

General Information

Plan Sponsor _____ Plan Number _____

Division Number _____ Certificate Number _____

Member's Last Name _____ First _____ Initial _____

Effective Date*: _____
 (day) (month) (year)

* Effective date of change will be no earlier than the date this is received at Equitable Life® Head Office or at a date in the future specified by you.

Investment Instructions

- I am a new plan member. I am an existing plan member.

My future contributions should be invested as follows:

Investment Funds

Money Market & Guaranteed Investments

- Daily Interest Account _____
- Guaranteed Deposit Accounts (1 to 5- year terms)
 - 1 Year _____
 - 2 Year _____
 - 3 Year _____
 - 4 Year _____
 - 5 Year _____
- Money Market Fund _____

Foreign Fixed Income & Balanced Funds

- Equitable Life Templeton Global Bond Fund _____
- Equitable Life Trimark Global Balanced Fund _____

Canadian Equity Funds

- Canadian Stock Fund _____
- Common Stock Fund * _____
- Equitable Life AIM Canadian Premier Fund _____
- Equitable Life Bissett Dividend Income Fund _____
- Equitable Life MB Canadian Equity Value Fund _____

Foreign Equity Funds

- | | Employer % | Member % | Member Voluntary % |
|--|------------|----------|--------------------|
| • American Growth Fund | _____ | _____ | _____ |
| • Equitable Life Mackenzie Universal U.S. Emerging Growth Fund | _____ | _____ | _____ |
| • Equitable Life Templeton Growth Fund | _____ | _____ | _____ |
| • Equitable Life Trimark Europlus Fund | _____ | _____ | _____ |

Canadian Fixed Income Funds

- | | Employer % | Member % | Member Voluntary % |
|------------------------------|------------|----------|--------------------|
| • Accumulative Income Fund * | _____ | _____ | _____ |
| • Canadian Bond Fund | _____ | _____ | _____ |

Canadian Balanced & Asset Allocation Fund

- | | Employer % | Member % | Member Voluntary % |
|-------------------------|------------|----------|--------------------|
| • Asset Allocation Fund | _____ | _____ | _____ |

THE TOTAL OF ALL INVESTMENT OPTION PERCENTAGES UNDER EMPLOYER, MEMBER AND VOLUNTARY MUST EACH ADD UP TO 100%.

Note: *Funds available only to plans issued prior to September 30, 1994.

I understand that the investment performance of Segregated Funds is not guaranteed. I further understand that I must notify Equitable Life of Canada® in writing if I wish to change my investment instructions.

Signatures

Signature of Member: _____ Date: _____
 (day) (month) (year)

Signature of Plan Sponsor: _____ Date: _____
 (day) (month) (year)

For Head Office use only

Processed by: _____ Date: _____
 (day) (month) (year)