

# Transfer Authorization for Registered Investments

<b>Client Identification</b> (to be completed by Owner/Annuitant)			
Account/Policy Owner Last Name		First Name	
Initial			
Address (number, street name)		City	Province
		Postal Code	
Social Insurance Number		Home Telephone Number	Business Telephone Number

<b>Receiving Institution Information</b> (to be completed by Advisor)			
<b>The Empire Life Insurance Company</b> 259 King Street East, Kingston, Ontario K7L 3A8 TELEPHONE: 613- 548-1890 or TOLL FREE: 1-800-561-1268			
New Investment - Application Number		Existing Investment – Account/Policy Number	
Registered Type: (check one) <input type="radio"/> RRSP <input type="radio"/> LRSP <input type="radio"/> LIRA <input type="radio"/> Spousal RRSP <input type="radio"/> RRIF <input type="radio"/> LIF <input type="radio"/> LRIF <input type="radio"/> PRIF <input type="radio"/> Spousal RRIF <input type="radio"/> SPIA			
<b>Investment Options:</b> (not available on SPIA)		<b>% of Total Value or \$ Amount</b>	
Daily Interest/Treasury Interest			
GIO (specify term)*			
<b>Fund Name</b>	<b>FundSERV Code**</b>	<b>Wire Order Number**</b>	<b>% of Total Units or \$ Amount</b>
*If GIO is selected a minimum deposit of \$500 is required. **Indicate FundSERV Code and Wire Order Number for FundSERV transactions.			
<b>Advisor Name</b>	<b>Advisor Code</b>	<b>Dealer/Rep Code (for FundSERV transactions)</b>	<b>Business Phone</b>

<b>Client Direction to Relinquishing Institution</b> (to be completed by Owner/Annuitant)			
Relinquishing Institution Name		Account/Policy Number	
Address (number, street name)		City	Province
		Postal Code	
I hereby request the transfer, <u>IN CASH</u> , <input type="radio"/> of all, or <input type="radio"/> \$ _____, or _____ % of the value in the above noted Account/Policy to The Empire Life Insurance Company. I authorize the surrender of all or part of my investment as indicated above and agree to the value being reduced by any applicable fees, charges or adjustments.			
<b>Signature of Account/Policy Owner</b>	<b>Signature of Irrevocable Beneficiary</b> (if applicable) I consent to the transfer of the Account/Policy value indicated above.		<b>Date</b> (dd/mmm/yy)
<b>X</b>	<b>X</b>		

<b>For Use by Relinquishing Institution Only</b> (to be completed by Relinquishing Institution)			
<b>Registered Type:</b> <input type="radio"/> RRSP <input type="radio"/> LRSP <input type="radio"/> LIRA <input type="radio"/> RRIF <input type="radio"/> LIF <input type="radio"/> LRIF <input type="radio"/> PRIF If RRIF/LIF is it: <input type="radio"/> Qualifying <input type="radio"/> Non-Qualifying		<b>Spousal Plan:</b> <input type="radio"/> No <input type="radio"/> Yes If yes, complete the following information for the contributor	
<b>Last Name of Contributor</b>	<b>First Name</b>	<b>Initial</b>	<b>Social Insurance Number</b>
<b>Locked In Pension Funds:</b> <input type="radio"/> No <input type="radio"/> Yes If yes, complete the following:			
<b>Legislation:</b> _____ <b>Source of Funds:</b> Pension Plan Name _____			
<b>Registration Number</b> _____ Earliest date Retirement Income Payments may commence (LIRA, LRSP only) (dd/mmm/yy) _____			
Funds transferred <input type="radio"/> were not <input type="radio"/> were calculated on a basis that differentiated based on the sex of the Account/Policy Owner.			
<b>We certify that the information given on this form is, to the best of our knowledge, correct and complete. If funds are being transferred from a Retirement Income Fund (RRIF, LIF, LRIF PRIF) we confirm that the minimum income payment for the current taxation year has been made.</b>			
<b>Authorized Signature</b>	<b>Position or Office</b>	<b>Date</b> (dd/mmm/yy)	<b>Amount Transferred</b>
<b>X</b>			\$

COPY 1: Relinquishing Institution COPY 2: Empire Life COPY 3: Client



**SEE REVERSE FOR INSTRUCTIONS**

# Instructions for Completion

This form replaces Canada Revenue Agency form T2033 and can be used for RRSP to RRSP transfers (except for transfers due to death), RRSP to RRIF, RRIF to RRIF and RRIF to RRSP transfers.

## Who completes this form?

### Owner/Annuitant “Owner” Requesting the Transfer:

- The Owner must complete the “Client Identification” section and complete and sign the “Client Direction to Relinquishing Institution” section. In lieu of a signature, the Owner can attach a letter signed by the Owner requesting the transfer.
- Funds will only be transferred in cash.
- If the Account/Policy with the relinquishing institution has an irrevocable beneficiary designation, their signature is required to authorize the transfer.
- The Owner should retain the client copy of this form for their records.

### Advisor:

- The Advisor should complete the “Receiving Institution Information” section with the Owner requesting the transfer.
- For transfer of locked in funds, an Assumption of Liability for Locked In Funds form must be authorized by a Head Office representative of The Empire Life Insurance Company prior to the transfer.
- If no investment option is specified the funds will be invested in the Treasury Interest Option on a new application or as per previous deposit instructions on an existing policy.
- If the GIO option is selected and the value is less than \$500, the funds will be deposited to the Treasury Interest Option.
- The Client copy is to remain with the client.
- The Empire Life and Relinquishing Institution copies should be forwarded to the relinquishing institution together. DO NOT send the Empire Life Copy to Empire Life. The relinquishing institution will do so upon completion of the transfer.

### Relinquishing Institution:

- The relinquishing institution must complete all the applicable information in the “For Use by Relinquishing Institution Only” section.
- Do not submit a T4RSP or T4RIF for the amounts transferred with this form.
- The Empire Life Insurance Company will only accept transfers in cash.
- Retain the Relinquishing Institution copy for your records and return the Empire Life copy to The Empire Life Insurance Company.

### Select from the following list of Segregated Funds and FundSERV codes for your investment instructions:

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



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