

INVESTMENT DIRECTION FORM – SAVINGS & RETIREMENT

DYNAMIC FORM: This form generates the applicable sections based on the products and options selected on page one. To support this functionality, the form must be downloaded to your computer and opened with Adobe Acrobat. It is not compatible with mobile devices and other PDF viewers.

In this form, the terms "you", "your", "my" and "owner" refer to the policy owner(s). The terms "we", "our" and "us" refer to The Equitable Life Insurance Company of Canada (Equitable Life). An advisor can complete this form if there is "Limited Trading Authorization" on file.

Contract Details
Name of Policy Owner(s):
Policy number(s):
Product and Request Selection
Pivotal Select (choose all that apply):
Investment instructions for new money or future deposits
Check box if this is for a non-registered deposit equal to or greater than \$100,000
Dollar Cost Averaging
Switches
Reset
OR
Guaranteed Interest Account and Legacy Segregated Fund Products (choose all that apply): (legacy products include Personal Investment Portfolio and Pivotal Solutions NL/DSC/II)
Investment instructions for new money or future deposits (segregated funds)
Check box if this is for a non-registered deposit equal to or greater than \$100,000
Dollar Cost Averaging
Switches
Reset
Asset Rebalancing
Provide investment instructions for new money or future deposits (GIA)
Check box if this is for a non-registered deposit equal to or greater than \$100,000
GIA Rate Enhancement
GIA Rate Guarantee

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Agreements & Signatures The undersigned has/have received and agree with all information and instructions set out above and also agree that: Premium allocations and automatic investment options selected remain in effect until the Company receives a written request for change from the Policyowner(s). Premium allocations, transfers and automatic investment options are subject to the minimums stated in your policy contract. . Instructions for deposits will override any previous direction or automatic investment • A transfer from another product may result in sales charges and/or loss of benefits, such as guarantees. • If transferred funds received for GDA deposit exceed 110% of the amount specified in the rate guarantee section, we may . adjust the guaranteed rate for the excess amount. The personal information you willingly provided on this Investment Direction form will be used by us for the purposes of servicing and claims processing and adjudication in relation to this application and any resulting policy and any subsequent documents. The information on file is accessible for the above purposes to our authorized employees as well as third parties retained by us and any other person or party whom the undersigned authorizes. Policy owner's signature: _____ Date (yyyy/mm/dd) _____ Joint Policy owner's signature (if applicable): _____ Irrevocable beneficiary signature (if applicable): _____ Assignee signature (if applicable): Advisor's signature (if Limited Trading Authorization is on file):

Send the completed form to:

Equitable Life of Canada One Westmount Road North P.O. Box 1603, Stn Waterloo Waterloo, Ontario N2J 4C7

Fax: 519.883.7404 Email: Savingsretirement@equitable.ca

Special Instructions