

MAY 2023

# Contract Application

Intermediary/  
Nominee-name

**GUARANTEED INVESTMENT FUNDS – HELIOS2**

## Additional Information

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### List of fund numbers and minimum deposit requirements

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

### Personal Information Management

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](http://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.



Insurance

Life • Health • Retirement

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## Guaranteed Investment Funds (GIF)

Desjardins Financial Security Life  
Assurance Company Use Only

Contract Number

### Contract Application Helios2

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

Dealer Code

Branch Code

Advisor Code

#### 1. Intermediary / Nominee

Choose one:

☐ Held in Nominee Name: \_\_\_\_\_

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

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

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

#### 2. Contract Type

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

**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-registered plan at Desjardins Financial Security Life Assurance Company.

☐ **Registered contract**

☐ Registered Retirement Savings Plan (RRSP)

☐ Locked-In (RRSP)

☐ Life Income Fund (LIF)

☐ Locked-In Retirement Account (LIRA)

☐ Prescribed Registered Retirement Income Fund (PRRIF)

☐ Tax Free Savings Account (TFSA)

☐ Restricted Locked-In Savings Plan (RLSP)

☐ Registered Retirement Income Fund (RRIF)

☐ Restricted Life Income Fund (RLIF)

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

☐ Retirement savings

☐ Estate planning

☐ Other: \_\_\_\_\_

#### 3. Beneficial Owner Information

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

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

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

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

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

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

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

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

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

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

☐ Driver's Licence ☐ Passport ☐ Provincial Health Card (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)

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

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

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

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

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

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

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

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

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

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

☐ Driver's Licence ☐ Passport ☐ Provincial Health Card (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)

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

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

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

### 5. Beneficiary Upon Death of Annuity holder

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

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

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

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

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

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

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

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

Primary Beneficiaries:

☐ Revocable  
☐ Irrevocable

Surname

First Name

Share %

Relationship\*

☐ Revocable  
☐ Irrevocable

Surname

First Name

Share %

Relationship\*

☐ Revocable  
☐ Irrevocable

Surname

First Name

Share %

Relationship\*

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

Surname

First Name

Share %

Relationship\*

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

6. Source of Funds

☐ Personal Cheque \$

☐ Unique Withdrawal of \$ (complete PAD section)

☐ 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 \$

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

7. Guarantees and Investment Information

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

A fund number denotes the fund, series, fee option and guarantee. Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on [webi.ca](#). 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.

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

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

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

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

Start Date (DD-MM-YYYY):

Please provide a personalized cheque marked "VOID".

8. Systematic Withdrawal Plan (SWP)

Any withdrawals will be issued to the Nominee/Intermediary. The gross amount is the net amount plus taxes withheld and fees.

Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on [webi.ca](#). 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.

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

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

Start Date (DD-MM-YYYY):

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

I/We choose: ☐ \$ per interval.  
Indicate if ☐ Gross (default if no selection is made) OR ☐ Net

9. Advisor Information and Obligations

Please write the name(s) in block letters.

Third Party Determination (non-registered contracts only):

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

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

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

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

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

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

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

## 10. Power of Attorney/Authorized Signatory Information

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

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

### Authorized Signatory

#### Verification of Identity:

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

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

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

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

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

☐ Beneficial Owner ☐ Beneficial Co-Owner

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 Cosignatory Name (block letters)

X

Authorized Cosignatory Signature

Date (DD-MM-YYYY)

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

## 11. Agreement, Declarations and Acknowledgement

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 related 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 Guaranteed Investment Funds (DFS GIF).

I/We, the Beneficial Owner and, if applicable, the Beneficial 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 on what is and is not guaranteed under this contract.

I/We understand that if I/we choose Fee Option F for my/our deposits, I/we shall pay to my/our advisor and the distributor they do business with the advisory service fee I/we will have agreed upon with my/our advisor. I/we understand that if my/our agreement with my/our advisor or distributor provides that Units will be withdrawn for the payment of the fee and applicable taxes, these withdrawals will decrease the amount of my/our guaranteed minimum benefits like a regular withdrawal.

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.

I/We 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 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.

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

I/We acknowledge that I was/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 Beneficial Co-Owner, the Beneficial Owner and the Beneficial Co-Owner acknowledge that the type of ownership is qualified as "joint ownership with rights of survivorship". Upon the death of the Beneficial Owner or the Beneficial Co-Owner, provided that they are not the sole Annuitant, all their rights and obligations pursuant to the contract will be transferred to the other.

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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