

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.

Reinvestment Roll-Over Details

Please indicate the fund from which money is to be taken.

As funds mature in the following

• Guaranteed Deposit Accounts	Employer %
• 1 Year	_____
• 2 Year	_____
• 3 Year	_____
• 4 Year	_____
• 5 Year	_____

Please indicate the fund(s) into which money is to be placed.

Reinvest in the following Funds

Money Market & Guaranteed Investments

	Employer %
• 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	_____ %
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Canadian Balanced & Asset Allocation Fund

• Asset Allocation Fund	_____ %
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Foreign Equity Funds

	Employer %
• 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	_____ %

Note: 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.

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

Signatures

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

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

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

For Head Office use only

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