Equitable Guaranteed Investment Funds™

Application for a

Tax-Free Savings Account (TFSA)

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 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.

Equitable™

Head Office
One Westmount Road North
P. O. Box 1603 Stn. Waterloo, Waterloo, Ontario N2J 4C7

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

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

1. Advisor Information

If the advisor or MGA are not Fundserv eligible, please provide Equitable advisor code and branch number instead of dealer/rep codes.

Advisor name	Fundserv Rep ID	Advisor email address
Dealer/MGA name	Fundserv Dealer ID	Dealer/MGA email

Internal use only

Contract number: ____________________

Electronic applications only:
Application number ____________________

2. Account Type

This application is for a Tax-Free Savings Account (TFSA).

3. Owner/Annuitant/Holder Information

The Owner will be named as the Annuitant. The Owner must be a Canadian resident and at least 18 years of age.

First name(s)	Last name		Date of birth (yyyy/mm/dd)
Social Insurance Number (and expiry if applicable)	Sex ☐ Male ☐ Female		Phone number
Address (number, street, and apartment)		City or town	
Province	Postal code	Email address	Language preference ☐ English ☐ French
Job title and duties (if you're not currently working, please provide the details of last employment)			

Email address is important! After the first Deposit to your Contract, we will send you an email to register for **Client Access®**, where you can view and manage your Contract information anytime, from anywhere.

4. Successor Annuitant Information (optional)

The Successor Annuitant must be either the Annuitant's Spouse or common-law partner. When the Annuitant dies, the Contract will continue and be owned by the Successor Annuitant. No Death Benefit will be paid until the Successor Annuitant's death. Note: A person acting for the Owner via a Power of Attorney cannot name a Successor Annuitant.

First name(s)	Last name	Date of birth (yyyy/mm/dd)
Relationship to Owner(s) ☐ Spouse ☐ Common-law partner		Sex ☐ Male ☐ Female

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5. Beneficiaries

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.
- **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 Annuity Settlement Option form #455.
- 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.

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 (%)

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

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6. Pre-Authorized Debit (PAD) (optional)

Use this section to request an automatic withdrawal from your bank account. All Contracts require an **initial Deposit of at least $100** or must set up an **ongoing PAD of at least $25 monthly**.

Bank accounts must be in the payor's name. Lines of credit and credit cards are not accepted.
Note: There may be a delay of several days between the date you have selected, and when the money is withdrawn from your bank account.

Banking information
Required for both one-time and ongoing PAD requests.

☐ **I confirm that I have attached proof of banking.** (required)

What is proof of banking?
Proof of banking is a document that includes both banking and accountholder information pre-printed on it.
For example, a void cheque, pre-populated direct deposit form from your bank, or a letter of direction stamped by your bank.

One-time PAD
We'll request a one-time withdrawal from your bank account using the information below, and deposit the money as directed in the "Investment instructions" section.

Amount: $ ______________________

Withdrawal date:
☐ Immediately (as soon as all application requirements are met)
☐ Specific date (yyyy/mm/dd): ______________________

Ongoing PAD
Using the information below, we will request that the bank pull money from your bank account on a regular basis. If a Fund name does not match the Fund code provided, the Fund code will be used.

Amount: $ ______________________ Start date (yyyy/mm/dd): ______________________

Frequency:
☐ **Monthly** (available from the 1st to 28th of each month only)
☐ **Semi-monthly** (twice a month, on the 1st & 15th)
☐ **Bi-weekly** (every other week, available Monday to Friday only)

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%)
- The specified percentage will be deducted from each Deposit and paid to the advisor as an upfront commission.
- 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.

6. 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 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
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.

7. 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.

New contributions	External transfers	Internal transfers
☐ Cheque: $ ______ ☐ Online banking: $ ______ ☐ Loan: $ →Lending company: ______	☐ Transfer(s) from another company Total transfer amount: $ ______ For each external transfer, complete the Transfer Authorization Form #114. **Submit a copy to Equitable and send the original to the other financial institution to request the transfer.** **Note:** You and your advisor are responsible for following up with the other institution to make sure the money is transferred.	☐ Transfer from Equitable →Equitable contract number: ______ →Amount: $ ______ ☐ Full transfer ☐ Partial transfer **Important:** Partial transfers fromother Equitable contracts will be made proportionately from all 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.

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8. Source of Funds

Tell us how the money was originally acquired (not where it was transferred from). Check all that apply:

- ☐ Earned income or salary
- ☐ Pension or retirement income
- ☐ Loan or borrowed money (provide details)
- ☐ Sale of a home or property (provide the address of the property)
- ☐ Inheritance or Death Benefit (provide the name of the deceased)
- ☐ Divorce or marriage breakdown
- ☐ Business income
- ☐ Gift (provide details)
- ☐ Other (provide details)

Details: ______________________________

____

9. Purpose of the Contract

What is your purpose for purchasing this Contract? (Not all Contracts are suitable for all purposes.)
Please select all that apply:

- ☐ Short-term savings
- ☐ Income creation
- ☐ Gift
- ☐ Retirement/long-term savings
- ☐ Mortgage/debt insurance
- ☐ Education purposes
- ☐ Business/key person protection or buy-sell agreement
- ☐ Income/family protection
- ☐ Legacy/inheritance/estate protection
- ☐ Other: ______________________________

10. Guarantee Option

Choose a Guarantee Class below:

☐ Investment Class (75/75) ☐ Estate Class (75/100) ☐ Protection Class (100/100)

For Protection Class Contracts only, you can choose the term for the Guarantee Maturity Date:

- ☐ 15 years plus one day from the initial Deposit (default if no selection is made)
- ☐ Choose my own date: ______________ (must be more than 15 years after the initial Deposit date)
  (yyyy/mm/dd)

11. 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 Equitable GIF Fees and Fund Codes 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.

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.

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12. Asset Rebalancing (optional)

Complete this section if you would like to request Asset Rebalancing on your Contract.

- Assets can only be rebalanced within the same Sales Charge Option.
- The start date will be based on the initial Deposit date (e.g. selecting "quarterly" will rebalance the Funds three months from the initial Deposit date, and every three months afterwards).

Frequency

Automatically rebalance my funds:

☐ Annually ☐ Semi-annually (twice a year) ☐ Quarterly

Instructions for Asset Rebalancing (select one):

☐ Rebalance to match the allocation in the "Investment instructions" section

☐ Rebalance to match the allocation in the "Pre-authorized debit (PAD)" section

☐ Rebalance according to the instructions below

Fund code	Fund name	Allocation %

Where the Fund name provided does not match the Fund code provided, the Fund code will be used.

What is Asset Rebalancing?
If you choose to automatically rebalance your assets, we will buy and sell Units at a frequency you choose to ensure your investments match the allocation you selected. You can request to stop this at any time. Assets can only be rebalanced within the same Sales Charge Option.

13. Dollar Cost Averaging (DCA) (optional)

Complete this section if you would like to request DCA on your Contract.

- The start date must be between the 1st and the 28th of the month for all frequencies except weekly.
- DCA will run up to and include the optional end date. If no end date is given, then the DCA will run until all money in the selected transfer out Fund is gone.
- DCA can only be processed for Deposits within the same Sales Charge Option.

Frequency

☐ Weekly
☐ Monthly (available from the 1st to 28th of each month only)
☐ Bi-monthly (once every two months)
☐ Quarterly
☐ Semi-annually (twice a year)
☐ Annually

Start date (yyyy/mm/dd): ____________________

Optional end date (yyyy/mm/dd): ____________________

Transfer out Fund Minimum amount of $100	**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: $ ____________

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.

14. Scheduled Income Payments (optional)

Complete this section to receive regularly scheduled withdrawals from your Equitable Contract to your bank account.

Note:
- Start date must be between the 1st and the 28th of the month.
- Scheduled income payments will run until there is no longer enough money in Contract/selected funds to process the requested withdrawals. Your last payment may be less than the payment amount you indicate below.

Frequency:

☐ Monthly

☐ Quarterly

☐ Semi-annually (twice a year)

☐ Annually

Start date (yyyy/mm/dd): ____________ (allow at least three to five days for processing)

Payment amount: $ ____________

Withdrawal instructions (Unless you provide different instructions below, money will be withdrawn from all Funds proportionate to their current market value.)

Fund code	Fund name	Proportion %

Where the Fund name provided 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)

What is proof of banking?
Proof of banking is a document that includes both banking and accountholder information pre-printed on it.
For example, a void cheque, pre-printed direct deposit form from your bank, or a letter of direction stamped by your bank.

15. Special Instructions

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

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16. Privacy and Personal Information

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

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17. 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 request Equitable to file an election to register the qualifying arrangement as a Tax-Free Savings Account under section 146.2 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.
7. I understand that all provided Social Insurance Numbers (SINs) are collected for income tax purposes.
8. 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.
9. 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.
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: ☐ No

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)

Signature of joint payor (only required if more than one signature is needed to authorize payment from the bank account) By signing below, the joint payor is indicating they agree to the terms and conditions set out in the "Pre-authorized debit (PAD)" section.		
Signature	Name of joint payor	Date of signature (yyyy/mm/dd)

☐ **This application is being signed by a person authorized under a Power of Attorney on behalf of another person.**
Provide details in the "Special instructions" section, including the names of all authorized persons under the Power of Attorney and who they are signing on behalf of. Please attach a copy of all applicable POA documentation.

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18. 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)

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.

Equitable™ | Together. Protecting Today. Preparing Tomorrow.™

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