



EQUITABLE LIFE PAYOUT ANNUITIES | Savings and Retirement

# Application

## Payout Annuity

As an Equitable Life policyholder 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 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](http://client.equitable.ca) and click on "Create Account".

Do you have questions, or would you like some assistance registering your account? Our customer service team would be pleased to help.

You can reach them Monday to Friday from 8:30 a.m. to 7:30 p.m. (eastern time) at 1.800.668.4095.



## PAYOUT ANNUITY APPLICATION

All sections are mandatory, unless they are marked as "Optional" in the section title. Annuitants and Policy Owner(s) MUST be Canadian residents under Canadian tax legislation.

Name of Advisor (please print)	Advisor Code	You will need three copies of this completed application: • Copy 1 - Equitable Life • Copy 2 - Advisor • Copy 3 - Client
MGA Name	Branch Number	
Advisor Email Address	MGA Email Address	Contract number (internal use only)

<b>1. PAYOUT ANNUITY PLAN TYPE</b>		
What type of Contract would you like?		
<b>A)</b> <input type="checkbox"/> Term Certain for _____ years _____ months <input type="checkbox"/> Term Certain to Age 90 <input type="checkbox"/> Life Annuity <input type="checkbox"/> Joint Life Annuity Reduction of payments on first death?	Guarantee Period _____ Guarantee Period _____ <input type="checkbox"/> No reduction of payment <input type="checkbox"/> Reduce payment to _____ % on death of:	Index Income at <input type="checkbox"/> 0% <input type="checkbox"/> 1% <input type="checkbox"/> 2% Index Income at <input type="checkbox"/> 0% <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Annuitant <input type="checkbox"/> Joint Annuitant <input type="checkbox"/> Either Annuitant
<b>B) Single Premium (\$):</b> _____		
<b>Source of Funds:</b> <input type="checkbox"/> Non-Registered <input type="checkbox"/> RRSP <input type="checkbox"/> RRIF <input type="checkbox"/> Locked-In _____ (Jurisdiction) <input type="checkbox"/> Other: _____		
<b>Tax option</b> (on Non-Registered funds only): <input type="checkbox"/> Prescribed <input type="checkbox"/> Non-Prescribed		
<b>Withholding tax deduction</b> (on registered funds only): _____ % deducted per income payment as withholding tax		

<b>2. ANNUITANT INFORMATION</b> (MUST BE THE OWNER FOR A REGISTERED PLAN)													
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Name (first, middle initial, last)												
Address (number, street and apartment)			City or Town										
Province	Postal code	Telephone number											
Date of Birth (yyyy/mm/dd)	Email address												
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number (SIN) <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												
Occupation (job title and duties) - if retired, indicate former occupation													

**Your email address is important!**  
 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.



## PAYOUT ANNUITY APPLICATION

### 2. ANNUITANT INFORMATION (CONTINUED) (MUST BE THE OWNER FOR A REGISTERED PLAN)

**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](http://www.equitable.ca/go/alternative-identification) for information on our alternative identification requirements.

I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories\* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

\*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

Application was not completed in person.

I, the Owner, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

### 3. JOINT ANNUITANT\* (IF APPLICABLE)

\* Must be the contributing spouse or common-law partner if registered.

Mr.  Mrs.  Ms. Name (first, middle initial, last)

Date of Birth (yyyy/mm/dd) Sex  Male  Female Social Insurance Number (SIN) 

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Occupation (job title and duties) - if retired, indicate former occupation

**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:

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### PAYOUT ANNUITY APPLICATION

#### 3. JOINT ANNUITANT (CONTINUED) \* (IF APPLICABLE)

I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories\* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

\*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

Application was not completed in person.

I, the Owner, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

#### 4. OWNER (FOR NON-REGISTERED ONLY)

- \_\_\_ Annuitant (the owner will be defaulted to annuitant if no option is selected)
- \_\_\_ Annuitant and joint annuitant (joint ownership - non-registered policies only)
- \_\_\_ Other (complete the information below - non-registered policies only)

For corporate or non-corporate entity, must also complete the Business Information Form #594.  
We will send the contract information and future mailing to the primary owner's mailing address only.

Mr.  Mrs.  Ms. Name (first, middle initial, last)

Address (number, street and apartment)

City or Town

Province Postal code Telephone number

Date of Birth (yyyy/mm/dd) Email address

Sex  Male  Female Social Insurance Number (SIN) [ ]

**Your email address is important!**  
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.

Occupation (job title and duties) - if retired, indicate former occupation

**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](http://www.equitable.ca/go/alternative-identification) for information on our alternative identification requirements.



## PAYOUT ANNUITY APPLICATION

### 4. OWNER (CONTINUED) (FOR NON-REGISTERED ONLY)

I, the advisor, have followed the alternative identification instructions, including reviewing two valid and current documents from different Categories\* as set out in the instructions. Provide details:

Category*	Document Type	Document Issuer	Document/Account Number	Document Date (yyyy/mm/dd)	Date Advisor Verified (yyyy/mm/dd)

\*Category A - Name and address, Category B - Name and date of birth, Category C - Name and account information.

Application was not completed in person.

I, the Owner, consent to Equitable Life verifying my identity through a third-party service provider and sharing the results with my advisor for the purposes of complying with Anti-Money Laundering legislation.

### 5. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving Annuitant. For locked-in plans the beneficiary must be the spouse or common-law partner (if applicable). As pension legislation dictates, a spouse or common-law partner will take precedence over any other beneficiary designation selected.

**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.

Beneficiary name(s)	Date of birth if minor (yyyy/mm/dd)	Trustee applies	Relationship to Annuitant (in Quebec - relationship to Owner)	Share of benefits (must equal 100%)
		<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 policyholder)	Share of benefits (must equal 100%)
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%
		<input type="checkbox"/>		%

Trustee for all minor beneficiary(ies) (not applicable in Quebec): Name: \_\_\_\_\_

Do you wish all of the beneficiaries named above to be able to receive any remaining guaranteed income payments as a commuted lump sum\*?  YES  NO

If "No" has been selected, indicate which beneficiary(ies) must receive any applicable death benefit portion in the form of continued guaranteed payments:

Name(s): \_\_\_\_\_

**Note:** Any remaining guaranteed income payments **MUST** be commuted as a lump-sum payment when: (a) the funds are non-registered and the beneficiary is a company, association, partnership, estate or executor **OR** (b) the funds are registered and the beneficiary is not the spouse of the annuitant at the time of death (Income Tax Act (Canada)).

\*If this question is not completed it will be deemed you have chosen "yes" here.



## PAYOUT ANNUITY APPLICATION

### 6. SPOUSAL WAIVER (FOR LOCKED-IN ONLY)

Annuitant's Spouse or Common-Law Partner Information

Do not complete if the money that is locked-in is from any of the following jurisdictions: New Brunswick, Quebec or Federal Pension Benefits Standards Act.

Mr.  Mrs.  Ms. Full name of Spouse/Common-Law Partner (first, middle initial, last)

I declare I do not have a spouse/common-law partner within the meaning of applicable legislation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I am divorced or my spouse is deceased (provide a copy of the death certificate or divorce decree)

I have a spouse/common-law partner within the meaning of applicable legislation and have selected:

a Joint Survivor Life Annuity

a Life Annuity (**applicable spousal entitlement waiver form required**)

### 7. CONTRIBUTIONS

Note: Minimum deposit must be \$10,000. The maximum is \$1,000,000 lump sum deposit OR \$5,000 monthly income.

Personal Cheque

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

External Transfer

Transferring Company: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Internal Transfer

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

Equitable Life Policy Number: \_\_\_\_\_ Amount \$: \_\_\_\_\_

### 8. DIRECT DEPOSIT INFORMATION

**A sample/void cheque must be attached.** Scheduled payments are only available through direct deposit to your bank account.

Name of Payee (first, middle initial, last)

First Payment date (yyyy/mm/dd) (between the 1st - 28th) Approximate Amount of Income (\$) Payable:  annually  semi-annually  quarterly  monthly

Will this policy be used to fund a life insurance policy?  NO  YES Policy #: \_\_\_\_\_ (only available on a Term Certain Annuity)

The Equitable Life Insurance Company of Canada ("Equitable Life") is authorized to deposit payments under its Direct Deposit Plan ("D.D.P.") to be credited to the bank account below, subject to the conditions below.

CONDITIONS: It is understood and agreed that:

1) The D.D.P. will terminate in accordance with the conditions specified in the contract.

2) The D.D.P. may be terminated by Equitable Life upon written notice to the payee.

3) All monies paid by Equitable Life after the death of the Annuitants are to be returned to Equitable Life to properly disburse any death benefits payable to the Beneficiary.



## PAYOUT ANNUITY APPLICATION

### 9. WOULD YOU LIKE TO REQUEST A RATE GUARANTEE? (OPTIONAL SECTION)

Equitable Life requires this application within 3 days of securing the rate guarantee confirmation.  
Please do not submit the application more than once (by fax or mail), as multiple copies may result in a delay in processing.

**The advisor must secure the interest rate by faxing the completed application to our rate guarantee fax line at 519.883.7428. Your interest rate will automatically be secured based on the receipt date of the fax. Alternatively, you can contact our Advisor Services team at 1.866.884.7427 to secure a rate guarantee or for help with any questions you may have.**

3 day rate guarantee (personal cheques only):

Funds received at Equitable Life's Head Office within 3 business days of the confirmation or fax date will receive the higher of the interest rate in effect on the date of receipt and the guaranteed interest rate.

**OR**

45 day rate guarantee (maturing funds or transfers from another financial institution):

Funds received at Equitable Life's Head Office within 45 days of the confirmation or fax date will receive the guaranteed interest rate. Funds received after 45 days will receive the lower of the interest rate in effect on the date of receipt and the guaranteed interest rate.

**Interest rates not approved by Equitable Life's Head Office are null and void.**

I agree that:

- a) this is an irrevocable commitment by me to proceed with this investment;
- b) the interest rate guarantee is subject to the above conditions and Equitable Life's administrative requirements.

### 10. SOURCE OF FUNDS

Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Salary or Earned Income | <input type="checkbox"/> Business Income | <input type="checkbox"/> Sale of Property                       |
| <input type="checkbox"/> Borrowed Funds          | <input type="checkbox"/> Gifted Funds    | <input type="checkbox"/> Proceeds from Death Benefits or Estate |
| <input type="checkbox"/> Applicant/Owner Savings | <input type="checkbox"/> 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.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Short Term Savings                       | <input type="checkbox"/> Retirement / Long Term Savings | <input type="checkbox"/> Business / Key Person Protection / Buy Sell Agreement |
| <input type="checkbox"/> Income Creation                          | <input type="checkbox"/> Gift                           | <input type="checkbox"/> Income / Family Protection                            |
| <input type="checkbox"/> Legacy / Inheritance / Estate Protection | <input type="checkbox"/> Mortgage / Debt Insurance      | <input type="checkbox"/> Education Purposes                                    |
| <input type="checkbox"/> Other _____                              |   |  |

### 12. THIRD PARTY (FOR NON-REGISTERED ONLY)

**In submitting this application, is the Owner acting on behalf of a Third Party?**

Your answer should be "Yes" if someone other than the Owner or Annuitant will be paying the premium or has/will have an ownership interest in this policy. Examples include a power of attorney signing on behalf of the owner, someone other than the owner or annuitant paying premiums, or a corporation having use or access to the policy values.

No  Yes If "Yes" complete the ["Third Party Form" \(form # 31\)](#).





PAYOUT ANNUITY APPLICATION

**13. DECLARATION OF TAX RESIDENCE** (FOR NON-REGISTERED ONLY)

**Policy Owner: check all of the options that apply to you.**

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN) or functional equivalent: \_\_\_\_\_
- I am a tax resident in a jurisdiction other than Canada or the United States:  
Jurisdiction of tax residence \_\_\_\_\_ Taxpayer Identification Number (TIN) or functional equivalent: \_\_\_\_\_

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: \_\_\_\_\_

**Joint Policy Owner: check all of the options that apply to you.**

- I am a tax resident of Canada
- I am a tax resident or citizen of the United States: Provide Taxpayer Identification Number (TIN) or functional equivalent: \_\_\_\_\_
- I am a tax resident in a jurisdiction other than Canada or the United States:  
Jurisdiction of tax residence \_\_\_\_\_ Taxpayer Identification Number (TIN) or functional equivalent: \_\_\_\_\_

If you do not have a TIN or functional equivalent for a specific jurisdiction, choose one of the following reasons:

- a) I will apply or have applied for a TIN but have not yet received it
- b) My jurisdiction of residence does not issue TINs to its residents
- Other reason: \_\_\_\_\_



## PAYOUT ANNUITY APPLICATION

### 14. POLITICAL POSITIONS (FOR NON-REGISTERED AND ONLY WHEN DEPOSIT IS EQUAL TO OR GREATER THAN \$100,000)

For the purposes of this question:

- "Payor" means the person who is making the payment(s) on the policy.
- "Family Member" means the Spouse, Ex-spouse, sibling, parent, mother-in-law or father-in-law, or biological or adoptive child.
- "Close associate" means an individual who is closely connected to the Payor for personal or business reasons.
- "Spouse" means the spouse or common law partner.
- "Ex-spouse" means the ex-spouse or ex-common law partner.

Does the Payor, or any of the Payor's close associates hold, or have they ever held, any of the positions listed below; OR Is the Payor a Family Member of a person who holds or has ever held any of the positions below:

No - go to section 15  Yes - indicate the position held below

#### Position in Canada or in another country

Note: For positions in Canada, list only the positions held in the past 5 years. For all other countries, list all such positions that have ever been held.

- |  |   |
|--|---|
| <input type="checkbox"/> Head of state or head of government (including Governor General and Lieutenant Governor)  | <input type="checkbox"/> Head of an international organization that is established by the governments of countries or the head of an institution of any such organization (indicate only if the position was held in the past five years) |
| <input type="checkbox"/> President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)               | <input type="checkbox"/> Deputy Minister (or equivalent)  |
| <input type="checkbox"/> Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature) | <input type="checkbox"/> Leader or President of a political party in a legislature  |
| <input type="checkbox"/> Head of a government agency   | <input type="checkbox"/> Ambassador or ambassador's attaché or counsellor   |
| <input type="checkbox"/> Judge (in Canada only, must be a judge of an appeal court)  | <input type="checkbox"/> Military General (or higher rank)  |
|  | <input type="checkbox"/> Mayor of a Canadian municipality (does not include mayors in countries other than Canada)  |

If you answered "Yes" to the question above, complete the following information:

What is the name of the person who holds or held the position?

What is the title of the position held?

Position held from: \_\_\_\_\_ to \_\_\_\_\_  
(starting year) (ending year)

In what country was the position held?

With what organization, government or institution was the position held?

How is this person related to the Payor?

- The person is the Payor
- Family Member (relationship): \_\_\_\_\_
- Close associate (relationship): \_\_\_\_\_

Note: If more than one person has held a position, complete section 1 and 2 of the ["Additional / Updated Customer Information Form # 1027"](#) for each additional person.

What is the Payor's source of wealth? Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Salary or Earned Income | <input type="checkbox"/> Property Income/Holdings |
| <input type="checkbox"/> Business Income         | <input type="checkbox"/> Lottery                  |
| <input type="checkbox"/> Investment Income       | <input type="checkbox"/> Inheritance              |
| <input type="checkbox"/> Other _____             |   |

### 15. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)



PAYOUT ANNUITY APPLICATION

16. AGREEMENT AND SIGNATURES

For jointly owned policies the terms "I", "me" and "my" refers to both owners 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 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. 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.
4. 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.
5. 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.
6. The issued contract shall not take effect until the premium deposit made with the application has been honoured by my financial institution.
7. This is an irrevocable commitment by me to proceed with this investment.
8. For registered policies only: Please apply for the registration of my Payout Annuity RSP as a registered retirement savings plan under the Income Tax Act (Canada) and, if applicable, under any provincial income tax legislation.
9. I understand that all SIN numbers collected are for income tax purposes

Signed at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_.
(city) (province) (day) (month)

Table with 2 columns: Signature of Owner, Signature of Joint Owner (if applicable), Signature of Annuitant, Signature of Joint Annuitant (if applicable), Signature of payee(s) for direct deposit

17. ADVISOR CONFIRMATION AND SIGNATURE

[ ] HAVE YOU INCLUDED A COPY OF PROOF OF AGE FOR EACH ANNUITANT (required for issue)

[ ] HAVE YOU ATTACHED A COPY OF A VOID CHEQUE (required for issue)

By signing below, the Advisor confirms that they:

- Are properly licensed;
• Have disclosed the following information to the owner of the policy:
- the name of the company or companies they represent;
- they receive commissions for the sale of insurance-based investment products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest they may have with respect to this transaction.

Table with 3 columns: Advisor Name, Advisor Signature, Date Signed (yyyy/mm/dd)

# Works for me.®

Canadians have turned to Equitable Life since 1920 to protect what matters most. We work with your independent financial advisor to offer individual insurance and savings and retirement solutions that provide good value and meet your needs – now and in the future.

But we're not your typical financial services company. We have the knowledge, experience and ability to find solutions that work for you. We're friendly, caring and interested in helping. And we're owned by our participating policyholders, not shareholders. So we can focus on your interests and providing you with personalized service, security and wellbeing.



Equitable Life  
of Canada®

📍 The Equitable Life Insurance Company of Canada 📞 1.866.884.7427 🌐 [www.equitable.ca](http://www.equitable.ca)

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355(2022/03/08)