

MAY 2023

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.

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 (20105E) 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 under Useful Links, or ask for a paper copy of this document to their advisor.

Tax Free Saving Account (TFSA)

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

Personal Information Management

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.



Insurance

Life • Health • Retirement

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

Guaranteed Investment Funds (GIF)

Desjardins Financial Security Life
Assurance Company Use Only

Contract Number

Contract Application Helios2 Tax Free Savings Account (TFSA)

Dealer Code

Branch Code

Advisor Code

1. Holder Information

The **holder** is the Owner of the contract and is the Annuitant (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.

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

Are you a resident of Canada? ☐ Yes ☐ No

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)

Holder – Verification of Identity:

The undersigned advisor certifies that they have verified the identity of the holder, as required by Federal Law, by examining one of the following forms of identification.

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

<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)

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.

The holder is responsible for ensuring that the Beneficiary designations are validly made.

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

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

All Beneficiaries are revocable unless otherwise specified.

In Quebec: Where your married or civil union spouse is appointed as the Beneficiary, indicate that the Beneficiary is REVOCABLE, **failing which, the appointment as Beneficiary is irrevocable.**

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

Primary Beneficiaries:

<input type="checkbox"/> Revocable				
<input type="checkbox"/> Irrevocable	Surname	First Name	Share %	Relationship (ex.: parent, children, spouse)
<input type="checkbox"/> Revocable				
<input type="checkbox"/> Irrevocable	Surname	First Name	Share %	Relationship (ex.: parent, children, spouse)
<input type="checkbox"/> Revocable				
<input type="checkbox"/> Irrevocable	Surname	First Name	Share %	Relationship (ex.: parent, children, spouse)

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

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

3. 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)

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

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

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
(20105E) 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 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".

5. Systematic Withdrawal Plan (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
(20105E) 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 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 (1st and 15th of the month)
☐ Bi-Weekly ☐ Weekly

Start Date (DD-MM-YYYY): _____

These payments will be deposited directly into your bank account, within a processing time of three business days following the selected date.

Please provide a personalized cheque marked "VOID".

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

6. Advisor Information and Obligations

Please write the name(s) in
block letters.

Dealer Name (Service Provider)

Advisor Name or Trainee (Trainee applies to Quebec only)

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

Name of Training Supervisor (Quebec only)

X

Signature of Training Supervisor (Quebec only)

Date (DD-MM-YYYY)

X

Signature of Advisor or Trainee

Date (DD-MM-YYYY)

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 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 holder.

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.

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

I declare that the deposits made now or in the future under this contract will not be made for a third party. I agree to inform Desjardins Financial Security Assurance Life Assurance Company (DFS) if any future deposits are made under this contract for a third party.

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

I acknowledge having received and read the document titled Contract and Information Folder – Guaranteed Investment Funds Helios2 and the document titled Fund Facts – Guaranteed Investment Funds Helios2. I acknowledge that I had the option of requesting a paper copy of these documents and that, if such request has been made, I have received such copy. I acknowledge having received a proper description of the product, the relevant Fund Facts and a clear explanation of what is and is not guaranteed under this contract.

By signing this form, I authorize DFS 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.

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.

Signed at: _____

Date: _____

X

Holder Signature

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.

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 Date (DD-MM-YYYY)
(Only if two signatures are required)

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.