NOVEMBER 2022

# **Contract** Application

Intermediary/ Nominee-name

**GUARANTEED INVESTMENT FUNDS - HELIOS2** 



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

Life Assurance Company.

#### 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 <a href="webi.ca">webi.ca</a>. The Beneficial Owner/Beneficial Co-Owner can find this document on the Desjardins Insurance website at <a href="desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options">desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options</a> 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.

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 <a href="design: design: d



1150, rue de Claire-Fontaine Québec (Québec) G1R 5G4 Phone: 1-877-647-5435 Fax: 1-888-926-2987

E-Mail: gifclientservice@dfs.ca

#### Guarantood Invostment Funds (GIE)

G	iaranteeu	investinent runas (Gir)				
		Desjardins Financial Security Life Assurance Company Use Only Contract Number				
Dealer (	L L L	Branch Code Advisor Code				
	Nominee Accou	unt Number:ccount Number:				
eld in a n	on-registered pla	n at Desjardins Financial Security Life				
detirement ncome Fur f the inve	, ,	Life Income Fund (LIF)  Tax Free Savings Account (TFSA)  Restricted Life Income Fund (RLIF)				
ation						
	Initial	Date of Birth (DD-MM-YYYY)				
		Social Insurance Number				
		Residence Telephone Number				
	Postal Code	Business Telephone Number				
s like "mar	nager",	Federal Business/Trust Number				
		Provincial Business/Trust Number (Quebec only)				
(prohibite	d in Ontario, Man	itoba, Nova Scotia and P.E.I.)				

#### **Contract Application Helios2**

INSTRUCTIONS: This form in the light in Intermediary/Nominal Intermediary/Nominal Intermediary/Nominal Intermediary/Nominal Intermediary/Nominal Intermediary/Nominal Intermediary/Nominal Intermediary/Nominal Intermediary		to open a new contract			Dealer (	Code	Branch Co	de Advisor Coo	de
1. Intermediary/No	minee								
, , , , , , , , , , , , , , , , , , ,	Choose one:			Nominee Acco			unt Number:		
2. Contract Type									
Specify the type of registration with the Nominee or the Intermediary: This question is mandatory if the contract is in a non-registered Nominee or Intermediary Account, in accordance with federal legislation.	If the contract is in a Nominee or Intermediary Account, it is automatically held in a non-registere Assurance Company.    Registered contract   Registered Retirement Savings Plan (RRSP)   Locked-In (RRSP)   Locked-In Retirement Account (LIRA)   Prescribed Registered Retirement Income Fund				t Income Fund (PRR nd (RRIF)	Life Income Fund (LIF)			
3. Beneficial Owne	r Informati	ion							
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				Initial	Date of Birth (DD-MM-YYYY)  Social Insurance Number				
the Annuitant section. If the Beneficial Owner is a Corporation, an Organization or a Trust,	J								
complete the "Power of Attorney/ Authorized Signatory Information" section and form 08295E "Identity	Address			City			Residence Telephone Number		
Verification Supplementary Form", available at webi.ca.  If the Beneficial Owner has	Province			Country Postal Code			Business Telephone Number		
appointed an individual to give instructions for the Beneficial Owner (such as a power of attorney), please complete the	Occupation* (required by federal law) – Please be specific, one word generic terms like "manager", reconsultant" or "president" are not sufficient.								
"Power of Attorney/Authorized Signatory Information" section and provide a copy of the	Marital Status			Citizenship			Provincial Business/Trust Number (Quebec only)		
power of attorney document.  *Important: These fields must be completed.	E-Mail Address								
Beneficial Owner – Verification of Identity:	☐ Driver's Licence ☐ Passport ☐ Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)								
The undersigned advisor certifies that they have verified	☐ Other photo card issued by a government (please specify):								
the identity of the Beneficial Owner, as required by federal law, by examining one of the following forms of identification.	Place of Issue or Jurisdiction*			Document Number* E.		Expiration Date*	Expiration Date*		Verification Date*
Provide document number. An expired document is not acceptable.	Verification completed:  ☐ In person ☐ Remotely – Complete the Identification by Dual Process form (20-0256_200E)								
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	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.								
this section and signing the Application, the Beneficial Owner certifies their tax residency.	Name	e of the country of residence					ot have a TIN, indicate reason A, B or C (if reason C, please specify)		

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

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

**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)?

2a Banafiaial Ca O		monting (Non Design	and at Minimal				Λ.	
•	Co-Owner Information (Non-Registered Nominee or Intermediary accounts only)  must be Sex Language Preference Owner					)		
The Beneficial Co-Owner must be either the married spouse, civil	□M □F							
union spouse or common-law partner of the Beneficial Owner. If		o-Owner's Surname	First Na		711	Initial	Date of Birth (DD-MM-YYYY)	
a Beneficial Co-Owner is named,	Deficilitial 66	o Owner 3 Ourname	THISTING			IIIIII	Date of Birtir (BB-MM-1111)	
both Beneficial Owner and the Beneficial Co-Owner are presumed	Organization	Name					Social Insurance Number	
to be Annuitants unless there is	Organization	Name					ocial insulance number	
a different Annuitant named in Section 4. If an Annuitant is not	Address City						Residence Telephone Number	
named in Section 4, the death	Address			City			Residence relephone Number	
benefit will be paid on the death of the survivor. If an Annuitant is	Province		Country		Do	stal Code	Business Telephone Number	
named in Section 4, the death benefit will be paid on the death	FIOVILICE		Country			star Code	Busiliess Telephone Number	
of this Annuitant.	Occupation* /r	required by federal law) – Pleas	no ho specific	ana word ganaria tarma lil	ro "managa		Endoral Puninggo /Trust Number	
Beneficial Co-Owner – Verification of Identity:		"president" are not sufficient.	se de specific,	one word generic terms in	e manage	,	Federal Business/Trust Number	
The undersigned advisor	Marital Status	S	Citizens	hip			Provincial Business/Trust Number	
certifies that they have verified the identity of the Beneficial				1-			(Quebec only)	
Co-Owner, as required by federal	E-Mail Addres	200						
law, by examining one of the following forms of identification.	L Mail / laarot							
Provide a document number. An expired document is not	☐ Driver's L	Licence Passport	Provi	ncial Health Card (pr	nhihited in	Ontario Man	itoba, Nova Scotia and P.E.I.)	
acceptable.		noto card issued by a go			Jinbilod III	Ontario, Mari	noba, Nova oboda ana n.E.i.,	
If the Beneficial Co-Owner has appointed an individual to give		ue or Jurisdiction*			F	:ti D-t-*	Verification Date*	
instructions for the Beneficial Co-Owner (such as a power of	Place of Issu	ie or Jurisaiction		Oocument Number*	Ext	iration Date*	vernication date	
attorney), please complete the "Power of Attorney/Authorized	Verification completed:							
Signatory Information" section		·					2	
and provide a copy of the power of attorney document.	☐ 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)?						-7	
*Important: These fields must	Are you a tax	x resident of any country						
*Important: These fields must be completed.	Are you a tax	•	other than		U.S. citiz			
*Important: These fields must be completed. Beneficial Co-Owner –	Yes No	lo If you answered "Yes have a taxpayer identifica	other than ", please contion number	Canada (including a mplete the following se (TIN) for a specific juri	<b>U.S. citiz</b> ection. sdiction, g	en or U.S. ta		
*Important: These fields must be completed.  Beneficial Co-Owner –  Mandatory (non-registered Nominee or Intermediary	Yes No If you do not Reason A: I w	lo If you answered "Yes have a taxpayer identifica will apply or have applied f	other than ", please contion number for a TIN but	Canada (including a mplete the following se (TIN) for a specific jurinave not yet received it	U.S. citized continuous continuou	en or U.S. ta	ax resident)?	
*Important: These fields must be completed.  Beneficial Co-Owner –  Mandatory (non-registered Nominee or Intermediary accounts only) – Declaration	Yes No If you do not Reason A: I w Reason B: My	lo If you answered "Yes have a taxpayer identifica will apply or have applied f y jurisdiction of tax resider	other than ", please contion number for a TIN but	Canada (including a mplete the following se (TIN) for a specific jurinave not yet received it	U.S. citized continuous continuou	en or U.S. ta	ax resident)?	
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*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.  4. Annuitant, if other 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	Individuals of exposed forest these categors. No Yes No No F	lo If you answered "Yes have a taxpayer identifica will apply or have applied fy jurisdiction of tax resident ther reason.  e of the country of resident person or a head of an interest (i.e., a family member as — Complete the self-identification.	r other than ", please contion number or a TIN but nce does not nce nave you pre n internation or close asso	Canada (including a mplete the following set (TIN) for a specific jurinave not yet received issue TINs to its residual organization (in the pociate)?  a politically exposed p	U.S. citize ection. sdiction, of t. ents.	give the reas  If you do not  ed domestic s)? Do you h  P) form (220	on using one of these choices:  thave a TIN, indicate reason A, B or C if reason C, please specify)  person (in the past 5 years), a politically have direct ties to someone in one of 42E)  ermediary Account only)	
*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.  4. Annuitant, if other 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	Yes   Nu   Nu   Nu   Nu   Nu   Nu   Nu   N	lo If you answered "Yes have a taxpayer identifica will apply or have applied fy jurisdiction of tax resident ther reason.  e of the country of resident person or a head of an interest (i.e., a family member as — Complete the self-identification.	rother than ", please coltion number or a TIN but nce does not nce nave you pre n internationa or close asso attification of a	Canada (including a mplete the following set (TIN) for a specific jurinave not yet received it issue TINs to its resident of the properties of the propertie	U.S. citize ection. sdiction, get t. ents.	give the reas  If you do not  ed domestic es)? Do you h  P) form (220  nee or Inter	on using one of these choices:  thave a TIN, indicate reason A, B or C (if reason C, please specify)  person (in the past 5 years), a politically have direct ties to someone in one of 42E)  premediary Account only)  Date of Birth (DD-MM-YYYY)  Social Insurance Number	
*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.  4. Annuitant, if other 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,	Yes   No   No   No   No   No   No   Yes   No   No   No   No   No   No   No   N	lo If you answered "Yes have a taxpayer identifica will apply or have applied fy jurisdiction of tax resident ther reason.  e of the country of resident person or a head of an interest (i.e., a family member as — Complete the self-identification.	r other than ", please contion number or a TIN but nce does not nce nave you pre n internation or close asso	Canada (including a mplete the following set (TIN) for a specific jurinave not yet received it issue TINs to its resident of the properties of the propertie	U.S. citize ection. sdiction, get t. ents.	give the reas  If you do not  ed domestic s)? Do you h  P) form (220	on using one of these choices:  thave a TIN, indicate reason A, B or C if reason C, please specify)  person (in the past 5 years), a politically have direct ties to someone in one of 42E)  premediary Account only)  Date of Birth (DD-MM-YYYY)	
*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.  4. Annuitant, if other 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	Yes   Nu   Nu   Nu   Nu   Nu   Nu   Nu   N	lo If you answered "Yes have a taxpayer identifica will apply or have applied fy jurisdiction of tax resident ther reason.  e of the country of resident person or a head of an interest (i.e., a family member as — Complete the self-identification.	nother than ", please contion number or a TIN but noce does not noce  nave you pre international or close assortification of a	Canada (including a mplete the following set (TIN) for a specific jurinave not yet received it issue TINs to its resident of the properties of the propertie	U.S. citize ection. sdiction, get t. ents.	give the reas  If you do not  ed domestic es)? Do you h  P) form (220  nee or Inter	on using one of these choices:  thave a TIN, indicate reason A, B or C (if reason C, please specify)  person (in the past 5 years), a politically have direct ties to someone in one of 42E)  premediary Account only)  Date of Birth (DD-MM-YYYY)  Social Insurance Number	

#### 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**.

as irrevocable, all transactions and plan changes will require the Beneficiary's written authorization. The Beneficial Co-Owner and the Beneficial Co-Owner are responsible for ensuring that the Beneficiay 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.	Revocable Irrevocable Surname Revocable Irrevocable Surname Revocable Irrevocable Surname In the event that my Primary Beneficia Surname *to the Beneficial Owner/Beneficial Co-Own	First Name	Share %	Relationship*		
6. Source of Funds	S					
	Personal Cheque \$ Unique Withdrawal of \$ (complete PAD section)		Account #	Amount \$		
*We are eligible for A\$M	Transfer from a Desjardins Fin Life Assurance Company prod (please provide a copy of transfe	duct r documents)	Name of Institution	Amount \$ Amount		
transfers. To proceed, use the manufacturer code IMP.	☐ Transfer from another financial (please provide a copy of transfer			\$		
7 Guarantees and	Investment Information	·				
List the fund number(s) for the	To start a Pre-Authorized Debit (PA	AD) Agreement, complete the	section Pre-Authorized Debit (P	AD) Agreement – Pavor's PAD		
funds you have chosen.  A fund number denotes the fund, series, fee option and guarantee.	Authorization Fund Number	Single Deposit (Amount or Percentage)	Pre-Authorized Debit (PAD) (Amount or Percentage)	Wire Order Number		
Refer to the fund chart document (20105E) for the fund numbers and		, , , , , , , , , , , , , , , , , , , ,				
the minimum deposit requirements, available on 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 under Useful Links, or ask for a paper copy of this document to their advisor.	Frequency and Payment Date: Annually Semi-Annually Quarterly Monthly Semi-Monthly (1st and 15th of the month)  Bi-Weekly Weekly					
The minimum PAD amount is \$50 per month and \$25 per fund.	Start Date (DD-MM-YYYY): Please provide a personalized cheque					
8. Systematic With	ndrawal Plan (SWP)					
Any withdrawals will be issued to the Nominee/Intermediary.	Fund Number	SWP (Amount or %)	Fund Number	SWP (Amount or %)		
The gross amount is the net	1.		4.			
amount plus taxes withheld						
and fees.	2.		5.			
and fees.  Refer to the fund chart document (20105E) for the fund numbers and	2.		5. 6.			
Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on webi.ca. The Beneficial Owner/Beneficial Co-Owner can find	2. 3.  Frequency and Payment Date: A	nnually Semi-Annually i-Weekly Weekly	5. 6.	Semi-Monthly (1 <sup>st</sup> and 15 <sup>th</sup> of the month)		
Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on <a href="weblage:web-size">web.ca</a> . The Beneficial Owner/Beneficial Co-Owner can find this document on the Desjardins Insurance website at <a href="desjardins">desjardins</a> .	2. 3.  Frequency and Payment Date: A B Start Date (DD-MM-YYYY):	i-Weekly Weekly	5. 6. Quarterly Monthly S			
Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on 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-	2. 3. Frequency and Payment Date: A B Start Date (DD-MM-YYYY): Payments will be deposited within a	i-Weekly Weekly	5. 6. Quarterly Monthly S			
Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on webi.ca. The Beneficial Overel/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 under Useful Links, or ask for a paper copy	2. 3. Frequency and Payment Date: A B Start Date (DD-MM-YYYY): Payments will be deposited within a I/We choose: \$ pe	i-Weekly Weekly processing time of three busing	5. 6. Quarterly Monthly Seess days following the selected days			
Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on webi.ca. The Beneficial Owner/Beneficial Co-Owner can find this document on the Desjardins Insurance website at desjardins Iriseinsurance.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.	2. 3.  Frequency and Payment Date: A B Start Date (DD-MM-YYYY): Payments will be deposited within a I/We choose: \$	i-Weekly Weekly processing time of three busing rinterval.	5. 6. Quarterly Monthly Seess days following the selected days			
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#### 10. Power of Attorney/Authorized Signatory Information Please specify if you are acting on behalf of the Beneficial Owner or Beneficial Co-Owner (check the appropriate box). This section must be completed when a person is entitled to give Beneficial Owner Beneficial Co-Owner instructions for a Desjardins Authorized Signatory Surname First Name Financial Security Life Assurance Company contract held by another physical person, a corporation, a trust or other Address City Province/State Postal Code entity. Provide information on a separate sheet if needed. Mandatory: Attach the document Country Occupation\* Please be specific, one word generic terms like "manager", "consultant" or "president" giving the power to act (power are not sufficient. of attorney, resolution, etc.) ☐ Driver's Licence Passport Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.) **Authorized Signatory** Verification of Identity: Other photo card issued by a government (please specify): The advisor certifies that they Place of Issue or Jurisdiction\* Document Number\* Expiration Date\* Verification Date have verified the identity of the authorized signatory by examining one of the following Verification completed: forms of identification. \*Important: These fields must ☐ In person ☐ Remotely – Complete the Identification by Dual Process form (20-0256\_200E) be completed. Provide a document number. An expired document is not acceptable. Authorized Cosignatory Name (block letters) Authorized Cosignatory Signature Date (DD-MM-YYYY) Signature of the individual If there is an Authorized Cosignatory, please use an additional Application Form to complete the entire Authorized Signatory section for the acting on behalf of the Beneficial Owner or Beneficial Co-Owner. Cosignatory and submit the additional form with the Contract Application. 11. Agreement, Declarations and Acknowledgement The Contract and Information I/We hereby apply to purchase a contract under the Desjardins Financial Security Guaranteed Investment Funds Plan - Helios2, on the Folder and the Fund Facts terms and conditions contained in the current Desjardins Financial Security Guaranteed Investment Funds Plan - Helios2 contract and document contain important agree to pay such fees as are therein described. information and should be This Application is subject to acceptance by Desjardins Financial Security Life Assurance Company (DFS). Each additional deposit read before investing. They contain provisions related to the amount shall be subject to such acceptance. Desjardins Financial Security I/We declare that all statements and answers made by me/us in connection with this Application are fully complete and true. Guaranteed Investment Funds 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 Plan - Helios2, investment tous les documents y afférents soient rédigés en anglais. information, financial highlights 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 as well as the Fund Facts for each of the Desjardins Financial if any future deposits are made under this contract for a third party. Guaranteed Investment Funds I/We acknowledge having read and understood the "Additional Information" page. (DFS GIF). 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 The Annuitant is required to contract will be transferred to the other. consent to being the measuring For the province of Quebec only: by designating a Beneficial Co-Owner, the Beneficial Owner and the Beneficial Co-Owner life and sign this section. If the acknowledge and agree that they respectively designate each other as subrogated owner of the contract. Upon the death of 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,

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	X				
Beneficial Owner Signature	Beneficial Co-Owner Signature (if applicable)				
X	_ X				
Annuitant Signature (if other than Beneficial Owner)	Nominee/Intermediary Signature				



1150, rue de Claire-Fontaine Québec (Québec) G1R 5G4 Phone: 1-877-647-5435 Fax: 1-888-926-2987

Fax: 1-888-926-2987
E-Mail: gifclientservice@dfs.ca

### **Guaranteed Investment Funds (GIF)**

#### Pre-Authorized Debit (PAD) Agreement - Payor's Pad Authorization

1. Account Holder	Name						
Only complete this section if he contract Owner is different rom the bank account holder.	Account Holder(s) Surname	First Name		Telephone Number			
rom the bank account holder.	Address	Relationship with the contract Owner					
	City	Province	Postal Code				
2. Authorization of	Withdrawal						
MPORTANT: Please provide a personalized cheque marked VOID".	I authorize Desjardins Financial Security Life Assurance Company (DFS) and my financial institution where I have my account or any other financial institution which I may appoint, to debit the amount(s) indicated below according to my instructions.						
	Name of the Financial Institution where the Account	nt is located					
	Institution Number Transit Number Account Number (with check digit)						
	Start Date:						
	(DD-MM-YYYY)  A fixed amount of \$ (minimum \$50 per month) to be deposited into my Guaranteed Investment Fund contract, at the following interval:						
	Weekly ☐ Bi-Weekly ☐ Semi-Monthly (1st and 15th of the month) ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually						
	A lump sum of \$						
	Type of PAD Agreement  Personal/Individual  Business						
	Waiver: I agree to waive any written notice before the first debit is made or when any change is made to the above debit.						
	Change or cancellation:  I shall inform DFS of any changes to this Agreement at least 10 business days prior to the next withdrawal.						
	I may revoke my authorization at any time, with a notice of at least 10 business days. To obtain a copy of my cancellation form or for more information on my right to cancel a PAD Agreement, I may consult with my financial institution or visit the Payments Canada Web site at <u>payments.ca</u> . I agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution. DFS can cancel the PAD agreement by providing a 30-day notice to the contract Owner. The agreement can also be cancelled if the financial institution refuses the pre-authorized debits for any reasons.						
	I confirm that all the people whose signatures are necessary for the operation of the account mentioned above have signed this authorization.						
3. Reimbursement							
	I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit <a href="mailto:payments.ca">payments.ca</a> .						
	I understand that these types of requests are to be made to my financial institution following the procedure it will provide me.						
4. Consent for Disc	closure of Information						
	I agree that the information in my application fo this information is directly related to and necess						
5. Signature of Acc	count Holder(s)						
	By signing below, you acknowledge that you	have read and authorize the pr	e-authorized del	oits (PAD) as described above.			
	X						
	Signature of Account Holder	Date (DD-MM-YYYY)	=				
	X	B. L. (22.11)	_				
	Signature of a Second Account Holder (Only if two signatures are required)	Date (DD-MM-YYYY)					

## 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*.

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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.

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