme	nt)	The Dreiman	City or town		
Province		Postal code	Email address		nguage preference
Job title and duties (if you're not curre	ntly working, pl	ease provide the details	s of last employment)		Ligion Literal
Email address is important! After the fir your Contract information anytime, from		our Contract, we will sei	nd you an email to register for Clien	t Access®	, where you can view and manage
4. Successor Annuitant Informa Available for RIF and spousal RIF acco		al)			
The Successor Annuitant must be either by the Successor Annuitant. No Death E cannot name a Successor Annuitant.					
First name(s)		Last name		Date of b	oirth (yyyy/mm/dd)
Relationship to Owner(s)			l		Sex
☐ Spouse ☐ Common-law partner					☐ Male ☐ Female



	5. Locked-In Details					
	Required for locked-in accounts only (LIRA & LIF)					
	Pension jurisdiction What jurisdiction is the money locked-in under?					
	Spousal information When you have a Spouse or common-law partner, pension legislation requires us to collect additional information from you.					
1	Do you have a Spouse or a common-law partner within the meaning of the applicable legislation?					
	\square No (skip to the next section)					
	\square Yes (please provide their information below	ow)				
	First name(s)	Last name	Date of birth (yyyy/mm/dd)			
Spousal entitlement Please note, pension legislation generally dictates that a Spouse or common-law partner takes precedence over any other Beneficiary designation selected; however, a Spouse or common-law partner can waive their entitlement.						
ı	Does your Spouse or common-law partner intend to w	aive their entitlement to be Beneficiary on this Contract?				
	\square No (make sure you name them as your on	ly primary Beneficiary in the next section)				
	\square Yes (please complete and attach the appli	icable spousal entitlement waiver form for your jurisdiction)				
:	Spousal consent to transfer funds (LIF Contracts only)					
	☐ New Brunswick, Quebec, or Federal Pen Nothing further required to transfer fund					
	☐ British Columbia, Alberta, Saskatchewar Please complete and attach the applicabl	n, Nova Scotia or Manitoba: e spousal waiver form for your jurisdiction.				
	☐ Ontario or Newfoundland and Labrador: Please have your Spouse or common-law partner sign the consent below:					
	☐ I confirm that I am the Spouse or common-law partr locked-in pension funds to this new LIF Contract.	ner of the Owner/Annuitant as defined by applicable legislation. I cons	sent to the transfer of the			
	Name (first name, last name)	Signature	Date of birth (yyyy/mm/dd)			



	ef		

Complete this section to designate who will receive a Death Benefit on the death of the last surviving Annuitant.

Note

- Powers of attorney (POAs) cannot name Beneficiaries. If a person authorized under a POA is signing on behalf of the Owner/Annuitant, leave this section blank.
- Locked-in accounts: The Beneficiary must be your Spouse or common-law partner (if applicable). By law, they will also be the Beneficiary over anyone else you name here.
- RIF accounts: If your Spouse or common-law partner is the only Beneficiary named at the time of your death and a Successor Annuitant has not been named, they can choose whether to receive the Death Benefit or to continue this Contract as the Successor Annuitant.
- 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 and attach the <u>Annuity Settlement Option form #455</u>.

In Quebec only, naming a Spouse or common-law partner as a Beneficiary is irrevocable unless you specify that the designation is revocable here:	
☐ Revocable	
	_

Primary Beneficiary designation

The primary Beneficiary(ies) listed here will receive a Death Benefit after the last Annuitant dies. The Death Benefit will be shared equally, unless otherwise specified.

Primary Beneficiary name(s)	Relationship to Annuitant (In Quebec – relationship to Owner)	Date of birth if a minor (yyyy/mm/dd)	Email address or phone number	Death Benefit share (%)

Contingent Beneficiary designation

The contingent Beneficiary(ies) listed here will only receive a Death Benefit if all primary Beneficiaries are deceased when the last Annuitant dies. The Death Benefit will be shared equally, unless otherwise specified.

Contingent Beneficiary name(s)	Relationship to Annuitant (In Quebec – relationship to Owner)	Date of birth if a minor (yyyy/mm/dd)	Email address or phone number	Death Benefit share (%)

Ple	Please name a trustee for all minor and contingent Beneficiary(ies) (not applicable in Quebec):						
Na	Name:						
	_						



D of at least \$25 monthly.	omatic withdrawal from your bank account. All Contr	acts require an initial Deposit of at least \$10	JU Or Set up an Oligon
	or's name. Lines of credit and credit cards are not acce eral days between the date you have selected, and wh		account.
Banking information Required for both one-time and	d ongoing PAD requests.		
☐ I confirm that I have attache	ed proof of banking. (required)		
	that includes both banking and accountholder inform e-populated direct deposit form from your bank, or a le		
One-time PAD We'll request a one-time withdr nstructions" section.	rawal from your bank account using the information b	below, and deposit the money as directed in t	the "Investment
Amount: \$	Withdrawal date:		
		application requirements are met)	
	☐ Specific date (yyyy/mm/dd):	:	
requency:			
Semi-monthly (twice a me	the 1st to 28th of each month only) onth, on the 1st & 15th) week, available Monday to Friday only)		
Semi-monthly (twice a me	onth, on the 1st & 15th)	Sales Charge Option	Allocation %
☐ Semi-monthly (twice a monthly (twice a monthly (every other w	onth, on the 1st & 15th) week, available Monday to Friday only)	Sales Charge Option	
☐ Semi-monthly (twice a monthly (twice a monthly (every other w	onth, on the 1st & 15th) week, available Monday to Friday only)		5
☐ Semi-monthly (twice a monthly (twice a monthly (every other w	onth, on the 1st & 15th) week, available Monday to Friday only)	□ FEL □ CB3 □ CB5	5
☐ Semi-monthly (twice a monthly (twice a monthly (twice a monthly (every other w	onth, on the 1st & 15th) week, available Monday to Friday only)	☐ FEL ☐ CB3 ☐ CB5	5
☐ Semi-monthly (twice a monthly (twice a monthly (every other w	onth, on the 1st & 15th) week, available Monday to Friday only)	□ FEL □ CB3 □ CB5 □ FEL □ CB3 □ CB5	5
□ Semi-monthly (twice a monthly (twice a monthly (every other with semi-monthly (every other	veek, available Monday to Friday only) Fund name	☐ FEL ☐ CB3 ☐ CB5	5
□ Semi-monthly (twice a monthly (twice a monthly (every other well) Fund code Note: Deposits over Annuitant's	onth, on the 1st & 15th) week, available Monday to Friday only)	☐ FEL ☐ CB3 ☐ CB5	5



7. Pre-Authorized Debit (PAD) (continued) (optional)

What is a Sales Charge Option?

Our segregated funds are available in the following options:

- Front End Load Option (FEL): You and your advisor may agree on a percentage to be deducted from each Deposit (up to 5%). The deducted amount is paid to your advisor as upfront compensation. If no percentage is specified, the default will be 0%. FEL above 0% is only available when the application is submitted with a Fundserv advisor code. When you withdraw your Funds, neither you nor your advisor pay any fees, provided at least 90 days have passed since the Deposit was made.
- Chargeback Option (CB3 or CB5): You can withdraw your Funds at any time without any fees, provided at least 90 days have passed since the Deposit was made. Depending on how soon the withdrawal is made from the time of Deposit, your advisor may have to return to Equitable a portion of the commission they received.

Waivers

The payor directs and authorizes The Equitable Life 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 Payments Canada in Rule H1 at payments.ca.

Type of service

All PADs from the payor's account will be treated as personal withdrawals.

Cancellation

The payor has the right to cancel the PAD at any time. The PAD will remain in effect until the payor requests to cancel with Equitable.

Note: To request a cancellation of the next withdrawal, please contact Equitable's head office by phone, mail, email or fax at least 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 <u>payments.ca</u> 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

Phone: 1-800-668-4095 Fax: 519-883-7404 Email: individualwealth@equitable.ca

Recourse and reimbursement

The payor has certain recourse rights if any debit does not comply with this PAD agreement. They have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this PAD agreement.

For more information on recourse rights, the payor may contact their financial institution or visit payments.ca.

8. Initial Deposit(s) Required if "Pre-authorized debit (PAD)" section is not completed. All Contracts require an initial Deposit of at least \$100 if a PAD is not set up (minimum initial Deposit of \$10,000 for RIF/LIF). New contributions External transfers Internal transfers ☐ Cheque: \$ ☐ Transfer(s) from another company ☐ Transfer from Equitable Total transfer amount: \$ →Equitable contract number: ☐ Online banking: \$ For each external transfer, complete the <u>Transfer</u> Authorization Form #114. Amount: \$ ☐ Loan: \$ Submit a copy to Equitable and send the original to the other financial institution to request the transfer. ☐ Full transfer ☐ Partial transfer →Lending company: Note: You and your advisor are responsible for following **Important:** Partial transfers from other Equitable up with the other institution to make sure the money is contracts will be made proportionately from all transferred. investments, unless otherwise specified in the "Special instructions" section below.

Did you know?

You can make Deposits directly using your bank's online banking services. Simply add "Equitable Life Savings Plan" as a payee and enter your Equitable Contract number. You can find your Contract number on your confirmation letter. It's as easy as that! For additional information, and to see a list of banks set up with this service, go to equitable.ca/go/onlinebanking.



9. Source of Funds					
Tell us how the money was originally ac	quired (not where it was transferred from	n). Check all that apply:			
		□6:			
☐ Earned income or salary		☐ Divorce or marriage breakdown			
Pension or retirement income		☐ Business income			
☐ Loan or borrowed money (provide details)		☐ Gift (provide details)			
\square Sale of a home or property (provide t		Other (provide details)			
☐ Inheritance or Death Benefit (provid	e the name of the deceased)				
Details:					
10. Purpose of the Contract					
What is your purpose for purchasing the Please select all that apply:	nis Contract? (Not all Contracts are suitab	ble for all purposes.)			
☐ Short-term savings	☐ Retirement/long-term savings	☐ Business/key person protection or buy-sell agreement			
☐ Income creation	☐ Mortgage/debt insurance	☐ Income/family protection			
☐ Gift	☐ Education purposes	☐ Legacy/inheritance/estate protection			
☐ Other:					
11. Guarantee Option					
Choose a Guarantee Class below:					
☐ Investment Class (75/75)	☐ Estate Class (75/100) ☐ Prote	ection Class (100/100)			
For Protection Class Contracts only, you can choose the term for the Guarantee Maturity Date:					
\square 15 years plus one day from the ini	itial Deposit (default if no selection is mad	de)			
\square Choose my own date:	(must be more than 15 years afte	r the initial Deposit date)			



12. Investment Instructions

Tell us how you would like us to invest Deposits made to your Contract. For a list of available Funds, please see our <u>Equitable GIF Fees and Fund Codes</u> Form #2256.

Note:

- Deposits made into a Sales Charge Option cannot be moved to a different Sales Charge Option in the future.
- You cannot deposit less than \$25 to any one Fund.
- If the name of the Fund provided does not match the Fund code provided, the Fund code will be used.
- The Fund code(s) must align with the Guarantee Class selected.

Instructions for the initial Deposit(s)					
Fund code	Fund name	Sales Charge Option	Allocation %		
		□ FEL □ CB3 □ CB5			
		□ FEL □ CB3 □ CB5			
		□ FEL □ CB3 □ CB5			
		□ FEL □ CB3 □ CB5			
		□ FEL □ CB3 □ CB5			

Note: Deposits over Annuitant's age 80 are limited to the FEL Sales Charge Option.

If Front-End Load Option (FEL) is selected, specify the percentage: (0% – 5%

- If no percentage is specified, the default will be 0%.
- FEL above 0% is only available when the application is submitted with a Fundserv advisor code.
- The specified percentage will be deducted from the Deposit and paid to the advisor as an upfront commission.

Future investment direction:

- Unless you request differently later, all future Deposits will be put in the same Fund(s) as the initial Deposit.
- If the FEL Sales Charge Option is selected, future unscheduled Deposits will be allocated with a 0% FEL, unless otherwise instructed in writing by the Owner(s).

What is a Sales Charge Option?

Our segregated Funds are available in the following options:

- Front-End Load Option (FEL): You and your advisor may agree on a percentage to be deducted from each Deposit (up to 5%). The deducted amount is paid to your advisor as upfront compensation. If no percentage is specified, the default will be 0%. FEL above 0% is only available when the application is submitted with a Fundserv advisor code. When you withdraw your Funds, neither you nor your advisor pay any fees, provided at least 90 days have passed since the Deposit was made.
- Chargeback Option (CB3 or CB5): You can withdraw your Funds at any time without any fees, provided at least 90 days have passed since the Deposit was made. Depending on how soon the withdrawal is made from the time of Deposit, your advisor may have to return to Equitable a portion of the commission they received.



13. Asset Rebal	lancing (optional)		
Complete this secti	ion if you would like to request Asset Rebalancing on your Cont	ract.	
• Assets can only be	e rebalanced within the same Sales Charge Option.		
The start date will every three mont	,	will rebalance the Funds three months from the initial Deposit date, and	
Frequency Automatically reba	lance my funds:		
☐ Annually	☐ Semi-annually (twice a year) ☐ Quarterly	,	
Instructions for Ass	set Rebalancing (select one):		
☐ Rebalance to ma	atch the allocation in the "Investment instructions" section		
☐ Rebalance to ma	atch the allocation in the "Pre-authorized debit (PAD)" section		
☐ Rebalance accor	rding to the instructions below		
Fund code	Fund name	Allocation %	
		·	
Where the Fund na	me provided does not match the Fund code provided, the Fund	code will be used.	_
	•	t a frequency you choose to ensure your investments match the be rebalanced within the same Sales Charge Option.	



14. Dollar Cost Avera	aging (DCA) (optional)		
Complete this section if yo	ou would like to request DCA on your Contra	nct.	
• The start date must be b	etween the 1st and the 28th of the month fo	r all frequencies except weekly.	
• DCA will run up to and in	nclude the optional end date. If no end date i	is given, then the DCA will run u	intil all money in the selected transfer out Fund is gone.
• DCA can only be process	sed for Deposits within the same Sales Charg	ge Option.	
Frequency			
☐ Weekly			
☐ Monthly (available from the 1st to 28th of each month only)		Start date (yyy	y/mm/dd):
☐ Bi-monthly (once every	two months)	Optional end date (yyy	y/mm/dd):
☐ Quarterly			
☐ Semi-annually (twice a	year)		
\square Annually			
Transfer out Fund Minimum amount of \$10	00	Transfer in Fund(s) Minimum of \$25 each	
		Fund code:	Amount: \$
		Fund code:	Amount: \$
Fund code:	Amount: \$	Fund code:	Amount: \$
		Fund code:	Amount: \$
		Fund code:	Amount: \$
		Minimum of \$25 each Fund code: Fund code: Fund code: Fund code:	Amount: \$ Amount: \$ Amount: \$ Amount: \$

What is Dollar Cost Averaging?

DCA helps deal with uncertain markets by investing money automatically at regular intervals, regardless of price. Assets are usually switched from a more stable Fund, such as Money Market, into one or more Funds with a higher growth potential. Over time, investors may lower their average cost per Unit and reduce the impact of market volatility on their investment. Assets can only be switched within the same Sales Charge Option.



15. Scheduled Incom Available for RIF and L		
Complete this section to re	eceive regularly scheduled withdrawals from your Equitable Contract to your bank accoun	nt.
Scheduled income payme	een the 1st and the 28th of the month. ents will run until there is no longer enough money in Contract/selected funds to process n the payment amount you indicate below.	the requested withdrawals. Your last
	inimum payment (RMP) or LIF maximum, payments must begin the calendar year followir	ng the initial Deposit.
Frequency:		
☐ Monthly		
☐ Quarterly		
☐ Semi-annually (twice a	/ear)	
☐ Annually		
Start date (yyyy/mm/dd):	(allow at least three to five days for processing)	
Payment amount:		
☐ Gross payment: \$		
Required minimum pay	ment (RMP)	
☐ Base RMP on my age		
	ouse or common-law partner's age ouse or common-law partner (yyyy/mm/dd):	
☐ LIF maximum*		
mandated LIF maximums.	gislative LIF maximum for an Owner/Annuitant aged 55 or older. The default amount paid if you are aged 55 or older, you can request payment of up to 100% of the Contract Value Unless you provide different instructions below, money will be withdrawn from all Funds	. · · · · · · · · · · · · · · · · · · ·
Fund code	Fund name	Proportion %
Where the Fund name pro	vided does not match the Fund code provided, the Fund code will be used.	
Banking information		
☐ I confirm that I have	attached proof of banking. (required)	
	g? ument that includes both banking and accountholder information pre-printed on it. _l ue, pre-printed direct deposit form from your bank, or a letter of direction stamped by yo	our bank.



16. Special Instructions				
Are there any additional instructions that you need to provide for your new Equitable Contract?				

17. Privacy and Personal Information

In this section, unless otherwise specified, the terms "you" and "your" refer to the Owner/Annuitant of the Contract.

By submitting this application, you declare and agree as follows:

- 1. The personal information willingly provided by you in this application to the independent broker and/or Equitable will be held in Equitable's files and will be used for the purposes of issuing, servicing, administration, and claims processing related to this application, and any resulting Contract and any supplementary documents.
- 2. For the above purposes, the information on file is accessible to and may be exchanged with: authorized employees of Equitable; third parties retained by Equitable; its sales distribution network; Canadian or foreign tax authorities; and any other person or party you authorize.
- 3. Your personal information may be processed and stored outside of Canada and may therefore be subject to the laws of those jurisdictions. If your Contract is issued in Quebec, your personal information will be stored outside Quebec.
- 4. You agree to the use of your email address to set up a Client Access account and provide notices, electronically deliver Contract documents, and communicate for Contract administration purposes.
- 5. If providing contact information for a Beneficiary, you confirm that: (a) you are authorized to act on their behalf; and (b) you consent to and authorize the collection, use, and communication of their personal information for contact purposes.
- 6. Electronic applications only: You consent and agree to the information in this application including sensitive personal information such as your 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. You consent to Equitable providing the information in this application to each other party for signature purposes. If you do not wish to provide this consent, you can decline to sign the application electronically and inform your advisor that you wish to proceed with a paper application instead.

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



18. Agreement and Signatures

In this section, unless otherwise specified, the terms "I", "me" and "my" refer to the Owner of the Contract.

By submitting this application, you declare and agree as follows:

- 1. My acceptance of the issued Contract will indicate my acceptance of any changes, corrections, or additions to this application which Equitable makes in an Endorsement(s).
- 2. I certify that the information provided on this form is current, correct, and complete.
- 3. I will notify Equitable within 30 days of any change to my tax residency, US citizenship status, or tax identification numbers.
- 4. Only Equitable's Head Office is authorized to alter or modify this application, issue a Contract, or waive any requirements. Any such authorization must be in writing.
- 5. The issued Contract will not take effect until all requirements have been met and the initial Deposit made with the application has been received by Equitable from my financial institution.
- 6. I understand that all benefits payable under the Contract are subject to taxation and all provided Social Insurance Numbers (SINs) are collected for income tax purposes.
- 7. I acknowledge, understand, and agree with the terms and conditions set out in the "Pre-authorized debit (PAD)" section. All authorizations necessary for payments from the bank account that I provided are present on this application.
- 8. Equitable is not responsible for the validity or oversight of any loan agreement entered into to make a Deposit into the Contract. Equitable is not a party to the loan agreement. The Contract is separate and distinct from the loan agreement between the Owner(s) and the lender.
- 9. I request Equitable to apply to register 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.
- 10. 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, Deposits (excluding those where FEL is greater than >0%), withdrawals, Switches, resets, modification of investment instructions, asset rebalancing, PAD instructions, and any scheduled income payments. I acknowledge that Equitable may carry out any transaction requests for my Contract provided by my advisor. I will set up an Equitable Client Access account, as required by Equitable's trading authorization Administrative Rules.
- 11. I have read and agree to the terms contained within the "Privacy and personal information" section. I consent to the storage, use, retention, and disclosure of my personal information as outlined in this application.
- 12. I consent and agree to:
 - a. this application being transmitted to Equitable electronically and being received by Equitable as my original application for insurance;
 - b. if a Contract is issued, I authorize electronic delivery of the Contract Provisions along with any other administrative communication related to the Contract; and
 - c. electronic communication of any other documents, materials, or communications relating to this application and any resulting Contract.
- 13. 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 here:

I acknowledge receipt of the Equitable Guaranteed Investment Funds Contract Provisions, Information Folder, and Fund Facts and understand I can access these documents electronically at equitable.ca/contracts.

Signature of Owner / Annuitant				
Signature	Signed in the province of	Date of signature (yyyy/mm/dd)		
	an one signature is needed to authorize payment from agree to the terms and conditions set out in the "Pre-a			
Signature	Name of joint payor	Date of signature (yyyy/mm/dd)		
	thorized under a Power of Attorney on behalf of anot tion, including the names of all authorized persons und applicable POA documentation.	•		



19. Advisor Confirmation and Signature

As the advisor, I confirm by signing below that:

- 1. I am licensed in the province in which the application is signed (unless the Owner/Annuitant is a resident of Quebec, in which case I am licensed in the province of Quebec).
- 2. I have explained the contents of the Equitable Guaranteed Investment Funds Contract Provisions, Information Folder, and the Fund Facts to the Owner/Annuitant, and have provided them with a copy of these documents.
- 3. I have disclosed the following information to the Owner/Annuitant:
 - a. The name of the company or companies I represent.
 - b. Any commissions I may receive for the sale of insurance-based investment products, as well as any bonuses, invitations to conferences, or other incentives I may receive.
 - c. Any conflicts of interest I may have with respect to this application.
- 4. I have reviewed the information provided in this application with the Owner/Annuitant and, to the best of my knowledge, it is complete and true.

Advisor signature	Date of signature (yyyy/mm/dd)
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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 Individual Wealth 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.

2244 (2025/10/27)