

NOVEMBER 2020

# Contract Application

## Tax-Free Savings Account (TFSA)

GUARANTEED INVESTMENT FUNDS – HELIOS2



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

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

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## Additional Information

### 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 (13244E) on [webi.ca](http://webi.ca). The Holder 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 his/her representative.

## Contract Application Helios2

### Tax Free Savings Account (TFSA)

Dealer Code	Branch Code	Rep Code
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#### 1. Holder Information

The **Holder** is the person who owns the Contract and is the Life Assured.

The **Holder** must be at least 18 years of age.

**If you are a non-resident, you are permitted to transfer funds from an existing TFSA, however no further contributions will be allowed and no contribution room will accrue for any year you are a non-resident. You should notify Desjardins Financial Security if there is a change in your residency status.**

Sex:  M  F Language Preference:  English  French

Holder Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

**Important**

Occupation \_\_\_\_\_ Residence Telephone Number \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

(As required by Federal law. Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient.)

Marital Status \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a resident of Canada?  Yes  No

Citizenship \_\_\_\_\_

**Holder - Verification of Identity:**

The undersigned representative certifies that he has verified the identity of the Holder, as required by Federal Law, by examining one of the following forms of identification.

- Driver's Licence  Passport  Other photo card issued by a government (please specify)
- Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)  Citizenship Card

Place of Issue or Jurisdiction \_\_\_\_\_ Document Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Verification Date \_\_\_\_\_

**Please provide a document number. An expired document is not acceptable.**

#### 2. Beneficiary Upon Death of Holder

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

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

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** .

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 Beneficiary(s):

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Share % \_\_\_\_\_ Relationship \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Share % \_\_\_\_\_ Relationship \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Share % \_\_\_\_\_ Relationship \_\_\_\_\_

In the event that my Primary Beneficiary(s) dies before me, I appoint my Secondary Beneficiary to receive the Death Benefit.

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Share % \_\_\_\_\_ Relationship \_\_\_\_\_

#### 3. Source of Funds

Personal Cheque \$ \_\_\_\_\_

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

Transfer from another financial institution (please provide copy of transfer documents) Name of Institution \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Institution \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Institution \_\_\_\_\_ \$ \_\_\_\_\_

#### 4. 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 (13244E) for the fund numbers and the minimum deposit requirements, available on webi.ca. The Holder 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 his/her representative.

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

**Please provide a personalized cheque marked "VOID".**

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 of Percentage	Pre-Authorized Debit (PAD) Amount of 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 (select a date between 1 and 28):

#### 5. Systematic Withdrawal Program (SWP)

The Gross amount is the Net amount plus any applicable fees.

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

Refer to the fund chart document (13244E) for the fund numbers and the minimum deposit requirements, available on webi.ca. The Holder 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 his/her representative.

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

Start Date (select a date between 1 and 28):

I choose:  \$ \_\_\_\_\_ per interval. Indicate if  Gross OR  Net (default if no selection is made)  
 Waiver of Surrender Charge Amount

These payments will be deposited directly into your bank account. **Please provide a personalized cheque marked "VOID".**

## 6. Representative Information

Please write the name(s) in block letters.

Dealer Name (Service Provider)

Representative Name or Trainee  
(Trainee applies to Quebec only)

By signing here, the Representative confirms that he is appropriately licensed, has disclosed any conflicts of interests and has thoroughly examined the Holder's needs for product suitability. The Representative also confirms that he 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 Representative also confirms that he has examined the original and valid identity verification documentation.

Name of Training Supervisor  
(Quebec only)

Signature of Training Supervisor  
(Quebec only)

Signature of Representative or Trainee

Date

## 7. 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.

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

### Authorized Signatory Verification of Identity:

The agent or representative certifies that he/she has verified the identity of the authorized signatory by examining one of the following forms of identification.

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

Other photo card issued by a government (please specify)

Provincial Health Card  
(prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)

Citizenship Card

Important

Important

Important

Important

Place of Issue or Jurisdiction

Document Number

Expiration Date

Verification Date

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

**Signature of the individual acting on behalf of the Holder.**

Authorized Signatory Name (block letters)

Authorized Signatory Signature

Date

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.

## 8. Acknowledgement

The Contract and Information Folder and the Fund Facts document contain important information and should be read before investing.

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

I acknowledge having received and read the document titled "Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2 Contract and Information Folder" and the document titled "Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2 Fund Facts", which contain provisions relating to the Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2 Contract, investment information, financial highlights as well as the Fund Facts for each of the Desjardins Financial Security Guaranteed Investment Funds (DFS GIF). I acknowledge having received a proper description of the product, the relevant Fund Facts and a clear explanation of what is and is not guaranteed under this Contract.

By signing below, you acknowledge that you have read and understood the Agreement and Direction on the reverse.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

Holder Signature \_\_\_\_\_

**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT – PAYOR'S PAD AUTHORIZATION**

**1. Account Holder Name** Only complete this section if the Contract Holder is different from the bank account holder.

Account Holder(s) Surname	First Name	Telephone Number
Address		
City	Province	Postal Code

**2. Authorization of Withdrawal**

I authorize Desjardins Financial Security Life Assurance Company (DFS) to make pre-authorized debits (PAD) from my account with the financial institution indicated below, at the following interval:

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

**IMPORTANT:** Please provide a personalized cheque marked "VOID".

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 (select a date between 1 and 28) 

D	D	M	M	Y	Y	Y	Y
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Each withdrawal will correspond to a fixed amount of \$ \_\_\_\_\_ (minimum \$50 per month) to be deposited into my Guaranteed Investment Fund Contract.

Type of PAD Agreement  Personal/Individual  Business

**Waiver:**

**I agree to waive any written notice before the first debit is made or when any change is made to the above debit.**

**Change or cancellation:**

I shall inform DFS of any changes to this Agreement at least 10 business days prior to the next withdrawal. I may revoke my authorization at any time, with a notice of at least 10 business days. To obtain a copy of my cancellation form or for more information on my right to cancel a PAD Agreement, I may consult with my financial institution or visit the Payments Canada Web site at 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 reasons.

I confirm that all the people whose signatures are necessary for the operation of the account mentioned above have signed this authorization.

**3. Reimbursement**

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit 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.

Signature of Account Holder	Date
Signature of a Second Account Holder (Only if two signatures are required)	Date

## **AGREEMENT AND DIRECTION**

I/We hereby apply to purchase a Contract under the Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2, on the terms and conditions contained in the current Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2 Contract and agree to pay such fees as are therein described.

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

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

I/We agree that the Contract and all related documents shall be drafted in English. Je consens (Nous consentons) à ce que le contrat et tous les documents y afférents soient rédigés en anglais.

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

### **Systematic Withdrawal Program**

If surrenders are in excess of net capital appreciation they may eventually result in the total surrender of your Contract.

### **Tax Free Saving Account (TFSA)**

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

### **Personal Information Management**

Desjardins Financial Security Life Assurance Company (DFS) handles your personal information in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the Privacy Officer:

Privacy Officer, Desjardins Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis (Québec) G6V 6R2 or [privacyofficer@dfs.ca](mailto:privacyofficer@dfs.ca).

DFS may send information on its promotions or offer new products to those whose names appear on its client list. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the DFS Privacy Officer.

DFS uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, it is possible that some of your personal information may be transferred to another country and be subject to the laws of that country. For information about DFS's policies and practices in terms of transferring personal information outside of Canada, visit the DFS website at [desjardinslifeinsurance.com](http://desjardinslifeinsurance.com), or write to the DFS Privacy Officer at the address indicated above. The Privacy Officer can also answer any questions you may have about the transfer of personal information to service providers located outside of Canada.

# 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.

[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 a glossary of defined terms. Please read these documents carefully before investing.

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

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