

MUTUAL FUNDS INVESTMENT CHANGE FORM

1. Account Information

Account number

Dealer/Rep code

Name of Accountholder (last, middle, first)

2. Switches

One-time switch Scheduled switch Start date (dd/mm/yyyy) _____ End date (dd/mm/yyyy) _____

Scheduled switch frequency (if not specified, frequency will default to monthly):

Weekly Bi-weekly Semi-monthly Monthly Quarterly Semi-annually Annually

SWITCH FROM:

SWITCH TO:

Fund name	Fund code	Amount <input type="radio"/> \$ or <input type="radio"/> # units	Fund name	Fund code	Amount <input type="radio"/> \$ or <input type="radio"/> %

3. Investment Instructions

Fund name	Fund code	FE commission %	Wire order number	Deposit allocation <input type="radio"/> \$ or <input type="radio"/> %	Pre-authorized debit (PAD)	Withdrawals, Income payments or SWP <input type="radio"/> \$ or <input type="radio"/> %
					\$	
					\$	
					\$	
					\$	
TOTAL					\$	

If there is a conflict between the fund name and fund code, the fund code will be used.

4. Systematic Withdrawal Plans (SWP) New or Change (Indicate withdrawal allocations in Section 3)

Frequency: Weekly Bi-weekly Semi-monthly Monthly Quarterly Semi-annually Annually

Withdrawal amount \$ _____ Gross or Net

Start date (dd/mm/yyyy)

Deposit to my bank account – ATTACH VOID CHEQUE Send me a cheque

5. Retirement Income Payments (RIF, LIF, LRIF, PRIF only) (Indicate withdrawal allocations in Section 3)

- Minimum payment as prescribed by the *Income Tax Act (Canada)*
- Maximum payment as prescribed by the provincial/federal pension legislation (locked-in Funds)
- Minimum payments to be based on my spouse's age (not applicable for New Brunswick)
- Level amount of \$ _____ Gross or Net of taxes

Start date (dd/mm/yyyy)

Frequency (if not specified, frequency will default to monthly):

Weekly Bi-weekly Semi-monthly Monthly Quarterly Semi-annually Annually

Deposit to my bank account – ATTACH VOID CHEQUE Send me a cheque

6. Special instructions

7. Pre-authorized Debit (PAD) ATTACH VOID CHEQUE (Indicate deposit allocations in Section 3)

Frequency: Weekly Bi-weekly Semi-monthly Monthly Quarterly Semi-annually Annually

Amount \$

PAD start date (dd/mm/yyyy)

By signing below I/we, the bank account holder(s), hereby:

- Authorize Empire Life Investments Inc. or its authorized agent to debit the bank account referred to on the attached void cheque to fund the deposits as indicated above.
- Acknowledge that if it is for my/our personal investment, the PAD will be considered a Personal PAD by Canadian Payments Association definition. If it is for business purposes, it will be considered a Business PAD.
- **Waive the pre-notification requirements specified in sections 15(a) and (b) of the Canadian Payments Association Rule H1.**
- Confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed below.
- Understand that I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.
- Understand that I/we may change these instructions or cancel this PAD at any time provided that I/we give Empire Life Investments Inc. or its authorized agent at least 10 days written notice. To obtain a cancellation form or more information on my/our right to cancel a PAD agreement I/we can contact my/our financial institution or visit www.cdnpay.ca.

Signature of signatory on bank account

X

Date (dd/mm/yyyy)

Signature of co-signatory on bank account

X

Date (dd/mm/yyyy)

8. Declaration and Authorization**By signing below I confirm that:**

- I am of legal age and capacity to provide trade instructions and purchase securities.
- I am subscribing or directing Citi Trust Company Canada to subscribe for units of Empire Life Mutual Funds as indicated on this form. I hereby acknowledge having received the current simplified prospectus and/or fund facts and any other required disclosure documents for each fund subscribed for. I agree to be bound by the terms and conditions stated in the prospectus.
- I have read and agree to the terms and conditions in these documents and understand that all transactions on my account are carried out in accordance with the terms set out in these documents.

I understand and agree that:

- Any purchase can be rejected or declined within two days of receipt, in which case my money will be returned to me.
- If I choose the initial sales charge option (front end load), I agree to pay a commission which may be deducted from my original investment amount. If I choose the deferred sales charge option or the low load option, the dealer will be paid a commission and I may be required to pay a charge upon withdrawal, as described in the simplified prospectus. I also authorize the payment of the trailing commissions to the dealer, as described in the simplified prospectus.
- Empire Life Mutual Funds charge an early redemption fee within a certain number of days after purchase. Please refer to the prospectus or ask your advisor for applicability to the funds you are purchasing.

Commissions, trailing commissions, management fees and expenses all may be associated with mutual fund investments. Please read the prospectus, which contains detailed investment information, before investing. Mutual funds are not covered by the Canada Deposit Insurance Corporation or by any other government deposit insurer and are not guaranteed or insured by Empire Life Investments Inc. or The Empire Life Insurance Company. Their values change frequently. There can be no assurances that a money market fund will be able to maintain its net asset value per unit at a constant amount or that the full amount of your investment will be returned to you. Past performance may not be repeated.

Signature of Accountholder

X

Date (dd/mm/yyyy)

Second authorized signature (Joint Accountholder or Accountholder's spouse for ON, NL, NS locked-in plans)

X

Date (dd/mm/yyyy)

Advisor signature

X

Date (dd/mm/yyyy)