NOVEMBER 2022

Contract I Application

Tax-Free Savings Account (TFSA)

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 <u>webi.ca</u>. The holder can find this document on the Desjardins Insurance website at <u>desjardinslifeinsurance.com/</u><u>en/individual-savings/guaranteed-investment-funds/our-investment-options</u> under Useful Links, or ask for a paper copy of this document to their advisor.

Tax Free Saving Account (TFSA)

Desjardins Financial Security Life Assurance Company (DFS) is requested to file an election with the Minister of National Revenue to register this contract as a TFSA under section 146.2 of the *Income Tax Act* (Canada).

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 <u>desjardinslifeinsurance.com</u>, 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.



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

Guaranteed Investment Funds (GIF)

Desjardins Financial Security Life Assurance Company Use Only Contract Number

Contract Application Helios2 Tax Free Savings Account (TFSA)

			Dealer Co	de	Branch Code	Advisor Code	
1. Holder Informati	ion						
The holder is the Owner of the contract and is the Annuitant life assured).	Sex Language Preference M F English French				Date of Birth (D		
The holder must be at least 18 years of age.	Holder Surname	First Name		Initial	Social Insurance	e Number	
f you are a non-resident, you are permitted to transfer funds from an existing TFSA, however	Address		City		Residence Tele	phone Number	
no further contributions will be allowed and no contribution room will accrue for any year	Province	Country	F	Postal Code	Business Telep	hone Number	
you are a non-resident. You should notify Desjardins Financial Security if there is a change in your residency status.	Occupation* (required by federal law) – Please b "consultant" or "president" are not sufficient	be specific, one word g	eneric terms like "mana	ger",	Marital Status		
"Important: These fields must be completed.	E-Mail Address				Citizenship		
	Are you a resident of Canada? Yes No						
	Are you currently, or have you previously be person or a head of an international orga (i.e., a family member or close associate)' No Yes – Complete the self-identif	nization (in the past	5 years)? Do you ha	ave direct ties to	o someone in one		
Holder – Verification of Identity:	Driver's Licence Passport		Ith Card (prohibited	in Ontario, Man	itoba, Nova Scotia	a and P.E.I.)	
The undersigned advisor certifies hat they have verified the identity of the holder, as required by Federal Law, by examining one of the following forms of	U Other photo card issued by a gover				T		
	Place of Issue or Jurisdiction*	Document	Number* E	Expiration Date*	Ver	fication Date*	
dentification.	Verification completed:						
Please provide a document number. An expired document	In person Remotely – Complete t	he Identification by	Dual Process form	(20-0256 200E)		

2. Beneficiary Upon Death of Holder

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 holder.

is not acceptable.

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

The holder is 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. All Beneficiaries are revocable unless otherwise specified.

In Quebec: 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.

□ I want the death benefit to be payable to some or all of my Beneficiaries in the form of an annuity rather than a lump-sum payment. Please complete form 17-0136_800E "Beneficiary Designation – Annuity Settlement Option (Endorsement)" along with this Contract Application.

Primary Beneficiaries:

Revocable				
Irrevocable	Surname	First Name	Share %	Relationship (ex.: parent, children, spouse)
Revocable				
Irrevocable	Surname	First Name	Share %	Relationship (ex.: parent, children, spouse)
Revocable				
Irrevocable	Surname	First Name	Share %	Relationship (ex.: parent, children, spouse)

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 (ex.: parent, children, spouse)

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Unique Withdrawal of \$_

(complete PAD section)

Transfer from a Desjardins Financial Security Life Assurance Company product (please provide a copy of transfer documents)

Transfer from another financial institution (please provide a copy of transfer documents)

Account #	Amount
	\$
Name of Institution	Amount
Name of institution	Amount
	\$
Name of Institution	Amount
	\$

Guarantees and Investment Information

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

*We are eligible for A\$M transfers.

To proceed, use the manufacturer

code IMP.

4

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 <u>webi.ca</u> . The holder can find this document on the Desjardins Insurance website at <u>desjardinslifeinsurance.com/en/</u> 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 \$ 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	

and	iee. ent	Fund Number		ngle Deposit Int or Percentage)		orized Debit (PA nt or Percentage		Wire Order Number
der at at in/ bent ask requency and Payment Date: Annually Semi-Annually Quarterly Monthly Semi-Monthly (1st and 15th of th Bi-Weekly Weekly	and							
In/ Hent- ask Pent- ask Frequency and Payment Date: Annually Semi-Annually Quarterly Monthly Semi-Monthly (1st and 15th of the Bi-Weekly Weekly								
Image: State of the second	1.1							
ask	<u>i-</u>							
Frequency and Payment Date: Annually Semi-Annually Quarterly Monthly Semi-Monthly (1st and 15th of the Bi-Weekly Weekly	ask							
Start Date (DD-MM-YYYY):		Frequency and Payment Date:	,	,	Quarterly	Monthly	Se	emi-Monthly (1st and 15th of the month)
		Start Date (DD-MM-YYYY):						

Please provide a personalized cheque marked "VOID".

Systematic Withdrawal Plan (SWP)

J. Systematic with	urawai Fian (SwF)					
The gross amount is the net	Fund Number	SWP (Amount or %)	Fund Number	SWP (Amount or %)		
amount plus any applicable fees.	1.		4.			
New requests or changes must be received by Desjardins	2.		5.			
Financial Security Life Assurance Company 5 business days before the start date.	3.		6.			
Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements,	Frequency and Payment Date:	· _ ·	Quarterly Monthly Semi-Mo	onthly (1st and 15th of the month)		
available on <u>webi.ca</u> . The holder can find this document on the	Start Date (DD-MM-YYYY):					
Desjardins Insurance website at	These payments will be deposited directly in	nto your bank account, withi	n a processing time of three business day	s following the selected date.		
desjardinslifeinsurance.com/en/ individual-savings/guaranteed-	Please provide a personalized cheque marked "VOID".					
investment-funds/our-investment- options under Useful Links, or ask for a paper copy of this document to their advisor.	I choose: 🗆 \$ per interva	al. Indicate if Gross (d	lefault if no selection is made) OR			

Advisor Information and Obligations 6.

Please write the name(s) in block letters.

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 interests and has thoroughly examined the holder's 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.

Name of Training Supervisor (Quebec only)

X Signature of Training Supervisor (Quebec only) Date (DD-MM-YYYY) Х Signature of Advisor or Trainee Date (DD-MM-YYYY)

7. Power of Attorn	ey/Authorized Signatory Informatio	n				
This section must be completed when a person is entitled to give instructions for a Desjardins	Authorized Signatory Surname		First Name			
Financial Security Life Assurance Company contract held by another physical person.	Address	City	City Province/State			Postal Code
Mandatory: Attach the document giving the power to act (power of attorney, resolution, etc.)	Country	Occupation* Please be specific, one word generic terms like "manager", "consultant" or "pr are not sufficient				nt" or "president"
	Driver's Licence Passport Pro	vincial Health Car	d (prohibited in Or	ntario, Manitoba, Nova S	Scotia and P.E.	l.)
Authorized Signatory Verification of Identity: The advisor certifies that they have verified the identity of	Other photo card issued by a government (please specify):					
	Place of Issue or Jurisdiction*	Document Number	* Expira	tion Date*	Verification E)ate*
the authorized signatory by examining one of the following forms of identification.	Verification completed:					
*Important: These fields must be completed.		,	()			
Provide a document number.	X					1 (55 + 0 +) + 0 + 0 + 0
An expired document is not acceptable.	Authorized Signatory Name (block letters)	Autnoriz	ed Signatory Signa	ature	Da	ate (DD-MM-YYYY)
Signature of the individual acting on behalf of the holder.	If there is an Authorized Cosignatory, please use an a Cosignatory and submit the additional form with the C			the entire Authorized S	ignatory secti	on for the
8 Agroomont Doc	larations and Asknowledgement					

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 relating 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 Security Guaranteed Investment Funds (DFS GIF).

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

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

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

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

I 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 acknowledge that I had the option of requesting a paper copy of these documents and that, if such request has been made, I have received such copy. I acknowledge having received a proper description of the product, the relevant Fund Facts and a clear explanation of what is and is not guaranteed under this contract.

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

Х

Signed at:

Holder Signature

Date:

13139E (2022-11)



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

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

1. Account Holder	Name					
Only complete this section if the contract holder is different from the bank account holder.	Account Holder(s) Surname	First Name		Telephone Number		
	Address Relationship with the contract Owner					
	City	Province	Postal Code			
2. Authorization of	f Withdrawal					
IMPORTANT: Please provide a personalized cheque marked "VOID".	I authorize Desjardins Financial Security Life Ass financial institution which I may appoint, to debit					
	Name of the Financial Institution where the Accou	nt is located				
	Institution Number Transit Number	Account Number (with	heck digit)			
	Start Date:					
	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 Agree I may revoke my authorization at any time, with a more information on my right to cancel a PAD Ag site at payments.ca. I agree to release the finance negligence by the financial institution. DFS can a agreement can also be cancelled if the financia	notice of at least 10 business da greement, I may consult with my cial institution of all liability if the cancel the PAD agreement by pro-	ays. To obtain a cop financial institution revocation is not re oviding a 30-day no	by of my cancellation form or for or visit the Payments Canada Web spected, except in the case of gross bice to the contract Owner. The		
	I confirm that all the people whose signatures are	e necessary for the operation of t	he account mentior	ned above have signed this authorization.		
3. Reimbursement						
	I have certain rights of recourse if a debit does reimbursement for any PAD that is not authorize on my rights of recourse, I may consult with my	ed or that is not compatible with	the terms of this F			
	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 Dis	closure of Information					
	I agree that the information in my application for disclosure of this information is directly related					
5. Signature of Ac	count Holder(s)					
	By signing below, you acknowledge that you	have read and authorize the p	e-authorized debi	ts (PAD) as Holder(s) described above		
	X Signature of Account Holder	Date (DD-MM-YYY)	()			
	Signature of a Second Account Holder (Only if two signatures are required)	Date (DD-MM-YYY)	()			

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



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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