



# PIVOTAL SELECT™ Application

First Home Savings Account  
(FHSA)

Segregated Funds  
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](http://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.



## PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – FHSA

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

Name of Advisor	Dealer/MGA Name
FundSERV Rep ID <small>(if advisor is not FundSERV eligible, provide Advisor Code)</small>	FundSERV Dealer ID <small>(if MGA is not FundSERV eligible, provide Branch Number)</small>
Advisor Email Address	MGA Email Address

*Internal use only:*  
Contract number: \_\_\_\_\_

*Electronic applications only:*  
Application number: \_\_\_\_\_

Application generated date: \_\_\_\_\_

<b>1. PLAN TYPE</b>
<p>This application is for a First Home Savings Account (FHSA). Please select a Guarantee Class:</p> <p><input type="checkbox"/> Pivotal Select Investment Class 75/75    <input type="checkbox"/> Pivotal Select Estate Class 75/100</p>

<b>2. OWNER/ANNUITANT INFORMATION (THE FHSA HOLDER)</b>			
<p>To be eligible to purchase a First Home Savings Account (FHSA), the Owner must be a Canadian resident, at least 18 years old, and a potential first-time home buyer. To qualify as a “first-time home buyer”, both the Owner and their spouse cannot have owned a qualifying home that they lived in as a principal residence in the year the account is opened, or in any of the four preceding calendar years.</p> <p>Is the Owner eligible to purchase a First Home Savings Account (FHSA)?</p> <p><input type="checkbox"/> Yes – the Owner certifies they are eligible as a qualifying individual    <input type="checkbox"/> No – do not proceed with the application</p>			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Owner’s Name (first, middle initial, last)		
Sex: <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):			<p><b>The email address is important!</b></p> <p>← Once the contract is active we will email the Owner a link to register for <b>Equitable Client Access</b>. This website allows them to view and manage their contract information.</p>
Job Title: _____			
Duties: _____			

FHSA identification number: \_\_\_\_\_ (internal only)



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### 3. SUCCESSOR ANNUITANT/SUCCESSOR OWNER (OPTIONAL SECTION)

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 has full contractual rights.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.  Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Successor Annuitant's Name (first, middle initial, last)	Relationship to Annuitant (must be legally married or Common-Law Partner)
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Address (number, street and apartment) (if different from Annuitant)

City or Town	Province	Postal Code
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Date of Birth (yyyy/mm/dd)	Social Insurance Number (SIN)	Expiry Date (if applicable)
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### 4. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving 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: \_\_\_\_\_



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### 5. CONTRIBUTIONS (DEPOSIT(S) MUST BE MADE BY THE OWNER)

Note: Minimum initial deposit must be \$500 or \$50 ongoing Pre-Authorized Debit (“PAD”). There are limits on the amount of money that can be deposited each year and over a lifetime. To find out more, visit the [Canada Revenue Agency website](#) to make sure the deposit is within the allowed amount.

Cheque \$ \_\_\_\_\_

Internal Transfer (specify \$ or %): \_\_\_\_\_

One-time PAD \$ \_\_\_\_\_ (complete section 7)

↳ Equitable Contract Number: \_\_\_\_\_

Ongoing PAD \$ \_\_\_\_\_ (complete section 7)

↳ Partial internal transfers will be moved pro-rata unless otherwise specified in Special Instructions (section 11).

External Transfer \$ \_\_\_\_\_

Online Banking \$ \_\_\_\_\_

↳ Transferring Company: \_\_\_\_\_

↳ 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](http://equitable.ca/go/onlinebanking)

Complete the applicable Canada Revenue Agency transfer form (“Transfer from your RRSP to your FHSA” form # RC720 or “Transfer from your FHSA to FHSA” form # RC721). Send a copy to Equitable and the original to the relinquishing financial institution.

### 6. FUND SELECTION

Based on our administrative rules:

- The minimum deposit is \$50 per fund.
- NL-CB and NL-CB5 may not be held within the same contract.
- Deposits over age 80 are limited to the NL sales charge option.
- If a fund name does not match the fund code provided, the fund code will be used.
- The fund code(s) must align with the Guarantee Class selected.

For fund availability, refer to the [“Pivotal Select segregated fund codes and fees”](#) form #375SEL.

Fund Code	Segregated Fund Name	Sales Charge Option	%
		<input type="checkbox"/> NL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> NL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> NL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> NL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	
		<input type="checkbox"/> NL <input type="checkbox"/> NL-CB <input type="checkbox"/> NL-CB5	

NL = No Load

NL-CB and NL-CB5 = No Load Chargeback (chargeback to advisor)

Unless advised by a subsequent instruction request from you, all future deposits received will be deposited to the same fund(s) as the original deposit. If dollar values have been provided, a proportional percentage will be calculated for future deposits. In situations where the original deposit cannot be divided into percentages equaling 100% (e.g. 33.33%, 33.33%, 33.33% = 99.99%), the first fund listed will be rounded up (e.g. 33.34%, 33.33%, 33.33% = 100%).



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7. PRE-AUTHORIZED DEBIT (“PAD”) (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 5)

Based on our administrative rules:

- There is a \$50 minimum deposit per fund for PAD
- Line of credit accounts or credit cards are not accepted
- There may be a time delay between the date you have selected and the money being transferred out of your bank account.

One-Time PAD:

Amount: \$ \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

- Withdraw the funds on the date that all application requirements are met, OR
- Specify date (yyyy/mm/dd): \_\_\_\_\_

Ongoing PAD:

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

Payment Frequency:

- Monthly (1 – 28)
- Semi-monthly (1 & 15)
- Bi-weekly (every other week)

To choose a different fund selection for regular pre-authorized debit payments, provide the details below. If instructions are not provided, the pre-authorized debit payments will be allocated according to the instructions in the Fund Selection section.

Fund Code	Fund Name	Allocation %

If a fund name does not match the fund code provided, the fund code will be used.

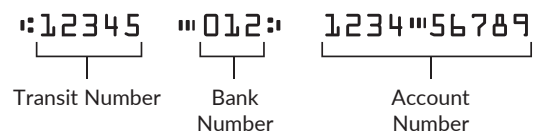
Banking Information:

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: \_\_\_\_\_

Bank Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



Note: 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.



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7. PRE-AUTHORIZED DEBIT (“PAD”) (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 5)

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

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

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.

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.

8. DOLLAR COST AVERAGING (OPTIONAL SECTION)

Complete this section when a lump sum deposit is being made to a low risk fund, and you wish to regularly transfer to a different fund(s) allowing unit prices to be averaged during market fluctuations. Each “from fund” minimum is \$500 and each “to fund” minimum is \$50. Dollar Cost Averaging must be within the same sales charge option.

Select frequency:

- checkbox weekly checkbox monthly checkbox bi-monthly (once every two months) checkbox quarterly checkbox semi-annually checkbox annually

Indicate start date (1-28): (yyyy/mm/dd)

End date (Optional) (1-28): (yyyy/mm/dd)

Table with 4 columns: From Fund (Fund Code, Fund Amount), To Fund(s) (Fund Code, Fund Amount). Includes dollar signs in the Fund Amount cells.



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**9. 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): \_\_\_\_\_

**10. PURPOSE OF THE CONTRACT**

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

- Fund the purchase of a first home
- Retirement/Long Term Savings
- Income Creation
- Income/Family Protection
- Other \_\_\_\_\_
- Gift
- Education Purposes
- Short Term Savings
- Mortgage/Debt Insurance
- Business/Key Person Protection/Buy Sell Agreement
- Legacy/Inheritance/Estate Protection

**11. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)**

Empty box for special instructions.





## PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – FHSA

### 12. PRIVACY CONSENT

In this section, unless otherwise specified, the terms “I”, “me” and “my” refer to the Owner of the contract.

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.
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.

See [equitable.ca](https://equitable.ca) for further details about the Company's privacy practices and for information about how to contact the Company's Privacy Officer.

#### 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.



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13. AGREEMENT & SIGNATURES

In this section, unless otherwise specified, the terms “I”, “me” and “my” refer to the Owner of the contract.

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. I request the issuer file an election with the Minister of National Revenue to register the qualifying arrangement as a First Home Savings Account under section 146.6 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 SINKs 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 understand that as a holder, I may be liable for certain tax consequences arising in connection with a non-compliant qualifying arrangement.
9. I understand the Canada Revenue Agency will provide taxpayer information necessary to administer and enforce the FHSA to the issuer.
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, withdrawals, switches, resets, as well as modification of investment and Pre-authorized Debit (PAD) instructions. 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 Pivotal Select Contract and Information Folder and Fund Facts, and understand I can access these documents electronically at equitable.ca/contracts.

Signature of Owner/Annuitant Signed in the province of Date (yyyy/mm/dd)

Joint Payor Information (only required if more than one signature is needed to authorize payment on 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 section.

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.



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## PIVOTAL SELECT SEGREGATED FUNDS APPLICATION – FHSA

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### 14. 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 Pivotal Select Contract and Information Folder and Fund Facts to the Owner, and have provided the Owner with a copy of these documents.
- I have disclosed the following information to the Owner 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 and to the best of my knowledge, it is complete and true.

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.

2086 (2024/11/01)