



## INVESTMENT DIRECTION – PIVOTAL SELECT

### Instructions for completing this form

In this form, the terms “you”, “your”, “my” and “owner” refer to the policy owner(s). The terms “we”, “our” and “us” refer to The Equitable Life Insurance Company of Canada (Equitable Life). An advisor can complete this form if there is “Limited Trading Authorization” on file. This will void the current and any previous reset guarantees.

<b>1. Contract Details</b>	
Name of Policy Owner(s)	Policy number(s)

### 2. 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 spouse, ex-spouse, sibling, parent, mother-in-law or father-in-law, child, 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 3     **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)<br><br><input type="checkbox"/> President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)<br><br><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)<br><br><input type="checkbox"/> Head of a government agency<br><br><input type="checkbox"/> Judge (in Canada only, must be a judge of an appeal court) | <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)<br><br><input type="checkbox"/> Deputy Minister (or equivalent)<br><br><input type="checkbox"/> Leader or President of a political party in a legislature<br><br><input type="checkbox"/> Ambassador or ambassador’s attaché or counsellor<br><br><input type="checkbox"/> Military General (or higher rank)<br><br><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? <input type="checkbox"/> The person is the Payor <input type="checkbox"/> Family Member (relationship): _____  <input type="checkbox"/> 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.



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### 2. Political Positions (FOR NON-REGISTERED AND ONLY WHEN DEPOSIT IS EQUAL TO OR GREATER THAN \$100,000) (Cont.)

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

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

### 3. Source of Funds

Check all that apply:

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

Is a third party contributing the funds?  No  Yes (please complete [Third-Party Form #31](#))





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### 5. Dollar Cost Averaging

Select frequency:  weekly  monthly  bi-monthly  
 quarterly  semi-annually  annually

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

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

Each "from fund" minimum is \$500 and each "to fund" minimum is \$50. Dollar cost averaging must be within the same sales charge option. Please refer to Section 4 for fund selection and fund codes.

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

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

### 6. Switches

Switch from fund name	Fund code	Amount <input type="checkbox"/> % or <input type="checkbox"/> \$	Switch to fund name	Fund code	Amount <input type="checkbox"/> % or <input type="checkbox"/> \$

Note: Fund switches must be within the same sales charge option. To make a transfer from DSC option or LL option to the NL option, please use [Change of Sales Charge Option \(Form #1388\)](#). Fund minimums must be maintained at all times. A \$25 fee may apply for withdrawals and switches. Switches do not affect your guarantees.

### 7. Reset of Death and Maturity Benefit Guarantee

Resets are only available for Pivotal Select Estate Class (75/100) and Pivotal Select Protection Class (100/100) guarantee options. Refer to your information folder for explanation of terms and benefits.

#### Maturity Benefit Guarantee Reset

I/We authorize a reset of the maturity guarantee base on the above mentioned policy, and understand the following reset provisions:

- The reset date will be the date this direction form is received at our head office.
- Exercising this reset will increase the maturity guarantee base to the contract value on the reset date. A reset will only occur if the contract value is greater than the maturity guarantee base.
- If the deposit maturity date is less than 15 years from the reset date, exercising this reset will also update the deposit maturity date to 15 years from the reset date.

#### Death Benefit Guarantee Reset

I/We authorize a reset of the death benefit base on the above mentioned policy, and understand the following reset provisions:

- The reset date will be the date this direction form is received at our head office.
- Exercising this reset will increase the death benefit base to the contract value on the reset date. A reset will only occur if the contract value is greater than the death benefit base.



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### 8. Special Instructions

### 9. Agreement and Signatures

The undersigned has/have received and agree with all information and instructions set out above and also agree that:

- Premium allocations and automatic investment options selected remain in effect until the company receives a written request for change from the policyowner(s).
- Premium allocations, transfers and automatic investment options are subject to the minimums stated in your policy contract.
- Instructions for deposits will override any previous direction or automatic investment.
- A transfer from another product may result in sales charges and/or loss of benefits, such as guarantees.
- The personal information you willingly provided on this investment direction form will be used by us for the purposes of underwriting, servicing and claims processing and adjudication in relation to this application and any resulting policy and any subsequent documents. The information on file is accessible for the above purposes to our authorized employees and reinsurer(s) as well as third parties retained by us and any other person or party whom the undersigned authorizes.

Date (yyyy/mm/dd)	Policy owner's signature:
Joint policy owner's signature: (if applicable)	Irrevocable beneficiary signature: (if applicable)
Assignee signature: (if applicable)	Advisor's signature (if limited trading authorization is on file):

Send the completed form to:

**Equitable Life of Canada**

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

**Fax:** 519.883.7404

**Email:** [Savingsretirement@equitable.ca](mailto:Savingsretirement@equitable.ca)