

## ASSIGNMENT OF POLICYOWNER AUTHORIZATION

This form can be used for Personal Investment Portfolio, PIVOTAL SOLUTIONS®, PIVOTAL SOLUTIONS II, RIF, LIF, Interest Income Fund, Equation and Equation Generation® II

Policyowner Name (first, middle, last)	
Policy Number(s)	
Equitable Life Representative	
Representative's Phone Number	Regional Office or Agency Identification Number

I/we authorize the Equitable Life Insurance Company of Canada (hereinafter referred to as Equitable Life) to act on my policyowner service instructions as communicated to my Equitable Life Representative (as named above) by telephone, facsimile or in writing. The appropriate instruction form will be completed on my behalf by my Equitable Life Representative and submitted to Equitable Life Home Office. This Assignment of Policyowner Authorization applies to only the following transactions:

- Reinvestment of maturing funds (same policy)
- Transfer of money between accounts or funds (same policy)
- Reinvestment Rate Guarantees
- New money Rate Guarantees
- Premium Allocations
- Automatic Investment Option elections
- Reset of Maturity and Death Benefit Guarantees

Reset of Maturity/Death benefit which may result in an extension/change in the maturity date of the policy contract. The application of the reset option may result in an extension into an Equitable Life RRIF/LIF contract at maturity of the RRSP.

I/we acknowledge having read the terms and conditions listed on the reverse of this form and understand this Assignment of Policyowner Authorization is subject to those terms and conditions. I/we understand that Equitable Life of Canada reserves the right to cancel the Assignment of Policyowner Authorization upon written notice.

\_\_\_\_\_  
Signed at

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policyowner

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Irrevocable Beneficiary or Assignee

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Equitable Life Representative

\_\_\_\_\_  
Signature of Witness

## Assignment of Policyowner Authorization – Terms and Conditions

1. By authorization of this form, the policyowner's Equitable Life Representative can accept and execute the policyowner's instructions received by telephone, facsimile or in writing. This authorization applies only to transactions and plans as described on the front of this form.
2. The Assignment of Policyowner Authorization is effective the date this completed and signed form is received at Equitable Life of Canada Head office in Waterloo, Ontario.
3. The effective date of financial transactions will be within five (5) business days after the appropriate instructions are received at Equitable Life of Canada Head Office.
4. A letter of confirmation will be mailed from Equitable Life of Canada Head Office to the policyowner for each deposit, transfer or reinvestment in excess of \$500.00 executed under the authority of this form. It is the policyowner's responsibility to ensure that the confirmation letter is accurate based on their instructions given to their Equitable Life Representative. If the confirmation letter is not accurate the policyowner should contact their Equitable Life Representative immediately.
5. The signed consent of any irrevocable beneficiary or assignee of the policies listed is required on this form for it to be valid.
6. The Assignment of Policyowner Authorization will be in effect until it is cancelled in writing by the policyowner or the Equitable Life Representative. A copy of this cancellation must be filed with Equitable Life of Canada Head Office. Until Equitable Life of Canada receives the notice of cancellation it is not responsible for transactions executed by the apparent authority of the Assignment of Policyowner Authorization.
7. Equitable Life of Canada reserves the right to cancel the Assignment of Policyowner Authorization upon written notice to the policyowner.