



# The Equitable Life Insurance Company of Canada

One Westmount Rd N • PO Box 1603 Stn Waterloo • Waterloo ON N2J 4C7  
 tel. no: (519) 886-5110 fax no: (519) 886-7048 toll free: 1-866-577-3224  
 Website: www.equitable.ca

## Forms Supply Requisition

Plan Name:	Plan Number:
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Please return this requisition form to: The Equitable Life Insurance Company of Canada  
 One Westmount Road North  
 PO Box 1603 Stn Waterloo  
 Waterloo On N2J 4C7  
 Attention: Group Savings & Retirement Services

### FORMS FOR ALL REGISTERED PLANS

Form No.	Name of Form	Quantity Required
114	Transfer Form	
393	Forms Supply Requisition	
394	Beneficiary Change/Name Change Form	

### GROUP PENSION PLAN FORMS

Form No.	Name of Form	Quantity Required
491	GPP Notice of Withdrawal	
712	Reinvestment Roll-Over Request	
717	Member Enrollment	
718	Inter-Fund Transfer Request	
719	Investment Instructions	

### GROUP RETIREMENT SAVINGS PLAN FORMS

Form No.	Name of Form	Quantity Required
488A	GRSP Notice of Withdrawal	
712	Reinvestment Roll-Over Request	
716	Member Enrollment	
718	Inter-Fund Transfer Request	
719	Investment Instructions	

### DEFERRED PROFIT SHARING PLAN FORMS

Form No.	Name of Form	Quantity Required
920	DPSP Notice of Withdrawal	
922A	Member Enrollment	
923A	Inter-Fund Transfer Request	
924A	Investment Instructions	
925A	Reinvestment Roll-Over Request	

### MAILING INFORMATION - Please complete this address information.

Plan Administrator:		
Company Name:		
Street Address:		
City:	Province:	Postal Code: