

NOVEMBER 2022

# Contract Application

Intermediary/  
Nominee-name

**GUARANTEED INVESTMENT FUNDS – HELIOS2**

## Additional Information

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### List of fund numbers and minimum deposit requirements

Please note that you can find the complete list of fund numbers and minimum deposit requirements in the fund chart document (20105E) on [webi.ca](http://webi.ca). The Beneficial Owner/Beneficial Co-Owner can find this document on the Desjardins Insurance website at [desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options](http://desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options) under Useful Links, or ask for a paper copy of this document to their advisor.

### Personal Information Management

Desjardins Financial Security Life Assurance Company (DFS) handles your personal information in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the Privacy Officer:

Privacy Officer, Desjardins Financial Security Life Assurance Company,  
200, rue des Commandeurs, Lévis (Québec) G6V 6R2 or [privacyofficer@dfs.ca](mailto:privacyofficer@dfs.ca).

DFS may send information on its promotions or offer new products to those whose names appear on its client list. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the DFS Privacy Officer.

DFS uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, it is possible that some of your personal information may be transferred to another country and be subject to the laws of that country. For information about DFS's policies and practices in terms of transferring personal information outside of Canada, visit the DFS website at [desjardinslifeinsurance.com](http://desjardinslifeinsurance.com), or write to the DFS Privacy Officer at the address indicated above. The Privacy Officer can also answer any questions you may have about the transfer of personal information to service providers located outside of Canada.



**Insurance**  
Life • Health • Retirement

1150, rue de Claire-Fontaine  
Québec (Québec) G1R 5G4  
Phone: 1-877-647-5435  
Fax: 1-888-926-2987  
E-Mail: [gifclientservice@dfs.ca](mailto:gifclientservice@dfs.ca)

## Guaranteed Investment Funds (GIF)

Desjardins Financial Security Life  
Assurance Company Use Only

Contract Number

Dealer Code

Branch Code

Advisor Code

## Contract Application Helios2

INSTRUCTIONS: This form is to be used to open a new contract held in Intermediary/Nominee name.

### 1. Intermediary / Nominee

Choose one:

Held in Nominee Name: \_\_\_\_\_

Nominee Account Number: \_\_\_\_\_

Held in Intermediary Name: \_\_\_\_\_

Intermediary Account Number: \_\_\_\_\_

### 2. Contract Type

Specify the type of registration with the Nominee or the Intermediary:

If the contract is in a Nominee or Intermediary Account, it is automatically held in a non-registered plan at Desjardins Financial Security Life Assurance Company.

**Registered contract**

Registered Retirement Savings Plan (RRSP)

Locked-In (RRSP)

Life Income Fund (LIF)

Locked-In Retirement Account (LIRA)

Prescribed Registered Retirement Income Fund (PRRIF)

Tax Free Savings Account (TFSA)

Restricted Locked-In Savings Plan (RLSP)

Registered Retirement Income Fund (RRIF)

Restricted Life Income Fund (RLIF)

**Non-registered contract** What is the purpose and intended use of the investment?

Retirement savings  Estate planning  Other: \_\_\_\_\_

### 3. Beneficial Owner Information

The Beneficial Owner and Beneficial Co-Owner must also be the Nominee or Intermediary Account Holders.

If the Owner is a Corporation, an Organization or a Trust, complete the Annuitant section. If the Beneficial Owner is a Corporation, an Organization or a Trust, complete the "Power of Attorney/ Authorized Signatory Information" section and form 08295E "Identity Verification Supplementary Form", available at [webi.ca](http://webi.ca).

If the Beneficial Owner has appointed an individual to give instructions for the Beneficial Owner (such as a power of attorney), please complete the "Power of Attorney/ Authorized Signatory Information" section and provide a copy of the power of attorney document.

**\*Important:** These fields must be completed.

#### Beneficial Owner – Verification of Identity:

The undersigned advisor certifies that they have verified the identity of the Beneficial Owner, as required by federal law, by examining one of the following forms of identification.

**Provide document number. An expired document is not acceptable.**

#### Beneficial Owner – Mandatory (non-registered Nominee or Intermediary accounts only) Declaration of Tax Residence:

As required by federal law, please complete all the options that apply. By completing this section and signing the Application, the Beneficial Owner certifies their tax residency.

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Owner <input type="checkbox"/> Individual <input type="checkbox"/> Corporation	
Beneficial Owner's Surname		First Name	Initial
Organization Name		Date of Birth (DD-MM-YYYY)	
Address		City	Social Insurance Number
Province	Country	Postal Code	Residence Telephone Number
Occupation* (required by federal law) – Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient.		Business Telephone Number	
Marital Status	Citizenship	Federal Business/Trust Number	
E-Mail Address		Provincial Business/Trust Number (Quebec only)	

Driver's Licence  Passport  Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)

Other photo card issued by a government (please specify): \_\_\_\_\_

Place of Issue or Jurisdiction*	Document Number*	Expiration Date*	Verification Date*
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#### Verification completed:

In person  Remotely – Complete the Identification by Dual Process form (20-0256\_200E)

#### Are you a tax resident of any country other than Canada (including a U.S. citizen or U.S. tax resident)?

Yes  No If you answered "Yes", please complete the following section.

If you do not have a taxpayer identification number (TIN) for a specific jurisdiction, give the reason using one of these choices:

Reason A: I will apply or have applied for a TIN but have not yet received it.

Reason B: My jurisdiction of tax residence does not issue TINs to its residents.

Reason C: Other reason.

Name of the country of residence	TIN	If you do not have a TIN, indicate reason A, B or C (if reason C, please specify)

**Individuals only:** Are you currently, or have you previously been, a *politically exposed domestic person* (in the past 5 years), a *politically exposed foreign person* or a *head of an international organization* (in the past 5 years)? Do you have direct ties to someone in one of these categories (i.e., a family member or close associate)?

No  Yes – Complete the self-identification of a politically exposed person (PEP) form (22042E)

### 3a. Beneficial Co-Owner Information (Non-Registered Nominee or Intermediary accounts only)

The Beneficial Co-Owner must be either the married spouse, civil union spouse or common-law partner of the Beneficial Owner. If a Beneficial Co-Owner is named, both Beneficial Owner and the Beneficial Co-Owner are presumed to be Annuitants unless there is a different Annuitant named in Section 4. If an Annuitant is not named in Section 4, the death benefit will be paid on the death of the survivor. If an Annuitant is named in Section 4, the death benefit will be paid on the death of this Annuitant.

#### Beneficial Co-Owner – Verification of Identity:

The undersigned advisor certifies that they have verified the identity of the Beneficial Co-Owner, as required by federal law, by examining one of the following forms of identification.

#### Provide a document number. An expired document is not acceptable.

If the Beneficial Co-Owner has appointed an individual to give instructions for the Beneficial Co-Owner (such as a power of attorney), please complete the "Power of Attorney/Authorized Signatory Information" section and provide a copy of the power of attorney document.

**\*Important:** These fields must be completed.

#### Beneficial Co-Owner – Mandatory (non-registered Nominee or Intermediary accounts only) – Declaration of Tax Residence:

As required by federal law, please complete all the options that apply. By completing this section and signing the Application, the Beneficial Co-Owner certifies their tax residency.

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Owner <input type="checkbox"/> Individual <input type="checkbox"/> Corporation	
Beneficial Co-Owner's Surname		First Name	Initial
Organization Name		Date of Birth (DD-MM-YYYY)	
Address		City	Social Insurance Number
Province	Country	Postal Code	Residence Telephone Number
Occupation* (required by federal law) – Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient.			Business Telephone Number
Marital Status	Citizenship	Federal Business/Trust Number	
E-Mail Address			Provincial Business/Trust Number (Quebec only)

- Driver's Licence     Passport     Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)  
 Other photo card issued by a government (please specify): \_\_\_\_\_

Place of Issue or Jurisdiction*	Document Number*	Expiration Date*	Verification Date*
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#### Verification completed:

- In person     Remotely – Complete the Identification by Dual Process form (20-0256\_200E)

#### Are you a tax resident of any country other than Canada (including a U.S. citizen or U.S. tax resident)?

- Yes  No    If you answered "Yes", please complete the following section.

If you do not have a taxpayer identification number (TIN) for a specific jurisdiction, give the reason using one of these choices:

Reason A: I will apply or have applied for a TIN but have not yet received it.

Reason B: My jurisdiction of tax residence does not issue TINs to its residents.

Reason C: Other reason.

Name of the country of residence	TIN	If you do not have a TIN, indicate reason A, B or C (if reason C, please specify)

**Individuals only:** Are you currently, or have you previously been, a *politically exposed domestic person* (in the past 5 years), a *politically exposed foreign person* or a *head of an international organization* (in the past 5 years)? Do you have direct ties to someone in one of these categories (i.e., a family member or close associate)?

- No  Yes – Complete the self-identification of a politically exposed person (PEP) form (22042E)

### 4. Annuitant, if other than Beneficial Owner/Beneficial Co-Owner (non-registered Nominee or Intermediary Account only)

Complete if the Annuitant is other than the Beneficial Owner and Beneficial Co-Owner or if the Beneficial Owner is a Corporation, an Organization or a Trust. The Annuitant is the person in the event of whose death the death benefit is paid. For a Registered Nominee or Intermediary Account, the Annuitant is always the Beneficial Owner.

Sex <input type="checkbox"/> M <input type="checkbox"/> F			
Surname	First Name	Initial	Date of Birth (DD-MM-YYYY)
Address			Social Insurance Number
City	Province	Postal Code	Telephone Number
Relationship to Beneficial Owner/Beneficial Co-Owner			

### 5. Beneficiary Upon Death of Annuitant

Complete only if the contract is held in a non-registered Nominee or Intermediary Account.

If a separate Beneficiary designation list is attached, it has to include Surname, First Name, % share and relationship. This list must be dated and signed by the Beneficial Owner and the Beneficial Co-Owner.

For a contract held in a Registered Nominee or Intermediary Account, the Beneficiary of the contract is automatically the trustee of the Registered Nominee or Intermediary Account for the benefit of the holder of the Registered Nominee or Intermediary Account which should also be the Beneficial Owner. For a contract held in a Nominee or Intermediary Account (Registered or Non-registered), any death benefit will be paid to the Nominee or Intermediary in trust for the Beneficiary or the estate.

**In Quebec:** All Beneficiaries are revocable unless otherwise specified. Where your married or civil union spouse is appointed as the Beneficiary, indicate that the Beneficiary is REVOCABLE, **failing which, the appointment as Beneficiary is irrevocable.**

If you designate a Beneficiary as irrevocable, all transactions and plan changes will require the Beneficiary's written authorization.

The Beneficial Owner and the Beneficial Co-Owner are responsible for ensuring that the Beneficiary designations are validly made.

Revocable: The designation can be changed without the beneficiary's consent.

Irrevocable: The designation cannot be changed without the beneficiary's consent, but it can usually be changed if the beneficiary dies.

**Primary Beneficiaries:**

Revocable  
 Irrevocable Surname \_\_\_\_\_ First Name \_\_\_\_\_ Share % \_\_\_\_\_ Relationship\* \_\_\_\_\_

Revocable  
 Irrevocable Surname \_\_\_\_\_ First Name \_\_\_\_\_ Share % \_\_\_\_\_ Relationship\* \_\_\_\_\_

Revocable  
 Irrevocable Surname \_\_\_\_\_ First Name \_\_\_\_\_ Share % \_\_\_\_\_ Relationship\* \_\_\_\_\_

In the event that my Primary Beneficiaries die before the Annuitant, I appoint my Secondary Beneficiary to receive the death benefit.

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Share % \_\_\_\_\_ Relationship\* \_\_\_\_\_

\*to the Beneficial Owner/Beneficial Co-Owner (residents of Quebec) or to the Annuitant(s) (residents outside of Quebec), for instance, parent, children, spouse, etc.

**6. Source of Funds**

Personal Cheque \$ \_\_\_\_\_

Unique Withdrawal of \$ \_\_\_\_\_ (complete PAD section) Account # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Transfer from a Desjardins Financial Security, Life Assurance Company product (please provide a copy of transfer documents) Name of Institution \_\_\_\_\_ Amount \$ \_\_\_\_\_

Transfer from another financial institution (please provide a copy of transfer documents) Name of Institution \_\_\_\_\_ Amount \$ \_\_\_\_\_

\*We are eligible for ASM transfers. To proceed, use the manufacturer code IMP.

**7. Guarantees and Investment Information**

List the fund number(s) for the funds you have chosen.

A fund number denotes the fund, series, fee option and guarantee.

Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on [webi.ca](http://webi.ca). The Beneficial Owner/Beneficial Co-Owner can find this document on the Desjardins Insurance website at [desjardins.lifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options](http://desjardins.lifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options) under Useful Links, or ask for a paper copy of this document to their advisor.

The minimum PAD amount is \$50 per month and \$25 per fund.

**To start a Pre-Authorized Debit (PAD) Agreement, complete the section Pre-Authorized Debit (PAD) Agreement – Payor's PAD Authorization**

Fund Number	Single Deposit (Amount or Percentage)	Pre-Authorized Debit (PAD) (Amount or Percentage)	Wire Order Number

Frequency and Payment Date:  Annually  Semi-Annually  Quarterly  Monthly  Semi-Monthly (1<sup>st</sup> and 15<sup>th</sup> of the month)  
 Bi-Weekly  Weekly

Start Date (DD-MM-YYYY): \_\_\_\_\_

Please provide a personalized cheque marked "VOID".

**8. Systematic Withdrawal Plan (SWP)**

Any withdrawals will be issued to the Nominee/Intermediary.

The gross amount is the net amount plus taxes withheld and fees.

Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on [webi.ca](http://webi.ca). The Beneficial Owner/Beneficial Co-Owner can find this document on the Desjardins Insurance website at [desjardins.lifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options](http://desjardins.lifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options) under Useful Links, or ask for a paper copy of this document to their advisor.

Fund Number	SWP (Amount or %)	Fund Number	SWP (Amount or %)
1.		4.	
2.		5.	
3.		6.	

Frequency and Payment Date:  Annually  Semi-Annually  Quarterly  Monthly  Semi-Monthly (1<sup>st</sup> and 15<sup>th</sup> of the month)  
 Bi-Weekly  Weekly

Start Date (DD-MM-YYYY): \_\_\_\_\_

Payments will be deposited within a processing time of three business days following the selected date.

I/We choose:  \$ \_\_\_\_\_ per interval.

Indicate if  Gross (default if no selection is made) OR  Net

**9. Advisor Information and Obligations**

Please write the name(s) in block letters.

**Third Party Determination (non-registered contracts only):**

The undersigned advisor indicates, in accordance with federal legislation, if they have reasonable grounds to suspect the Beneficial Owner/Beneficial Co-Owner is acting on behalf of a third party.

Dealer Name (Service Provider) \_\_\_\_\_ Advisor Name or Trainee (Trainee applies to Quebec only) \_\_\_\_\_

By signing here, the advisor confirms that they are appropriately licensed, has disclosed any current, potential or apparent conflict of interest and has thoroughly examined the Beneficial Owner/Beneficial Co-Owner needs for product suitability. The advisor also confirms that they may receive compensation, if this Application is accepted by Desjardins Financial Security Life Assurance Company and may receive additional compensation in the future in the form of bonuses, trailers and conferences. The advisor also confirms that they have examined the valid identity verification documentation.

**Does the advisor have reasonable grounds to suspect the Beneficial Owner/Beneficial Co-Owner is acting for a third party?**

Yes  No If "Yes", they must complete and attach the "Third Party Determination" form (21024E), available on [webi.ca](http://webi.ca).

Name of Training Supervisor (Quebec only) \_\_\_\_\_ **X** \_\_\_\_\_ Signature of Training Supervisor (Quebec only) \_\_\_\_\_ Date (DD-MM-YYYY) \_\_\_\_\_

**X** \_\_\_\_\_ Signature of Advisor or Trainee \_\_\_\_\_ Date (DD-MM-YYYY) \_\_\_\_\_

## 10. Power of Attorney/Authorized Signatory Information

This section must be completed when a person is entitled to give instructions for a Desjardins Financial Security Life Assurance Company contract held by another physical person, a corporation, a trust or other entity. Provide information on a separate sheet if needed.

**Mandatory: Attach the document giving the power to act (power of attorney, resolution, etc.)**

### Authorized Signatory

#### Verification of Identity:

The advisor certifies that they have verified the identity of the authorized signatory by examining one of the following forms of identification.

**\*Important:** These fields must be completed.

**Provide a document number. An expired document is not acceptable.**

**Signature of the individual acting on behalf of the Beneficial Owner or Beneficial Co-Owner.**

Please specify if you are acting on behalf of the Beneficial Owner or Beneficial Co-Owner (check the appropriate box).

Beneficial Owner  Beneficial Co-Owner

Authorized Signatory Surname		First Name	
Address	City	Province/State	Postal Code
Country	Occupation* Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient.		

Driver's Licence  Passport  Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)

Other photo card issued by a government (please specify): \_\_\_\_\_

Place of Issue or Jurisdiction*	Document Number*	Expiration Date*	Verification Date*
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#### Verification completed:

In person  Remotely – Complete the Identification by Dual Process form (20-0256\_200E)

Authorized Cosignatory Name (block letters) \_\_\_\_\_

X

Authorized Cosignatory Signature \_\_\_\_\_

Date (DD-MM-YYYY) \_\_\_\_\_

If there is an Authorized Cosignatory, please use an additional Application Form to complete the entire Authorized Signatory section for the Cosignatory and submit the additional form with the Contract Application.

## 11. Agreement, Declarations and Acknowledgement

The Contract and Information Folder and the Fund Facts document contain important information and should be read before investing. They contain provisions related to the Desjardins Financial Security Guaranteed Investment Funds Plan - Helios2, investment information, financial highlights as well as the Fund Facts for each of the Desjardins Financial Guaranteed Investment Funds (DFS GIF).

I/We hereby apply to purchase a contract under the Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2, on the terms and conditions contained in the current Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2 contract and agree to pay such fees as are therein described.

This Application is subject to acceptance by Desjardins Financial Security Life Assurance Company (DFS). Each additional deposit amount shall be subject to such acceptance.

I/We declare that all statements and answers made by me/us in connection with this Application are fully complete and true.

I/We agree that the contract and all related documents shall be drafted in English. Je consens (Nous consentons) à ce que le contrat et tous les documents y afférents soient rédigés en anglais.

I/We declare that the deposits made now or in the future under this contract will not be made for a third party. I/We agree to inform DFS if any future deposits are made under this contract for a third party.

I/We acknowledge having read and understood the "Additional Information" page.

I/We, the Beneficial Owner and, if applicable, the Beneficial Co-Owner acknowledge having received and read the document titled Contract and Information Folder – Guaranteed Investment Funds Helios2 and the document titled Fund Facts – Guaranteed Investment Funds Helios2. I/We acknowledge that I/we had the option of requesting a paper copy of these documents and that, if such request has been made, I/we have received such copy. I/We acknowledge having received a proper description of the product, the relevant Fund Facts and a clear explanation on what is and is not guaranteed under this contract before investing.

I/We certify that the information provided in the "Declaration of Tax Residence" section of this form is correct and complete.

I/We will provide a new form to Desjardins Financial Security Life Assurance Company (DFS) within 30 days of any change in circumstances that causes the information in this form to become incomplete or inaccurate.

I/We, the Beneficial Owner and, if applicable, the Beneficial Co-Owner understand that potential creditor protection may be lost by having the contract held in the name of the Nominee/Intermediary, the trustee of the Registered Nominee or Intermediary account or someone who is not the Beneficial Owner.

I/We, the Beneficial Owner and, if applicable, the Beneficial Co-owner authorize the Company to deliver the contract and any other documents or correspondence to the Nominee/ Intermediary and to accept instructions from the Nominee/Intermediary to execute the financial and non-financial transactions pertaining to the contract including, but not limited to subscribing to an annuity contract, deposits, withdrawals, switches of Units, and transfers of investment vehicles, except Beneficiary designation in accordance with my/our instructions and contract provisions; authorize the Company to accept deposits for investment in this contract and to pay partial and total withdrawal amounts requested by the Nominee/Intermediary directly to the Nominee/Intermediary, and understand that the Company shall not be liable for instructions provided by the Nominee/Intermediary and for acting upon them.

The Nominee/Intermediary represents that it has ensured and will ensure that any instructions to execute financial and non-financial transactions the Nominee/Intermediary has requested and will request is and will be supported by an appropriate authorization signed by the Beneficial Owner and, as the case may be, the Beneficial Co-Owner and the irrevocable beneficiary indicated in section 5 above.

**For all provinces and territories except Quebec:** by designating a Beneficial Co-Owner, the Beneficial Owner and the Beneficial Co-Owner acknowledge that the type of ownership is qualified as "joint ownership with rights of survivorship". Upon the death of the Beneficial Owner or the Beneficial Co-Owner, provided that they are not the sole Annuitant, all their rights and obligations pursuant to the contract will be transferred to the other.

**For the province of Quebec only:** by designating a Beneficial Co-Owner, the Beneficial Owner and the Beneficial Co-Owner acknowledge and agree that they respectively designate each other as subrogated owner of the contract. Upon the death of the Beneficial Owner or the Beneficial Co-Owner, provided that they are not the sole Annuitant, all their rights and obligations pursuant to the contract will be transferred to the other.

**For an Annuitant who is different from the Beneficial Owner/Beneficial Co-Owner:** by signing below, I the Annuitant, consent to be the measuring life for the purposes of calculating the death benefit and all other guarantees in this contract.

**The Beneficial Owner and the Beneficial Co-Owner represent that they are either common law partners, civil union spouses or married spouses at the time of the application.**

Signed at: \_\_\_\_\_

Date: \_\_\_\_\_

X \_\_\_\_\_  
Beneficial Owner Signature

X \_\_\_\_\_  
Beneficial Co-Owner Signature (if applicable)

X \_\_\_\_\_  
Annuitant Signature (if other than Beneficial Owner)

X \_\_\_\_\_  
Nominee/Intermediary Signature

The Annuitant is required to consent to being the measuring life and sign this section. If the Annuitant is minor at the moment of the application, this section must be signed by their legal representative.

If this section is signed by someone acting on behalf of the Beneficial Owner, please also complete and sign the "Power of Attorney/Authorized Signatory Information" section.

If this section is signed by someone acting on behalf of the Beneficial Co-Owner, please also complete and sign the "Power of Attorney/Authorized Signatory Information" section.



## Desjardins: A name you can count on!

Desjardins Group is the leading cooperative financial group in Canada and one of the country's best capitalized financial institutions.

Desjardins Group enjoys credit ratings comparable to those of several major Canadian and international banks and is recognized as one of the most stable financial institutions in the world according to *The Banker*.

**[desjardinslifeinsurance.com](http://desjardinslifeinsurance.com)**

The Contract and Information Folder and the Funds Facts document contain important information on the Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2 and the DFS Guaranteed Investment Funds. The Contract and Information Folder also contains defined terms. Please ask your advisor for any question and read these documents carefully before investing.

DFS Guaranteed Investment Funds are established by Desjardins Financial Security Life Assurance Company.

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