

Investment Products Change Form

Throughout this form, "Empire Life" means The Empire Life Insurance Company.

1.0	Policy number	Advisor code	Dealer/Rep code for FundSERV transactions
Name of Owner (first, last)			

2.0 Transfer Between Funds/Allocation of Deposits

SELECT FROM THE FOLLOWING LIST OF FUNDS AND FUNDSERV CODES FOR TRANSFERS BETWEEN FUNDS AND FOR THE ALLOCATION OF ADDITIONAL DEPOSITS AND AUTOMATIC PAYMENT PLAN(APP) DEPOSITS.

Segregated Fund	Elite Plan FundSERV Code*	Elite XL Plan FundSERV Code*	Segregated Fund	Elite Plan FundSERV Code*	Elite XL Plan FundSERV Code*
Money Market Fund - Class A	010	710	American Value - Class A	060	760
Money Market - Class A (Transfer Account)**	015	715	US Equity Index - Class A	065	765
Bond - Class A	020	720	Global Equity - Class A	070	770
Income - Class A	025	725	Global Smaller Companies - Class A	072	772
Global Balanced - Class A	030	730	International Equity - Class A	075	775
Balanced - Class A	035	735	Conservative Portfolio - Class A	080	780
Asset Allocation - Class A	040	740	Balanced Portfolio - Class A	084	784
Global Dividend Growth - Class A	077	777	Moderate Growth Portfolio - Class A	088	788
Dividend Growth - Class A	045	745	Growth Portfolio - Class A	092	792
Canadian Equity - Class A	047	747	Aggressive Growth Portfolio - Class A	096	796
Elite Equity - Class A	050	750	Premier Equity - Class A***	N/A	N/A
Small Cap Equity - Class A	055	755			

2.1 TRANSFER FROM:

Fund Name	FundSERV Code*	Wire Order Number*	Amount (% or \$)

TRANSFER TO:

Fund Name	FundSERV Code*	Wire Order Number*	Amount (% or \$)

Treasury Interest Option \$

Guaranteed Interest Option

1 Year Term Amount \$ 2 Year Term Amount \$
 3 Year Term Amount \$ 4 Year Term Amount \$
 5 Year Term Amount \$ Other Term _____ Amount \$

Treasury Interest Option \$

Guaranteed Interest Option

1 Year Term Amount \$ 2 Year Term Amount \$
 3 Year Term Amount \$ 4 Year Term Amount \$
 5 Year Term Amount \$ Other Term _____ Amount \$

Interest Income Option is requested
 Monthly Annually
 (complete Financial Institution Information in Section 5.0)

2.2 ADDITIONAL DEPOSIT

Fund Name	FundSERV Code*	Wire Order Number*	Amount (% or \$)

AUTOMATIC PAYMENT PLAN DEPOSIT (future deposits)

Fund Name	FundSERV Code*	Wire Order Number*	Amount (% or \$)

Treasury Interest Option \$

Guaranteed Interest Option

1 Year Term Amount \$ 2 Year Term Amount \$
 3 Year Term Amount \$ 4 Year Term Amount \$
 5 Year Term Amount \$ Other Term _____ Amount \$

Treasury Interest Option \$

Guaranteed Interest Option

1 Year Term Amount \$ 2 Year Term Amount \$
 3 Year Term Amount \$ 4 Year Term Amount \$
 5 Year Term Amount \$ Other Term _____ Amount \$

Interest Income Option is requested
 Monthly Annually
 (complete Financial Institution Information in Section 5.0)

* Indicate FundSERV Code and Wire Order Number for FundSERV transactions.
 ** Use if holdings in Money Market were transferred from another Segregated Fund within the 5-year surrender charge period.
 *** Available for deposits only from existing Policy Owners.
 Not all options are available on all plans. If GIO is selected a minimum deposit of \$500 is required.

3.0 Surrenders

a) **Automatic Partial Surrender*** (available on Segregated Funds only - minimum partial surrender \$250)
 Amount \$ _____ Gross OR Net (of withdrawal fees) Start date (dd/mmm/yy) _____ (between the 1st and the 28th of the month)
 Frequency: Monthly Quarterly Semi-Annually Annually ***DIRECT DEPOSIT ONLY** - (complete Financial Institution information in Section 5.0)

b) **Partial Surrender** (minimum \$250) Amount \$ _____ Gross OR Net (of withdrawal fees)

c) **Full Surrender** Full Surrender Benefit Value Full Surrender Benefit Value - PAC deposits to continue

Withdraw from	FundSERV Code*	Amount (% or \$)

* Indicate FundSERV Code for FundSERV transactions.

4.0 Request To Change Guaranteed Interest Option (GIO) Term Upon Reinvestment

Upon reinvestment of the GIO investment term on (dd/mmm/yy) _____ change the investment term to ____ year(s), and:

Guarantee today's interest rate
 The interest rate to be applied will be the greater of the interest rate in effect on the date this form is signed or the interest rate in effect on the reinvestment date for the term specified above. If this form is signed more than forty-five (45) days prior to the reinvestment date, the interest rate to be guaranteed will be the rate in effect on the forty-fifth day prior to reinvestment for the term specified above. This form must be received at the Head Office of The Empire Life Insurance Company within two (2) working days of the date it is signed.

Interest Income Option is requested Monthly Annually (complete Financial Institution Information in Section 5.0)

5.0 Start / Change Automatic Payment Plan (APP) Deposits

Begin monthly APP deposits of \$ _____ on the ____ day of the month starting (dd/mmm/yy)* _____ (complete APP future deposits in Section 2.2)

Increase APP deposits to \$ _____ per month starting (dd/mmm/yy)* _____ (complete APP future deposits in Section 2.2)
 (If this policy includes a Waiver of Premium benefit underwriting approval will be required. Please complete and submit a C-0048 Application for Policy Change.)

Decrease APP deposits to \$ _____ per month starting (dd/mmm/yy)* _____ (complete APP future deposits in Section 2.2)

Stop APP deposits on (dd/mmm/yy)* _____ (APP arrangements may be terminated on 10 days written notice)
 * any day between the 1st and 28th of the month

Financial Institution Information:

Account shown on the attached void cheque – ATTACH VOID CHEQUE
 Savings account only, use the following account:

Account holder's name(s)		Financial institution
Bank number	Transit number	Account number

6.0 Maturity and Death Benefit Guarantees Reset

Reset the Maturity and Death Benefit Guarantees for this policy (Maximum of two (2) resets permitted each policy year)*
 * Resets are not available on Registered Retirement Income Fund Plans. Some plans may not be eligible.

7.0 Special Instructions

8.0 Declaration and Authorization

I understand and agree that:

- the requests made on this form will be processed subject to the policy rules and minimums;
- any deposits made to the policy are the responsibility of the Owner and cheques for such payments should be payable to The Empire Life Insurance Company;
- if I have requested Automatic Partial Surrender(s), payments will continue while there is sufficient value in my policy to meet the required payment plus the appropriate administration fee or until I withdraw the request by written notice to Empire Life;
- an administrative fee may be charged to my account for any debits not honoured by my financial institution;
- if I have requested the Maturity and Death Benefit Guarantees reset and there is not at least 10 years to maturity, the policy maturity date will be extended, if allowed in accordance with the terms of the policy. If the maturity date cannot be extended, I understand that the reset will not be processed;
- any withdrawal of value from the above-mentioned policy may have tax consequences and it is my responsibility to obtain any necessary tax or legal advice.

I authorize:

- my financial institution to honour any withdrawal (debit) from my account or deposit (credit) to my account under the Automatic Payment Plan and return to Empire Life any amount deposited to which I am not entitled;
- Empire Life to carry out the above-mentioned transaction(s) in keeping with the rights, terms and conditions of the policy listed above.

A photocopy or image of the signed Declaration and Authorization will be as valid as the original.

Signature of Owner (or First Authorized Signature for Corporate Owner) X	Second Authorized Signature (for Corporate Owner or Joint Owner) X	
Signature of Account holder(s) (if other than Owner*) X	Signing Authority Name (please print)	
Signature of Irrevocable Beneficiary(ies) (if applicable) I hereby give my consent to the transaction(s) above. X	Signature of Assignee(s) (if applicable) X	Date (dd/mmm/yy)

* Includes corporate accounts, joint personal accounts or accounts of anyone who is not the Annuitant or Owner. If using a corporate account or the account of someone who is not the Annuitant or Owner, complete form D-0011 (Verification of Identity of Owner(s) / Determination of Third Party Interests).