

NOVEMBER 2022

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

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.

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, 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.

Contract Application Helios2
Tax Free Savings Account (TFSA)

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		Marital Status
E-Mail Address		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 (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)
<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	_____ Surname	_____ First Name	_____ Share %	_____ Relationship (ex.: parent, children, spouse)
<input type="checkbox"/> Irrevocable	_____ Surname	_____ First Name	_____ Share %	_____ Relationship (ex.: parent, children, spouse)
<input type="checkbox"/> Revocable	_____ Surname	_____ First Name	_____ Share %	_____ Relationship (ex.: parent, children, spouse)
<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)
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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)

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

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

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 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 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 Surname		First Name	
Address		City	Province/State
Country		Occupation* Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient	
<input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)			
<input type="checkbox"/> Other photo card issued by a government (please specify): _____			
Place of Issue or Jurisdiction*	Document Number*	Expiration Date*	Verification Date*

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.

Verification completed:

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

_____ X _____
 Authorized Signatory Name (block letters) 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

The Contract and Information Folder and the Fund Facts document contain important information and should be read before investing. They contain provisions relating to the Desjardins Financial Security Guaranteed Investment Funds Plan - Helios2, investment information, financial highlights as well as 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.

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

I agree that the contract and all related documents shall be drafted in English. Je consens à ce que le contrat et tous les documents y afférents soient rédigés en anglais.

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 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.

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.

Signed at: _____ Date: _____

X _____
 Holder Signature

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.

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