

MAY 2023

Contract Application

GUARANTEED INVESTMENT FUNDS – HELIOS2

Non-Registered Contracts

Registered Contracts

Retirement Savings Plan (RSP)
Spousal RSP
Locked-In Retirement Account (LIRA)
Retirement Income Fund (RIF)
Spousal RIF
Life Income Fund (LIF)
Locked-In RSP
Prescribed Retirement Income Fund (PRIF)
Restricted Life Income Fund (RLIF) Restricted
Locked-In Savings Plan (RLSP)



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

Additional Information

Documentation Requirements

In addition to a completed application, additional documentation is required as follows:

Registered Contracts

Retirement Income Fund (RIF)

- Copy of a personalized cheque marked “VOID”

Locked-In Retirement Account (LIRA)

- Locked-In Retirement Account Endorsement – (available on webi.ca)

Life Income Fund (LIF)

- Life Income Fund Endorsement – (available on webi.ca)
- Spousal waiver (required in certain provinces – refer to provincial regulations).

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. The Owner/Co-Owner can find this document on the Desjardins Insurance website at 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.

Registered Contracts

When a registered contract is selected, Desjardins Financial Security Life Assurance Company (DFS) is requested to apply for registration of this contract as a registered retirement savings plan or a registered retirement income fund under the *Income Tax Act*.

Registered contracts are subject to restrictions pursuant to section 146 or 146.3 of the *Income Tax Act* (Canada). I understand that, as a consequence of registering this contract, all payments made by DFS will be subject to tax as provided in such Act.

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

Dealer Code

Branch Code

Advisor Code

Contract Application Helios2

INSTRUCTIONS: This Contract Application cannot be used for a TFSA contract or a contract held in Nominee/Intermediary name.

1. Contract Type

Choose one plan type.

For locked-in plans, the appropriate endorsements, spousal waivers, schedules and transfer documents are available at webi.ca.

This question is mandatory for non-registered contracts, in accordance with federal legislation.

Registered contracts

Retirement Savings Plan (RSP)

Spousal RSP

Retirement Income Fund (RIF)

Spousal RIF

Locked-In Retirement Account (LIRA)*

Locked-In RSP*

Life Income Fund (LIF)*

Restricted Life Income Fund (RLIF)*

Restricted Locked-In Savings Plan (RLSP)*

Prescribed Retirement Income Fund (PRIF)*

*Endorsement required

For locked-in plans, please indicate the governing legislation and include the appropriate endorsement.

FED AB BC MB NB NL NS ON QC SK

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

Retirement savings Estate planning Other: _____

2. Owner Information

If the Owner is a Corporation, an Organization or a Trust, complete the Annuitant section.

If the 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.

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

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

Owner – Verification of Identity:

The undersigned advisor certifies that they have verified the identity of the 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.

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 Owner certifies their 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 (20-0256_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)

2a. Co-Owner Information (non-registered contracts only)

The Co-Owner must be either the married spouse, civil union spouse or common-law partner of the Owner. If a Co-Owner is named, both the Owner and the Co-Owner are presumed to be Annuitants unless there is a different Annuitant named in Section 3. If an Annuitant is not named in Section 3, the death benefit will be paid on the death of the survivor. If an Annuitant is named in Section 3, the death benefit will be paid on the death of this Annuitant.

Co-Owner – Verification of Identity:

The undersigned advisor certifies that they have verified the identity of the 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 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.

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

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 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	
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)	
<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Provincial Health Card (Cards issued in Manitoba, Ontario, Nova Scotia and Prince Edward Island are not valid for identification purposes)			
<input type="checkbox"/> Other photo card issued by a government (please specify): _____			
Place of Issue or Jurisdiction*		Document Number*	Expiration Date*
			Verification Date*

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)

In Trust Contract – Information

(non-registered contracts only)

In Trust (In Trust contracts are not allowed for Quebec clients unless a formal trust has been created.) Any deposits made under this contract are owned by the individual for whom the In Trust contract has been established, and the Owner acts as that person's agent or custodian.

Beneficial Owner's Surname	First Name	Initial	Date of Birth (DD-MM-YYYY)
			Social Insurance Number

2b. Spouse or Common-Law Partner Information (registered contracts only)

The **Spousal Contributor** is the spouse or common-law partner who makes contributions to the Owner's RSP contract (Spousal RSP) or has contributed to another RSP or RIF of the Owner from which the funds are transferred to this RSP or RIF contract (Spousal RSP or RIF).

Please complete this information if you checked one of the two previous boxes.

RSP or RIF Spousal Contributor **RIF/LIF minimum amounts** – I opt to select my spouse or common-law partner's age to compute the minimum amounts to be paid out. Once payments have started, the age used in calculating the amounts cannot be changed.

Spouse or Common-law Partner Surname	First Name	Initial	Date of Birth (DD-MM-YYYY)
			Social Insurance Number

3. Annuitant (non-registered contracts only)

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 and Co-Owner or if the Owner is a Corporation, an Organization or a Trust.

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 No.

4. Beneficiary Upon Death of Annuitant

The person(s) you name here will receive the death benefit on the death of the last surviving Annuitant.

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 Owner and the Co-Owner.

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

The Owner and 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.

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/We want the death benefit to be payable to some or all of my/our 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:

<input type="checkbox"/> Revocable	_____	_____	_____	_____
<input type="checkbox"/> Irrevocable	Surname _____	First Name _____	Share % _____	Relationship* _____
<input type="checkbox"/> Revocable	_____	_____	_____	_____
<input type="checkbox"/> Irrevocable	Surname _____	First Name _____	Share % _____	Relationship* _____
<input type="checkbox"/> Revocable	_____	_____	_____	_____
<input type="checkbox"/> 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 Owner/Co-Owner (residents of Quebec) or to the Annuitant(s) (residents outside of Quebec), for instance, parent, children, spouse, etc.

5. Source of Funds

- Personal Cheque \$ _____
- Unique Withdrawal of \$ _____
(complete PAD section)

Account # _____	Amount \$ _____
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- Transfer from a Desjardins Financial Security, Life Assurance Company product
(please provide a copy of transfer documents)

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

Name of Institution _____	Amount \$ _____
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*We are eligible for A\$M transfers. To proceed, use the manufacturer code IMP.

6. 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. The Owner/Co-Owner can find this document on the Desjardins Insurance website at 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.

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 (1st and 15th of the month)
 Bi-Weekly Weekly

Start Date (DD-MM-YYYY): _____

Please provide a personalized cheque marked "VOID".

7. Systematic Withdrawal Plan (SWP)

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

For a RIF or LIF contract, you must withdraw an amount which equals or exceeds the RIF or LIF Minimum Amount. For a LIF contract, this amount cannot exceed the LIF Maximum Amount.

New requests or changes must be received by Desjardins Financial Security Life Assurance Company 5 business days before the start date.

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

*Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on webi.ca. The Owner/Co-Owner can find this document on the Desjardins Insurance website at 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.

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

Start Date (DD-MM-YYYY): _____

Payments will be deposited directly into the bank account that you specify, within a processing time of three business days following the selected date.

Please provide a personalized cheque marked "VOID".

Non-registered contracts

I/We select:

RRIF/LIF

I/We select:

\$ _____ per interval. Indicate if this amount is Gross (default if no selection is made) OR Net

Minimum Amount permitted under a RRIF or LIF Maximum Amount permitted under a LIF (default payment date is December 15)

\$ _____ per year. Indicate if this amount is Gross (default if no selection is made) OR Net

Temporary LIF income. Please provide the appropriate schedules.

Tax Withholding (RRIF/LIF)

If you would like to use a different withholding tax rate, please indicate the rate as a percentage* Federal tax _____% Provincial tax (Quebec only) _____% and to which amount it should be applied** On the full payment On amounts in excess of the Minimum Amount

*If you request a withholding rate lower than the prescribed rate, the prescribed rate will be applied.

**If you have not indicated how the rate should be applied, we will apply the rate to the full payment.

8. 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 Owner/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 interests and has thoroughly examined the Owner's/Co-Owner'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.

Does the advisor have reasonable grounds to suspect the Owner/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.

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)

9. 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 Owner or Co-Owner.

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

Type of Authorized Signatory Attorney Attorney in case of incapacity Guardian of property Guardian of minor
 Committee (outside Quebec) Other

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 (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*

Verification completed:

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

Authorized Signatory Name (block letters)

X

Authorized Signatory 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.

10. Agreement, Declarations and Acknowledgement

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

The Contract and Information Folder and the Fund Facts document contain important information and should be read before investing. They contain, among other things, provisions relating to the Desjardins Financial Security Guaranteed Investment Funds Plan - Helios2, information on the investments of the funds as well as the objective, the strategy and the Fund Facts for each of the Desjardins Financial Security Guaranteed Investment funds (DFS GIF).

I/We, the Owner and, if applicable, the Co-Owner 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.

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

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 Desjardins Financial Security Life Assurance Company (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 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 of what is and is not guaranteed under this contract.

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

By signing this form, I/we authorize DFS to collect, use and disclose my/our personal information in accordance with privacy regulations and Desjardins Group's Privacy Policy that was presented to me/us before signing this consent. I/We acknowledge and accept that this consent takes precedence over any other consent I/we have previously signed. This consent remains in effect for as long as I/we maintain a business relationship with Desjardins Group.

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

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

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

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

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

For all provinces and territories except Quebec: by designating a Co-Owner, the Owner and the Co-Owner acknowledge that the type of ownership is qualified as "joint ownership with rights of survivorship". Upon the death of the Owner or the 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 Co-Owner, the Owner and the Co-Owner acknowledge and agree that they respectively designate each other as subrogated owner of the contract. Upon the death of the Owner or the 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 Owner/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 Owner and the Co-Owner represent that they are either married spouses, civil union spouses or common law partners at the time of the application.

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

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

If this is a locked-in contract, I/we declare that I/we have received the endorsements related to the contract _____
Initial

Signed at: _____ Date: _____

Owner's Signature _____
Co-Owner's Signature (if applicable)

Annuitant Signature (if other than Owner/Co-Owner) _____
Spousal Signature (for applicable LIFs)

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

1. Account Holder Name

Only complete this section if the contract Owner 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 Withdrawal

IMPORTANT: 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 from my account the amount(s) indicated below according to my instructions.

Name of the Financial Institution where the Account 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 \$ _____ A PAD Agreement that authorizes a One-Time PAD (which only occurs once on a fixed date) will no longer be valid once the said payment has been fulfilled. Any subsequent PAD will therefore require a newly Authorized Payor's PAD Agreement.

Type of PAD Agreement Personal Business

Confirmation:

I understand that this PAD Agreement constitutes the confirmation required by section 16 of Payments Canada's Rule H1 and authorize DFS to reduce the 10-day confirmation period set out in that rule. In consequence, this agreement is provided or made available to me less than 10 days before the due date of the first pre-authorized debit. I also waive any other notice confirming the debits authorization or changes to the above debits.

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 prior 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 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 prior 30-day notice to the contract Owner and the Account Holder. 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 recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact 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 PAD 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 PAD.

5. Signature of Account Holder(s)

By signing below, you acknowledge that you have read and authorize the pre-authorized debits (PAD) as described above.

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

X _____
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*.

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.

Helios2 and DFS Guaranteed Investment Funds are registered trademarks of Desjardins Financial Security Life Assurance Company. Desjardins Insurance and its logo are trademarks of Fédération des caisses Desjardins du Québec, used under licence.