

**Member Enrollment
Deferred Profit Sharing Plan**

Plan Sponsor: _____ Plan Number: _____

Division Number: _____ Certificate Number: _____

To be completed by the Member

NOTE: MEMBER is the individual who is the owner of the policy.

Member's Last Name _____ First _____ Middle Initial _____

Full Address _____
Street City Province Postal Code

Sex: Male Female Date of Birth _____ Date of Employment _____
Day Month Year Day Month Year

Social Insurance Number _____ Occupation _____

BENEFICIARY DESIGNATION

1) Last Name _____ First _____ Middle Initial _____

Relationship to Member _____ Share (%) _____

2) Last Name _____ First _____ Middle Initial _____

Relationship to Member _____ Share (%) _____

If the beneficiary is under 18 years of age at the time of my death, the death benefit shall be payable to the following, in trust for the beneficiary.

Name of TRUSTEE: _____

INVESTMENT INSTRUCTIONS - I request that monies contributed be invested as follows:

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 | _____ % |

Canadian Fixed Income Fund

- | | |
|----------------------|---------|
| • Canadian Bond Fund | _____ % |
|----------------------|---------|

Canadian Balanced & Asset Allocation Fund

- | | |
|-------------------------|---------|
| • Asset Allocation Fund | _____ % |
|-------------------------|---------|

Foreign Equity Funds

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

Canadian Equity Funds

- | | |
|--|---------|
| • Canadian Stock Fund | _____ % |
| • Equitable Life AIM Canadian Premier Fund | _____ % |
| • Equitable Life Bissett Dividend Income Fund | _____ % |
| • Equitable Life MB Canadian Equity Value Fund | _____ % |

Foreign Fixed Income & Balanced Funds

- | | |
|---|---------|
| • Equitable Life Templeton Global Bond Fund | _____ % |
| • Equitable Life Trimark Global Balanced Fund | _____ % |

THE TOTAL OF ALL INVESTMENT OPTION PERCENTAGES MUST ADD UP TO 100%.

Signatures

I hereby consent to the personal information willingly provided by me to the employer or plan sponsor, agent or broker and/or Equitable Life®, collected on this application and held in their files, being used by Equitable Life for the purposes of servicing and administration of group savings and retirement plans related to this application and any supplementary documents. The information on file is accessible for the above purposes only to authorized employees of, and third parties retained by, Equitable Life, as well as the employer/plan sponsor, independent agents or brokers of Equitable Life and any other person or party whom I authorize.

Signature of Member: _____ Date _____
Day Month Year

Signatures

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 beneficiary designation and/or investment instructions.

Signature of Member: _____ Date _____
Day Month Year

Signature of Plan Sponsor: _____ Date _____
Day Month Year

Signature of Trustee: _____ Date _____
Day Month Year