

NOVEMBER 2022

Statement of Direction

Contract Changes Financial Instructions

GUARANTEED INVESTMENT FUNDS

Contracts

Helios2
Helios
Millenia III – New Era
Millenia III – Classic
Millenia III – First Edition
Imperial Growth Plan



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 client 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.

Contract Number

Dealer Code

Branch Code

Advisor Code

Statement of Direction

1. Client Information

Owner Surname	First Name	Initial	Client Number
Organization Name			
Co-Owner Surname	First Name	Initial	Client/Co-Owner Number
E-Mail Address			

2. Guarantee Change

Additional guarantee fees may be charged. Please refer to the "Acknowledgement, Agreement and Direction" section.

Change is permitted a maximum of once per calendar year.

Helios

- Please change the Core Guarantee on my/our Helios Contract to the following Core Guarantee:
- Guarantee 75/75 Guarantee 75/100 i

Helios2

- Please change the guarantee on my/our Helios2 Contract to the following guarantee:
- 75/75 75/100 i 100/100 i

3. Helios Contract – Optional Guarantee Change

- Please add the GMWB Exercise Date to my/our Guaranteed Minimum Withdrawal Benefit (GMWB).
- Please delete the Guaranteed Minimum Withdrawal Benefit (GMWB) from my/our Helios Contract*.
- Please delete the Guaranteed Lifetime Withdrawal Benefit (GLWB or GLWB – version 2) from my/our Helios Contract*.

*Your guarantee is closed to any additional deposits unless these deposits are made according to a Pre-authorized debit (PAD) agreement in effect when the guarantee was closed. If your contract includes a PAD agreement, modifications to increase the amount or frequency are not allowed. However, modifications to decrease them or cancel the PAD agreement are still allowed but irreversible.

4. Reset of the Minimum Maturity Benefit (guaranteed minimum benefit at maturity amount)

(Available only with Helios2 - 100/100 i or the Millenia III Classic Plan)

- I/We would like to reset the Minimum Maturity Benefit Amount (guaranteed minimum benefit at maturity amount) of this contract (up to twice per calendar year).

The reset:

- Automatically extends the contract maturity date to 15 years after the date of the reset (for Helios2 – 100/100 i);
- Extends the deposit maturity date to 10 years after the reset (for the Millenia III Classic Plan).

5. Helios2 – 75/100 GLWB – Add or Change Lifetime Withdrawal Age

I/We plan to make the first GLWB Eligible Withdrawal under Helios2 75/100 GLWB when the Annuitant is _____ years of age. This age is for information purposes only to obtain a projection of your GLWB Maximum Amount. You will need to provide instructions if you wish to make any withdrawal.

6. Source of Funds (Deposits)

- 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
	\$

7. Investment Information – Deposits and PAD

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

Identification		Single Deposit			Pre-Authorized Debit (PAD)			
					Please complete the "Pre-Authorized Debit (PAD) Agreement - Payor's PAD Authorization" section. The minimum PAD amount is \$50 per month and \$25 per fund. <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel			
Contract Number	Fund Number*	Sales Charge (%)	Deposit Amount** (\$)	Wire Order Number	PAD Amount (\$)	Sales Charge (%)	Interval***	Start Date (DD-MM-YYYY)

* 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 client 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.

*** PAD Interval: A-Annually SA-Semi Annually Q-Quarterly M-Monthly SM-Semi Monthly (1st and 15th of the month) BW-Bi-Weekly W-Weekly. If no interval is selected, default is monthly.

8. Switch / Transfer

For Helios2 contracts, switches must be made within the same fee option, series and guarantee.

For transfers from RRSP/LIRA to RRIF/LIF, please complete Section 9 for payout instructions.

Contract Number	FROM Fund Number*	Total	Partial		Annual Fee Waiver**	Matured Units	Contract Number (if existing)***	TO Fund Number*	Wire Order Number
			Net (\$)	(%)					
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>			

* Refer to the fund chart document (20105E) for the fund numbers, available on webi.ca. The client 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.

** If you are applying the annual fee waiver to more than one fund, please indicate the specific amount for each fund.

*** If transferring to a new contract, the appropriate Contract Application must be completed and attached.

9. Systematic Withdrawal Plan (SWP) and Fund Allocations for Helios Contract – Optional Guarantees (GMWB or GLWB or GLWB – Version 2) or Helios2 – 75/100 GLWB Maximum Amount

Start Change Cancel

Contract Number	Fund Number*	SWP (amount or %)	Contract Number	Fund Number*	SWP (amount or %)
1.			4.		
2.			5.		
3.			6.		

* Refer to the fund chart document (20105E) for the fund numbers, available on webi.ca. The client 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.

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

Start Date (JJ-MM-AAAA): _____

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 and TFSA Contracts

I/We select: \$ _____ per interval.
 Indicate if this amount is Gross (default if no selection is made) OR Net
 GLWB Maximum Amount
 _____ % of the GMWB Protected Value (maximum of 7% per year)

RRIF/LIF

I/We select:

- 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
- GLWB Maximum amount
- _____% of the GMWB Protected Value (maximum of 7% per year)
- Temporary LIF income. Please provide the appropriate schedules.
- RIF or 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
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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.

10. Surrender/Withdrawal

10. Surrender/Withdrawal												
Contract Number	Fund Number*	Total	Partial			Annual Fee Waiver/Exemption***	Matured Units	Cheque Payable to		Send Cheque to Branch	Wire Order Number	
			Amount	Net	Gross**			%	Client			Other
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

* Refer to the fund chart document (20105E) for the fund numbers, available on webi.ca. The client 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.

** Default will be Gross if no selection is made.

*** If you are applying the annual fee waiver/exemption to more than one fund, please indicate the specific amount for each fund.

Direct Deposit (**A personalized cheque marked "VOID" must be attached**)

Account Holder (if applicable)	Reference/Account Number (if applicable)		
Mailing Address (if different than client's address)	City	Province	Postal Code

11. Client Information Change

<input type="checkbox"/> Name Change	Surname	First Name	Initial	
Attach supporting documentation, i.e., marriage certificate, proof of divorce)	Address			Residence Telephone Number
<input type="checkbox"/> Address Change	City	First Name	Postal Code	Business Telephone Number
<input type="checkbox"/> E-Mail Address Change	E-Mail Address			

Owner – Applicable to non registered Contracts only

To be completed if the tax circumstances have changed and information in your Declaration of Tax Residence needs to be updated.

Please complete all the options that apply to you.

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)

Co-Owner – Applicable to non registered Contracts only

To be completed if the tax circumstances have changed and information in your Declaration of Tax Residence needs to be updated.

Please complete all the options that apply to you.

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.

Table with 3 columns: Name of the country of residence, TIN, and 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)

12. Beneficiary Designation Change

The persons you name here will receive the death benefit on the death of the last surviving Annuitant. You can name one Beneficiary or more.

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.

The Owner or 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.

I/We hereby appoint the persons named below as Beneficiaries of Contract Number _____ to receive any amounts which may be payable in the event of the death of the Annuitant (Life Assured). I/We reserve the right to change the Beneficiaries at any time.

I/We hereby appoint the persons named below as Beneficiaries of all contracts under Client Number _____ to receive any amounts which may be payable in the event of the death of the Annuitant (Life Assured). I/We reserve the right to change the Beneficiaries at any time.

All Beneficiaries are revocable unless otherwise specified. If you designate a Beneficiary as irrevocable, all transactions and plan changes will require the Beneficiary's written authorization.

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 Statement of Direction.

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

13. Advisor Information and Obligations

Please write the name(s) in block letters.

Third Party Determination – non-registered contracts only

The undersigned agent or 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 for deposits into this contract, they may receive compensation by Desjardins Financial Security Life Assurance Company and may receive additional compensation in the future in the form of bonuses, trailers and conferences.

Non registered contracts 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) Signature of Training Supervisor (Quebec only) Date (DD-MM-YYYY)
Signature of advisor or Trainee Date (DD-MM-YYYY)

14. 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.)

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

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

Owner Co-Owner

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

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

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

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 along with the Statement of Direction.

15. Acknowledgement, Agreement and Direction

I/We acknowledge that the above information is correct and request that the change(s) I/We have indicated be made.

I/We have read the section on guarantee changes in the Contract and Information Folder and have discussed the impacts of this transaction with my/our advisor. I/We fully understand the consequences that this may have and I am/We are aware of the changes to the guarantee fees that may result because of this modification.

I/We acknowledge receipt of the current Fund Facts document describing the new fund(s) to which deposits are being made and agree to pay such fees as are therein described.

I/We acknowledge having received a proper explanation of the consequences of my/our requested transaction including any tax consequences that may arise from a switch, transfer or redemption/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 Desjardins Financial Security Life Assurance Company (DFS) within 30 days of any change in circumstances that causes the information in this form to become incomplete or inaccurate.

I/We hereby apply for premium/deposit allocation to the fund(s) indicated, on the terms and conditions contained in the Imperial Growth Plan (IGP), Millennium III, Helios or Helios2 contracts and agree to pay such fees as are therein described.

I/We hereby irrevocably direct you to make the surrender/withdrawal cheque payable as indicated in the "Surrender/Withdrawal" section of this form.

Signed at: _____

Date: _____

X

Owner's Signature _____

X

Co-Owner's Signature (if applicable) _____

X

Irrevocable Beneficiary Signature _____
(Required if an irrevocable Beneficiary has been appointed)

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".

Start Change Cancel

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 have appointed, to debit 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 \$ _____

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.

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

Your Contract and Information Folder and, if applicable, your Fund Facts document contain important information on the Desjardins Financial Security guaranteed investment funds plans and the DSF Guaranteed Investment Funds. Your Contract and Information Folder may also contain defined terms. Please ask your advisor for any question and read these documents carefully.

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

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