



Payout Annuity Application

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:**
 - Payment amount
 - Payment schedule
 - Tax withheld on payments
 - Guarantee information
- **Update your personal information including:**
 - address and contact information
 - beneficiary
- **Access your tax slips**
- **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, 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.



PAYOUT ANNUITY APPLICATION

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

| | |
|-----------------------|-------------------|
| Name of Advisor | MGA Name |
| Advisor Code | Branch Number |
| Advisor Email Address | MGA Email Address |

Internal use only:
 Contract number: _____

Electronic applications only:
 Application number: _____

Application generated date: _____

1. PLAN TYPE

If you want to request a non-standard annuity, you will need to get approval first. You can do this by filling out the form called "[Special Annuity Quotes](#)" form #687 and submitting it to AnnuityQuotes@equitable.ca.

What type of Contract would you like?

- Term Certain for _____ years _____ months
- Term Certain to Age 90
- Life Annuity
 - Guarantee Period _____ years
 - Index income at 0% 1% 2%
- Joint Life Annuity
 - Guarantee Period _____ years
 - Index income at 0% 1% 2%
 - Would you like to reduce the income payment on the death of the Annuitant?
 - No reduction of payment
 - Reduce payment to _____ % on death of:
 - Annuitant
 - Joint Annuitant
 - Whichever Annuitant dies first

Total Deposit (\$) _____

| | |
|---|---|
| REGISTRATION: | REQUESTED TAXATION: |
| <input type="checkbox"/> Non-Registered | <input type="checkbox"/> Prescribed <input type="checkbox"/> Non-Prescribed |
| <input type="checkbox"/> RRSP <input type="checkbox"/> RRIF | Withholding tax deduction: |
| <input type="checkbox"/> Locked-In _____ (Jurisdiction) | _____ % deducted per income payment as withholding tax |
| <input type="checkbox"/> Other _____ | |



PAYOUT ANNUITY APPLICATION

2. ANNUITANT INFORMATION

If the deposit came from a registered account, the Annuitant will also be required to be the Owner.

Mr. Mrs. Ms.

Annuitant's Name (first, middle initial, last)

Sex: Male 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

The email address is important!

← Once the contract is active we will email the Owner a link to register for **Equitable Client Access**. This website allows them to view and manage their contract information.

Occupation (if retired or unemployed, indicate former occupation):

Job Title: _____

Duties: _____

Verification of Identity (only required for non-registered):

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the Annuitant's identity.

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the Annuitant in person. The advisor must review one of the following:

- provincial driver's license
- provincial photo identification card (excluding provincial health cards)
- passport
- citizenship card (issued prior to 2012)
- permanent resident card
- secure Certificate of Indian Status

ADVISOR ATTESTATION

I, the advisor:

- Have met the Annuitant in person, and have held and viewed their authentic, valid, and current photo identification.
- Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

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



PAYOUT ANNUITY APPLICATION

2. ANNUITANT INFORMATION (CONTINUED)

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the Annuitant in person or remotely. The advisor must review two forms of identification from different categories*, as described in the [Alternate ID Verification Options](#) document.

ADVISOR ATTESTATION

I, the advisor:

- Have followed the alternative identification instructions as described at equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

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.

Option 3: Equitable validates identity through a third-party service provider

This option can be used when the application was not completed in person.

ANNUITANT ATTESTATION

I consent to Equitable 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.



PAYOUT ANNUITY APPLICATION

3. JOINT ANNUITANT* (OPTIONAL SECTION)

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

Mr. Mrs. Ms.

Joint Annuitant's Name (first, middle initial, last)

Sex: Male Female

Social Insurance Number (SIN)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Expiry Date (if applicable)

Date of Birth (yyyy/mm/dd)

Occupation (if retired or unemployed, indicate former occupation):

Relationship to Primary Annuitant

Job Title: _____

Duties: _____

Verification of Identity (only required for non-registered):

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the Annuitant's identity.

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the Annuitant in person. The advisor must review one of the following:

- provincial driver's license
- provincial photo identification card (excluding provincial health cards)
- passport
- citizenship card (issued prior to 2012)
- permanent resident card
- secure Certificate of Indian Status

ADVISOR ATTESTATION

I, the advisor:

- Have met the Annuitant in person, and have held and viewed their authentic, valid, and current photo identification.
- Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

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

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the Annuitant in person or remotely. The advisor must review two forms of identification from different categories*, as described in the [Alternate ID Verification Options](#) document.

ADVISOR ATTESTATION

I, the advisor:

- Have followed the alternative identification instructions as described at equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

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.

Option 3: Equitable validates identity through a third-party service provider

This option can be used when the application was not completed in person.

ANNUITANT ATTESTATION

I consent to Equitable 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.



PAYOUT ANNUITY APPLICATION

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)

If the Owner is a corporate or non-corporate entity, leave the "Occupation" and "Verification of Identity" fields blank. Complete the [Business Information Form # 594](#) and submit it with the application.

Mr. Mrs. Ms.

Owner's Name (first, middle initial, last)

Relationship to Annuitant

Sex: Male 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

The email address is important!

← Once the contract is active we will email the Owner a link to register for **Equitable Client Access**. This website allows them to view and manage their contract information.

Occupation (if retired or unemployed, indicate former occupation):

Job Title: _____

Duties: _____

Verification of Identity (only required for non-registered):

Canadian Anti-Money Laundering legislation requires that the identification of the individual be verified. There are three options to validate the Owner's identity.

Option 1: Advisor validates photo identification

This option can be used when the advisor is meeting with the Owner in person. The advisor must review one of the following:

- provincial driver's license
- provincial photo identification card (excluding provincial health cards)
- passport
- citizenship card (issued prior to 2012)
- permanent resident card
- secure Certificate of Indian Status

ADVISOR ATTESTATION

I, the advisor:

- Have met the Owner in person, and have held and viewed their authentic, valid, and current photo identification.
- Confirm that the name shown on the identification matches the name of the person documented in this section.

Provide details:

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



PAYOUT ANNUITY APPLICATION

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

Option 2: Advisor validates two different types of identification

This option can be used when the advisor is meeting with the Owner in person or remotely. The advisor must review two forms of identification from different categories*, as described in the [Alternate ID Verification Options](#) document.

ADVISOR ATTESTATION

I, the advisor:

- Have followed the alternative identification instructions as described at equitable.ca/go/alternative-identification, including reviewing two valid and current documents from different categories*.

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.

Option 3: Equitable validates identity through a third-party service provider

This option can be used when the application was not completed in person.

OWNER ATTESTATION

I consent to Equitable 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.

Locked-in plans: 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.

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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8. SCHEDULED INCOME PAYMENTS

A sample/void cheque must be attached. Scheduled payments are only available through direct deposit to your bank account. When picking the First Payment date please make sure enough time is given for the deposit to reach Equitable.

Name of Payee (first, middle initial, last)

First Payment date (yyyy/mm/dd) (between the 1st - 28th)

Approximate Amount of Income (\$)

Payable:

checkbox annually checkbox semi-annually checkbox quarterly checkbox monthly

Will this contract be used to fund a life insurance policy?

checkbox No checkbox Yes Policy #: _____ (only available on a Term Certain Annuity)

The Equitable Life Insurance Company of Canada ("Equitable") is authorized to deposit payments to be credited to the bank account identified in the attached void cheque/banking information, subject to the conditions below.

CONDITIONS: It is understood and agreed that:

- 1) The scheduled income payments will terminate in accordance with the conditions specified in the contract.
2) The scheduled income payments may be terminated by Equitable upon written notice to the payee.
3) All monies paid by Equitable after the death of the Annuitant(s) are to be returned to Equitable to properly disburse any death benefits payable to the beneficiary(ies).



PAYOUT ANNUITY APPLICATION

9. RATE GUARANTEE

A rate guarantee protects against a potential decline in interest rates by locking in the current interest rate that will be used to calculate the income payment.

Would you like to request a rate guarantee?

Yes No

If "Yes" is selected, follow these steps to activate the rate guarantee:

1. Complete the application in full, with required signatures.
2. Submit the signed application to Equitable by no later than 11:59pm (EST) the day after the application is signed via EZcomplete, EZupload, or fax (519 883 7428).
3. Ensure the deposit is received at Equitable within:
 - 3 business days from the signed date of the application for cheques and online banking deposits.
 - 45 days from the signed date of the application for transfers from another financial institution or an Equitable contract with an upcoming maturity.

Important:

- If the above steps are not completed in full, the deposit will not be eligible for a rate guarantee.
- The income payment itself is not guaranteed as there are a number of factors in addition to the interest rate that can increase or decrease the income payment. For more information, check out the [Payout Annuity Rate Guarantees](#) marketing piece.

Types of Rate Guarantees

1. "Better of" Interest Rate Guarantee (3 business days):
 - For direct deposits (personal cheques and online banking deposits)
 - Guarantees the higher of:
 - a) the interest rate in effect on the day the deposit is received, and
 - b) the interest rate in effect on the day all signatures were completed on the application.
 - If the deposit is not received within 3 business days from the signature date, the payment will be calculated using the interest rate in effect the day the deposit is received.
2. "Set Rate" Interest Rate Guarantee (45 days):
 - For transfers from another financial institution or an Equitable contract with an upcoming maturity.
 - Guarantees the interest rate on the day the application was signed.
 - If the deposit is received after 45 days from the signature date, the payment will be calculated using the lesser of:
 - a) the interest rate in effect on the day the deposit is received, and
 - b) the interest rate in effect on the day all signatures were completed on the application.

By submitting the rate guarantee, the all parties understand and agree that:

- a) This is an irrevocable commitment to proceed with this investment.
- b) The interest rate guarantee is subject to the conditions and administrative rules that have been outlined. Equitable reserves the right to decline a rate guarantee at our sole discretion.



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10. 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): _____

11. PURPOSE OF THE CONTRACT

Please indicate the Owners' stated reason(s) for purchasing this contract. (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 _____



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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 making the deposit or has/will have an ownership interest in this contract. Examples include a power of attorney signing on behalf of the Owner, someone other than the Owner or Annuitant making the deposit, or a corporation having use or access to the income payments.

[] No [] Yes If "Yes" complete either the "Individual Third Party" or "Business / Entity Third Party" section as applicable.

Individual Third Party

Form fields for Individual Third Party: Name of Third Party, Date of Birth, Relationship to Owner, Address, City or Town, Province, Postal Code, Country, Occupation, Job Title, Duties, Telephone Number.

Type of Third Party (select one and attach any applicable legal documentation)

- [] payor [] trustee [] executor [] collateral/assignee [] attorney/power of attorney/mandatory [] other (please specify):

Business / Entity Third Party

Form fields for Business / Entity Third Party: Full Legal Name, Relationship to Owner, Address, City or Town, Province, Postal Code, Country, Telephone Number, Nature of principal business, Incorporation/Registration Number, Jurisdiction/Country of Issue.

Type of Third Party (select one and attach any applicable legal documentation)

- [] payor [] trustee [] executor [] collateral/assignee [] attorney/power of attorney/mandatory [] other (please specify):



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

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 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 contract.
- “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.

- Head of state or head of government (including Governor General and Lieutenant Governor)
- President of a state-owned company or bank (including a corporation that is wholly owned by a federal or provincial government)
- Member of the executive council of government or member of a legislature (including the Senate, House of Commons or a provincial legislature)
- Head of a government agency
- Judge (in Canada only, must be a judge of an appeal court)
- 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)
- Deputy Minister (or equivalent)
- Leader or President of a political party in a legislature
- Ambassador or ambassador’s attaché or counsellor
- Military General (or higher rank)
- 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.

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

- Salary or Earned Income
- Business Income
- Investment Income
- Other _____
- Property Income/Holdings
- Lottery
- Inheritance



PAYOUT ANNUITY APPLICATION

15. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)

16. 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.

I agree and confirm that:

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 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.



PAYOUT ANNUITY APPLICATION

17. AGREEMENT & SIGNATURES

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

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. This is an irrevocable commitment by me to proceed with this investment.
6. I understand that all benefits payable under the Contract are subject to taxation and that all SIN numbers are collected for income tax purposes.

Signature of Owner Signed in the province of Date (yyyy/mm/dd)
Signature of Joint Owner Signed in the province of Date (yyyy/mm/dd)
Signature of Annuitant (if different than Owner) Date (yyyy/mm/dd)
Signature of Joint Annuitant (if different than Owner) Date (yyyy/mm/dd)

The information/signatures below are only required if the person/company receiving the scheduled income payments is someone other than the Owner(s).

Name of Payee Signature of Payee Date (yyyy/mm/dd)
Name of Joint Payee Signature of Joint Payee 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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18. ADVISOR CONFIRMATION & SIGNATURE

- I have included a copy of a government document that provides the date of birth for the Annuitant(s) (required for issue)
- I have attached a copy of a void cheque or bank letter (required for issue)

By signing below, I the Advisor confirm that:

- I am licensed in the province in which the application is signed.
- I have disclosed the following information to the Owner(s) 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.

355 (2024/09/16)