

JUNE 2023

Term Investments

Transition



CONTRACT AND CONTRACT APPLICATION

Non-Registered



Information about this document

The attached Application and Annuity Contract are intended to help you accumulate money to meet your financial goals and allow you to begin taking payments once you are ready. **It is important that you read the document carefully prior to completing the Application.** Your Desjardins Financial Security Life Assurance Company representative can answer any questions you may have about how the Contract works. In addition, Desjardins Financial Security Life Assurance Company (the Company) can be contacted directly at the toll-free number below should you have any questions or concerns:

Desjardins Financial Security	1-877-647-5435
Savings – Administration	savings@dsf.ca
1150, rue de Claire-Fontaine	Fax: 1-888-647-5017
Québec (Québec) G1R 5G4	

In general, money paid to Desjardins Financial Security will be invested in our Daily Interest Fund, which is a flexible investment used to hold money on a temporary basis. Interest will be credited to your Contract on a semi-annual basis.

Compensation

The representative will be paid by the Company. Compensation will include renewal (or service) commissions and bonuses.

The possibility of a conflict of interest is taken seriously by the representative. The services rendered by the representative will take into account an analysis of your needs.

If You Change your Mind

You may withdraw money from this Contract at any time by providing us with your instructions. Provided that the Company receives your instructions by 10:30 a.m. (ET) on a Business Day, we will deposit the amount in your Bank Account the same day.

Personal Information Management

To serve you effectively every day and fulfill our legal obligations, we need to collect, use and disclose information about you. You can read Desjardins Group's Privacy Policy at www.desjardins.com/privacy-policy for full details on how your personal information is processed.

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 such as insurance, annuities, pension plans and credit. Some of your personal information will be disclosed to other Desjardins Group components for specific purposes, for example, to identify you, to help you take advantage of the benefits of being a Desjardins member or client, or to comply with our legal obligations. Access to your file is limited to authorized personnel who need it to access it to perform their duties.

You have the right to review your personal information in our files and correct anything that is incomplete, ambiguous or not relevant. To do so, please consult our Privacy Policy.

Contract number

Contract Application

1. Owner Information

Sex <input type="checkbox"/> M <input type="checkbox"/> F		Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	
Owner Surname		First Name	Initial
Address		Date of Birth (DD-MM-YYYY)	
City		Province	Postal Code
Occupation (required by federal law) – please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient. Important		Social Insurance Number	
E-mail Address		Residence Telephone Number	
		Business Telephone Number	
		Marital Status	

Owner – Verification of Identity:

The undersigned representative certifies that he verified the identity of the Owner, by examining one of the following forms of identification.

Provide document number. An expired document is not acceptable.

Owner – 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 Owner certifies his/her tax residency.

☐ Driver's Licence ☐ Passport ☐ Provincial Health Card (Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes)

☐ 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 (20-0256E)

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

☐ Yes ☐ No If you answered "yes", please complete the following table.

If you don't have a taxpayer identification number (TIN) for any particular jurisdiction, please indicate the reason by choosing one of the following options:

Reason A: I will apply for a TIN or I have already applied for one but haven't received it yet.

Reason B: My jurisdiction of tax residence doesn't issue a TIN to its residents.

Reason C: Other reason.

Country of residence	TIN	If you don't have a TIN, indicate reason A, B or C (if reason C, please specify)

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? 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)

2. Co-Owner Information

Co-Owner – Verification of Identity:

The undersigned representative certifies that he/she has verified the identity of the Co-Owner, as required by federal law, by examining one of the following forms of identification.

Provide document number. An expired document is not acceptable.

If the Co-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.

Sex <input type="checkbox"/> M <input type="checkbox"/> F		Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	
Owner Surname		First Name	Initial
Address		Date of Birth (DD-MM-YYYY)	
City		Province	Postal Code
Occupation (required by federal law) – please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient. Important		Social Insurance Number	
E-mail Address		Residence Telephone Number	
		Business Telephone Number	
		Marital Status	

☐ Driver's Licence ☐ Passport ☐ Provincial Health Card (Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes)

☐ Other photo card issued by a government (please specify): _____

If the Co-Owner has appointed an individual to give instructions for the 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.

Co-Owner – Mandatory (non-registered Contracts 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 Co-Owner certifies his/her tax residency.

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 (20-0256E)

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

☐ Yes ☐ No If you answered "yes", please complete the following table.

If you don't have a taxpayer identification number (TIN) for any particular jurisdiction, please indicate the reason by choosing one of the following options:

Reason A: I will apply for a TIN or I have already applied for one but haven't received it yet.

Reason B: My jurisdiction of tax residence doesn't issue a TIN to its residents.

Reason C: Other reason.

Country of residence	TIN	If you don't have a TIN, indicate reason A, B or C (if reason C, please specify)

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? 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)

3. Annuitant

The Annuitant is the measuring life meaning the person in the event of whose death the Death Benefit is payable.

Complete if the Annuitant is other than the Owner.

Sex <input type="checkbox"/> M <input type="checkbox"/> F			Date of Birth (DD-MM-YYYY)
Surname	First Name	Initial	Social Insurance Number
Relationship to Owner			

4. Beneficiary Upon Death of Annuitant

The persone you name here will receive the Death Benefit on the death of the Annuitant.

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. Please check the following box if the Beneficiary is **REVOCABLE** ☐.

Sex <input type="checkbox"/> M <input type="checkbox"/> F			Date of Birth (DD-MM-YYYY)
Surname	First Name	Initial	
Relationship to Annuitant			

5. Source of Funds

- ☐ Enclosed Cheque: \$ _____
- ☐ Unique withdrawal of \$ _____ (complete PAD section)
- ☐ Transfer from a product of Desjardins Financial Security Life Assurance Company (please provide a copy of transfer document)
- ☐ Transfer from another financial institution (please provide a copy of transfer document)

Contract number(s)	Amount
	\$
Name of Institution	Amount
	\$
Name of Institution	Amount
	\$

6. Deposits/Investment Information

Option available: ☐ Daily Interest Fund: \$ _____

7. Authorization of Direct Deposit

☐ Direct Deposit (Enclose a specimen cheque)

I authorize Desjardins Financial Security Life Assurance Company to deposit payments in my account.

Name of Institution (Caisse, Bank)	Transit No.	Institution No.	Account No.
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8. Representative Information

Please write the Name(s) in block letters.

Name – Representative or Trainee (Trainee applies to Quebec only)	Code	(%)	Name – Training Supervisor (Quebec only)
		%	
		%	

By signing here, the Representative confirms that he/she is appropriately licensed, has disclosed any current, potential or apparent conflict of interests and has thoroughly examined the Owner's needs for product suitability. The Representative also confirms that he/she will 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 Representative also confirms that he/she has examined the original and valid identity verification documentation.

Third Party Determination (non-registered contracts only): The undersigned agent or representative indicates, in accordance with federal legislation, if he has reasonable grounds to suspect the Owner is acting on behalf of a third party.

Does the Representative have reasonable grounds to suspect the Owner is acting for a third party?

☐ Yes ☐ No If "Yes", he must complete and attach form 21024E "Third Party Determination", available on webi.ca.

X _____ **X** _____
Signature of Training Supervisor (Quebec only) Signature of Representative or Trainee Date (DD-MM-YYYY)

X _____ **X** _____
Signature of Training Supervisor (Quebec only) Signature of Representative or Trainee Date (DD-MM-YYYY)

9. Acknowledgement

The Contract contains important information and should be read before investing.

Unless the Annuitant is a minor, he/she is required to consent to being the measuring life and to sign in this section.

I/We acknowledge having read the Contract. We acknowledge having received a proper description of the product, and a clear explanation of what is not guaranteed under this Contract.

I/We declare that any amounts deposited under the terms of this Contract have not been and will not be deposited on behalf of a third party. I/We undertake to inform Desjardins Financial Security Life Assurance Company if any amounts are ever deposited under the terms of this Contract on behalf of a third party.

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 within 30 days of any change in circumstances that causes the information in this form to become incomplete or inaccurate.

Language of choice / *Choix de langue* (for residents of Quebec only)

I acknowledge that I was provided with the French version of this contract and I expressly request to enter into this contract in the English language.

I also expressly request that the documents relating to this contract be drawn up exclusively in English.

Je reconnais que la version française de ce contrat m'a été remise et je demande expressément à conclure ce contrat dans la langue anglaise.

Je demande aussi expressément à ce que les documents se rattachant à ce contrat soient rédigés exclusivement en anglais.

For an Annuitant who is not the Owner: by signing below, I the Annuitant, consent to be the measuring life for the purposes of the Death Benefit.

X _____ **X** _____
Signature of the Owner Signature of the Annuitant (if other than the Owner) Date (DD-MM-YYYY)

X _____ **X** _____
Signature of representative or trainee Signature of training supervisor Date (DD-MM-YYYY)

Authorization to Collect and Communicate Personal Information

I authorize Desjardins Financial Security Life Assurance Company, strictly for the purposes of managing my file :

- to collect from any person, legal entity, or public or parapublic organization only the personal information concerning me that is needed to process my file. The sources from whom information may be collected include, among others, insurance companies, financial institutions, personal information officer or investigation agencies, the Contract holder, my employer or former employers;
- to disclose to said persons or organizations only the personal information concerning me that it has on file and that may be needed for the purpose of the file;
- to use the information it needs for these purposes that it may have in other existing files which are now closed.

This consent also applies to the collection, use and disclosure of personal information concerning my minor children, provided that this information pertains to my claim. A photocopy of this consent is as valid as the original.

By signing this form, I authorize Desjardins Financial Security Life Assurance Company to collect, use and disclose my personal information in accordance with privacy regulations and Desjardins Group's Privacy Policy that was presented to me before signing this consent.

I acknowledge and accept that this consent takes precedence over any other consent I have previously signed. This consent remains in effect for as long as I maintain a business relationship with Desjardins Group.

Specific consents may be required to begin and maintain a business relationship with Desjardins Insurance. These steps will be taken in compliance with Desjardins Group's Privacy Policy.

Signed at _____ Date (DD-MM-YYYY)

X _____ **X** _____
Signature of the Owner Signature of the Annuitant (if different from Owner)

Pre-Authorized Debit (PAD) agreement – Payor's PAD authorization

1. Account Holder Name and Account Number

Account Holder(s) Surname		First Name		Telephone Number	
Address		City	Province	Postal Code	
Name of the financial institution where the Account is located					
Institution Number	Transit Number	Account Number (with check digit)			

IMPORTANT: Provide a personalized cheque marked "Void."

2. Authorization of Withdrawal

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:

Commencement date (select a day between 1 and 28): _____
(DD-MM-YYYY)

☐ A monthly amount of \$ _____ (minimum \$25/month) or ☐ 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 will advise 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 prior to the next withdrawal. 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 payments.ca. 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 reason.

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 payments.ca.

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 Disclosure of Information

I agree that the information in my application for pre-authorized debit authorization will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.

5. Signature of Account Holder(s)

By signing below, you acknowledge that you have read and authorize the Pre-Authorized Debit (PAD) as described above.

X _____
Signature of Account Holder Date (DD-MM-YYYY)

X _____
Signature of a Second Account Holder Date (DD-MM-YYYY)
(only if two signatures are required)

DEFINITIONS

The meanings of certain terms used in this Contract are as follows:

Accumulated Value

means for the Daily Interest Fund, the value of a Deposit as of the date such Deposit is received or renewed by the Company, plus any interest or other income credited and accrued but not paid to that Deposit;

Annuitant

means the person in the event of whose death, the Death Benefit is payable, and is the person whose name appears as "Owner" on an Application accepted by the Company unless otherwise specified in the "Annuitant" section of the Application;

Application

means the Company's standard written application form for the purchase of this Contract;

Beneficiary

means the person, designated by the Owner, to who, upon the death of the Annuitant, the Death Benefit of this Contract is payable;

Benefit

means the amount of money paid upon death of the Annuitant;

Company

means the **Desjardins Financial Security Life Assurance Company** which has its head office at 200 rue des Commandeurs, Lévis, Québec, G6V 6R2 and has an office to service this Contract at 1150 rue Claire-Fontaine, Québec, Québec, G1R 5G4. "We", "our" and "us" refer to the Company;

Contract

means the Application, this document and any Amendments or Endorsements as specified in the section of this document titled "**Contract**" attached to it;

Contract Value

means within a Contract, the Accumulated Value of the Daily Interest Fund.

Daily Interest Fund Deposit Anniversary Date

means for the Daily Interest Fund, one year from the day that the Deposit was received or renewed by the Company. Once a Daily Interest Fund Deposit Anniversary Date has been set, it will be the same for the remainder of the term of the investment;

Death Benefit

has the meaning specified in the section titled "**Guaranteed Benefits**"; and, will be the amount payable to the Beneficiary(ies) upon the death of the Annuitant;

Deposit

means the premium, that is, the sum of money, paid to the Company for the purpose of purchasing this Contract and includes any renewals or subsequent monies paid;

Owner

means the person who's name appears in the "Owner Information" section of the Contract Application which has been accepted by the Company. Also, "you" and "your" refer to the Owner of this Contract;

Surrender Value

means the amount payable to the Owner as described in the sections titled "**Surrender of Investment Options**" and "**Investment Options**";

GENERAL PROVISIONS

1. Contract

This Contract is an annuity contract under which the Company agrees in consideration for the payments received and in accordance with the terms and conditions provided in this Contract to pay to you, your Beneficiary or heirs:

- 1) a Benefit in the form of an annuity; or
- 2) a Benefit in the case of death.

The Application, Definitions, General Provisions, and any Endorsements that may be attached constitute our Contract with you.

The Company has the right to enforce the terms and conditions of this Contract or not at its discretion without giving up any of its rights of enforcement in the future.

Section headings appearing in this Contract are for convenience of reference only and are not to be considered as an aid to interpretation.

For certain transactions, the Company may require proof of age of the Annuitant and reserves the right to impose additional requirements at its discretion.

In the event of changes occurring in applicable legislation or regulation, this Contract shall be deemed to be amended to the extent necessary to comply with such change in the applicable jurisdiction.

2. Amendments

No provisions of this Contract may be canceled or amended except by an Endorsement duly signed by an authorized officer of the Company.

3. Payments

To the Company

All payments made to the Company shall be in Canadian currency. **The Company reserves the right to refuse any payments or to impose additional requirements at its discretion.**

Deposits are made into the Daily Interest Fund. Currently, the Company accepts a minimum Deposit of \$25,000.00. Pre-authorized chequing plans are not accepted. The minimum amount is determined by the Company and subject to change at the Company's discretion.

To the Owner

All payments made to the Owner shall be in Canadian currency. The Company reserves the right to defer the payment of any Surrender in accordance with its administrative practices.

4. Owner's rights

Subject to the section titled "**Transfer of Ownership and Assignment for Collateral**", the Owner is entitled to assign or transfer the ownership of this Contract. In addition, the Owner may choose to surrender all or part of the Deposits credited to the Daily Interest Fund, subject to any limitations and charges specified in the section titled "**Investment Options**".

An Owner subject to the jurisdiction of the province of Quebec may choose to surrender all or a part of this Contract or transfer the proceeds of this Contract to another contract either with the Company or another financial institution without obtaining the consent of the irrevocable Beneficiary.

5. Beneficiary changes

Subject to legal restrictions, the Owner may substitute one Beneficiary for another by providing written notice to the Company. The Company assumes no responsibility with respect to the validity of a Beneficiary change.

6. Transfer of Ownership and Assignment for Collateral

The Company must be advised in writing of any transfer of ownership or assignment of the Contract as collateral for loans and has the right to refuse any of these requests at its absolute discretion. The Company assumes no responsibility with respect to the propriety, validity or legality of such a transfer or assignment.

7. Surrender of Investment Options

The Owner has the right to surrender the total or partial value of the Contract subject to the provisions of the section titled "**Investment Options**", which describes how the value of the surrender will be determined and what charges will be applied. Such surrender request must be made in writing and comply with the Company's current administrative practices. Currently, the Company requires that the request be clear and unambiguous and be received by the Company before such request is processed.

A partial surrender will reduce the Death Benefit, which is described in the section titled "**Guaranteed Benefits**". A total surrender of the Daily Interest Fund terminates the Contract.

8. Guaranteed Benefits

Death Benefit

On the Annuitant's death, the Company will pay the Beneficiary (unless the Beneficiary is the spouse or common-law partner of the Annuitant and becomes the Annuitant under the Contract) an amount equal to the Accumulated Value of the Daily Interest Fund.

9. Non-guaranteed benefits

Other than the guarantees offered at Death, the value of Deposits made to this Contract will vary and the Surrender Value is not guaranteed.

10. Annuity option

The Company will pay the Owner an annuity starting on the date set by the Owner. The Company will determine the annuity amount based on the Surrender Value of each Deposit in the Daily Interest Fund and the single premium annuity rates it offers at that time. If the annuity payment is lower than the Company's required minimum for the frequency requested by the Owner, the Company has the right to change the frequency of the payment.

After the Annuitant attains the age of 105 years, the Contract will be used automatically to provide an annuity as described above.

In addition to the annuity described above, the Owner may at any time after the Annuitant has reached the age of 65 years, elect to obtain a life annuity providing annual payments per \$1000 of the Surrender Value at the time the surrender request is received by the Company, using the formula:

Male 1,000	Female 1,000
$\{60 - (A \times 0.5)\}$	$[60 - \{(A - 5) \times 0.5\}]$

where, A is the age of the Annuitant. In both cases, the age will be determined on the date that the request is received from the Owner.

11. Taxation of the Contract

Contracts not registered under Section 146 of the Income Tax Act (Canada) and corresponding provincial legislation are subject to tax as per Section 12.2 of the Income Tax Act (Canada) unless the Company has evidence that these Contracts are held in a plan registered by a third party.

12. Loans and Non-Forfeiture Options

There are no loan or non-forfeiture options available under this Contract.

13. Rescission Rights

Subject to any applicable regulatory requirements, there are no rescission rights available under this Contract.

14. Charges and fees

The Company reserves the right to set and collect administrative fees for services provided under this Contract. In terms of administering laws and regulations governing unclaimed property, the Company may collect fees of up to \$1,500 to cover certain costs. These costs can include, among other costs, administrative fees incurred for undeliverable mail if the Company has to search for you, the Owner, and update your file, as well as the fees paid to an investigator to perform the search. Also included are the costs incurred to close your Contract if the case is sent to Revenu Québec or any other provincial or territorial organization governing unclaimed property.

15. Assignment of Obligations by the Company

Subject to receipt of all applicable regulatory approvals, we may transfer and assign all of our obligations under this Contract to another life insurance company which carries on the business of life insurance in Canada and, provided such life insurance company agrees to assume all of our obligations under and be bound to the terms and conditions of this Contract, we shall be released and discharged from all obligations under this Contract to you, to your Beneficiaries, or to any Annuitant.

16. Closing of Investment Options

The Company reserves the right, at its absolute discretion, to close the Daily Interest Fund or any of the investment options (including any new option which may be added in the future).

The Company specifically reserves the right, at its absolute discretion, to cease acceptance of additional Deposits into any investment option, whether such refusal is reasonable or not.

Investment option

The following investment option is currently available under this Contract. The Company reserves the right, at its absolute discretion, to offer new options or close existing options.

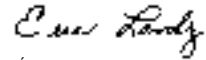
Daily Interest Fund

The Company will calculate interest on the minimum daily balance at the rate in effect on that day as determined by the Company. Accrued interest is credited to the Contract at least semi-annually.

The **Surrender Value** of the Daily Interest Fund is equal to the Accumulated Value of all the Deposits in the Fund on the surrender date.



Denis Dubois
Président et chef de l'exploitation



Éric Landry
Vice-président, Solutions de placement

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