



PIVOTAL SELECT™ Application

Tax-Free Savings Account
(TFSA)

Segregated Funds
Savings and Retirement





As an Equitable Life client you will have instant access to your policy information through **Equitable Client Access!**

What is Equitable Client Access?

It is our secure online client site that allows you to access your policy information, right at your fingertips. With Equitable Client Access you can:

- **View policy 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 Life will email you a registration link once your policy is active.
2. Once you receive your policy 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 service team would be pleased to help. You can reach them at 1.800.668.4095.



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

Name of Advisor	Dealer/MGA Name	You will need three copies of this completed application: <ul style="list-style-type: none"> Copy 1 - Equitable Life Copy 2 - Advisor Copy 3 - Client
FundSERV Rep ID (if advisor is not FundSERV eligible, provide Advisor Code)	FundSERV Dealer ID (if MGA is not FundSERV eligible, provide Branch Number)	
Advisor Email Address	MGA Email Address	Contract number (internal use only)

1. PLAN TYPE

This application is for a Tax-Free Savings Account (TFSA). Please select a Guarantee Class:

Pivotal Select Investment Class 75/75
 Pivotal Select Estate Class 75/100
 Pivotal Select Protection Class 100/100

2. OWNER/ANNUITANT INFORMATION (OWNER MUST BE THE ANNUITANT FOR A TFSA)

Note: Annuitant must be a Canadian resident and at least 18 years of age.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Male <input type="checkbox"/> Female	Contract Owner's Name (first, middle initial, last)											
Social Insurance Number (SIN)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											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	<p>Your email address is important!</p> <p>← Once your policy is active we will send you a link to register for Equitable Client Access, our online client website where you can view and manage your policy information 24/7.</p>										
Occupation (if retired, indicate former occupation):												
Job Title: _____ Duties: _____												

Verification of Identity: Your Canadian identification must be verified by your advisor. Choose one of the following: provincial driver's licence, provincial photo identification card (excluding provincial health cards), passport, citizenship card (issued prior to 2012), permanent resident card, or Secure Certificate of Indian Status.

Given Name: _____ Last Name: _____

I, the advisor, when meeting with the Owner in person, have held and viewed the authentic, valid and current photo identification of the Owner.
Provide details:

Identification Type	Identification Number	Issuing Jurisdiction/Country	Expiry Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

If you do not have one of the pieces of identification indicated above, or if this is not being completed in person, please go to www.equitable.ca/go/alternative-identification for information on our alternative identification requirements.



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

Note: Minimum initial deposit must be \$500 or \$50 Pre-Authorized Debit ("PAD").

Cheque \$ _____

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

Ongoing PAD \$ _____ (complete section 7)

External Transfer \$ _____

↳ Transferring Company: _____

Complete the "[Transfer Authorization Form](#)" (form #114) and send a copy to Equitable Life and the original to the relinquishing financial institution.

Loan \$ _____

↳ Lending Company: _____

Internal Transfer (specify \$ or %): _____

↳ Equitable Life Policy Number: _____

↳ Partial internal transfers will be moved pro-rata unless otherwise specified in Special Instructions (section 12).

Online Banking \$ _____

↳ Once the application has been submitted, the payor can make a deposit using the policy number and their financial institution's online banking service. For additional information and a list of banks set up with this service, visit www.equitable.ca/go/onlinebanking

6. FUND SELECTION

Total allocation must equal 100%. \$50 minimum deposit per fund. Based on our administrative rules, NL-CB and NL-CB5 units may not be held within the same contract. Deposits over age 80 are limited to the No Load Sales Charge Option. Refer to Pivotal Select segregated fund codes, MERs and Guarantee Fees Form #375SEL ([form #375SEL](#)).

Fund Code	Segregated Fund Name	Sales Charge Option	(\$ or %)
		<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 CB (Chargeback to advisor)

Unless advised by a subsequent instruction request from you, all future premiums 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. 33.333%, 33.333%, 33.333% = 99.999%), the first fund listed will be rounded up (e.g. 33.334%, 33.333%, 33.333% = 100%).



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

One-Time PAD:

Amount: \$ _____

Withdrawal Date:

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

Banking information:

- The same account shown on the first premium cheque provided with application.
- The attached VOID cheque or bank letter of direction (Payor name is required on the cheque)
- Use the existing PAD account on Equitable Life policy #: _____ (void cheque not required)

Ongoing PAD:

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

Payment Frequency:

- Monthly (1 – 28) Semi-monthly (1 & 15) Bi-weekly (every other week) on
- Monday Tuesday Wednesday Thursday Friday

Banking information:

- The same account shown on the first premium cheque provided with application.
- The attached VOID cheque or bank letter of direction (Payor name is required on the cheque)
- Use the existing PAD account on Equitable Life policy #: _____

Automatic Payment Increase Option:

Automatically increase my PAD by _____ (indicate \$ or %) on an annual basis. This will take effect on the first scheduled withdrawal date of each year.

Ongoing PAD fund selection:

If you would like to specify a different fund selection for ongoing PAD please provide the details below. If no instructions are provided the ongoing PAD will be allocated based on the instructions in the Fund Selection section.

Fund Name	Fund Code	Allocation %/\$

Additional Information:

- 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.



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

Waivers

I/We direct and authorize The Equitable Life Insurance Company of Canada (“Equitable Life”) and my/our financial institution to process withdrawals from my/our account, subject to the conditions listed here, for the purpose of collecting premiums.

I/We waive the right to receive pre-notification of the first withdrawal, or a change in the date of the withdrawal as defined by the Canadian Payments Association in Rule H1 at www.payments.ca.

Type of Service

For the purpose of this agreement, all PAD from my/our account will be treated as personal withdrawals.

Third Party Contributions (Available for one-time PAD only; [TFSA Third Party Contribution form #1582](#) is required)

In certain circumstances, the payor may be a Third Party (someone other than the contract owner). By submitting banking information that does not belong to the contract owner, both the contract owner and payor are agreeing to the following:

- The payor’s banking information may be visible to the contract owner.
- There is a degree of risk in having banking information for a third-party on file.
- In the event that money is incorrectly deposited to the payor’s bank account, the payor will notify Equitable Life immediately and return the funds.

Cancellation

I/We have the right to cancel this PAD at any time. This PAD shall remain in effect until I/we notify Equitable Life of the cancellation.

Contact Information

Equitable Life of Canada. 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

NOTE: To ensure cancellation of the next withdrawal, notice by way of telephone, letter, email or fax must be received at Equitable Life’s Head Office, 10 business days prior to the next withdrawal.

Contact your financial institution about your rights regarding cancellation. A sample cancellation form is available at www.payments.ca and may be completed and forwarded to your financial institution.

Recourse & Reimbursement

I/We have certain recourse rights if any debit does not comply with this PAD. I/We have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this PAD. To obtain more information on recourse rights, please contact your financial institution or visit www.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:

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

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

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

From Fund		To Fund(s)	
Fund Code	Fund Amount	Fund Code	Fund Amount
	\$		\$
			\$
			\$
			\$



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9. SCHEDULED INCOME PAYMENTS (OPTIONAL SECTION)

Complete this section to receive regularly scheduled withdrawals from your Equitable Life policy to your bank account. Please attach a VOID cheque.

\$ _____ per frequency
 monthly quarterly semi-annually annually

Start Date/Date of Withdrawal: _____ Please allow 3 – 5 days for processing.
yyyy/mm/dd(1-28)

Scheduled income payments will be made pro-rata unless otherwise specified below:

Fund Name	Fund Code	Allocation \$

If there is a discrepancy between the fund name and fund code, the fund code will be used. If more room is required, please indicate in the Special Instructions (section 12).

10. SOURCE OF FUNDS

Check all that apply:

- Salary or Earned Income Business Income Sale of Property
 Borrowed Funds Gifted Funds Proceeds From Death Benefits or Estate
 Applicant/Owner Savings Other _____

11. PURPOSE OF THE POLICY

Please indicate the client's stated reason(s) for purchasing this policy. (Not all policies are suitable for all purposes.)

- Short Term Savings Retirement/Long Term Savings Business/Key Person Protection/Buy Sell Agreement
 Income Creation Mortgage/Debt Insurance Income/Family Protection
 Gift Education Purposes Legacy/Inheritance/Estate Protection
 Other _____

12. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)



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13. PRIVACY CONSENT

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

1. I agree and confirm that the personal information willingly provided by me to the independent broker and/or Equitable Life and collected in this Application and held in their files will be used by Equitable Life for the purposes of issuing, servicing, administration, and claims processing related to this Application, and any resulting policy and any supplementary documents. The information on file is accessible for the above purposes to: authorized employees of Equitable Life; third parties retained by Equitable Life; 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 policy 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 policy documents and communicate electronically for other policy administration purposes.
4. 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 policy, if issued, and any other documents or future written communications relating to the policy.

See www.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 Life 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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14. AGREEMENT & SIGNATURES

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 Life 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 Life within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.
3. Only Equitable Life'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 premium deposit made with the Application has been honoured by my financial institution.
5. I request the issuer file an election to register the Pivotal Select Contract and Information Folder as a Tax-Free Savings Account under 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 SINs are collected for income tax purposes.
7. I understand my personal information collected on this application may be stored in Canada and/or the U.S.
8. I authorize Equitable Life 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 instructions, Pre-authorized Debit (PAD) and any Scheduled Withdrawal Plans (SWP). I acknowledge that Equitable Life may carry out any transaction requests provided by my advisor. I will set up an Equitable Client Access Account, as required by Equitable Life'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 www.equitable.ca/contracts.

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

All signatures for withdrawals from the account are present in this application, and all terms and conditions set out in the PAD in Section 7 are understood and agreed upon. Payor must be the Annuitant. If payment is made from a joint account and more than one signature is required on cheques against the account, both joint bank account owners must sign for PAD.

Signature of Owner/Annuitant

Name of Payor _____

Signature of Payor _____

Name of Power of Attorney (if applicable):

Name of Joint Payor _____

Signature of Joint Payor (if required) _____

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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15. 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(s), and have provided the owner(s) with a copy of these documents.
- I have disclosed the following information to the owner of the policy.
 - 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)

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.