

NOVEMBER 2020

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



Desjardins

Insurance

Life • Health • Retirement

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 his/her representative.

Statement of Direction

1. Client Information Contract Number: _____

| | | | |
|-------------------|------------|---------|------------------------|
| 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 **Helios**
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.

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.

4. Reset of the Minimum Maturity Benefit
(Available only with Helios2 - 100/100 i)

I/We would like to reset the Minimum Maturity Benefit 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
• Has no effect on the Death Benefit
• Cannot be cancelled or modified

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 \$ _____

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

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

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. Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> | | | |
| Contract Number | Fund Number* | Sales Charge % | Deposit Amount** \$ | Wire Order Number | PAD Amount \$ | Sales Charge % | Interval*** | Start Date (between 1 and 28) |
| | | | | | | | | DD/MM/YYYY |
| | | | | | | | | DD/MM/YYYY |
| | | | | | | | | DD/MM/YYYY |
| | | | | | | | | DD/MM/YYYY |
| | | | | | | | | 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 his/her representative.
*** 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.

| FROM: | | Total | Partial | | | Annual Fee Waiver** | Matured Units | TO: | | Wire Order Number |
|-----------------|--------------|-------|---------|---|----------------------------------|--------------------------|---------------|----------------------------------|--------------|-------------------|
| Contract Number | Fund Number* | | Net \$ | % | % | | | Contract Number (if existing)*** | Fund Number* | |
| | | | | | % <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 his/her representative.

** 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 Program (SWP) and Fund Allocations for Helios Contract – Optional Guarantees (GMWB or GLWB or GLWB – Version 2) or Helios2 – 75/100 GLWB Maximum Amount

| 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 his/her representative.

Start Change Cancel

Payment Frequency: 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)

Non-registered and TFSA Contracts

I/We select: \$ _____ per interval. Indicate if this amount is Gross OR Net (default if no selection is made)
 Waiver of surrender charge amount 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 OR Net (default if no selection is made)
 Waiver of surrender charge amount GLWB Maximum amount ____% of the GMWB Protected Value (maximum of 7% per year)
 Temporary LIF income. Please provide the appropriate schedules.

Payments will be deposited directly into the bank account that you specify. **Please provide a personalized cheque marked "VOID".**

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

| Contract Number | Fund Number* | Total | Partial | | | | Annual Fee Waiver*** | 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"/> _____ | <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 his/her representative.

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

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

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

Mailing Address (if different than client's address)

Account Holder (if applicable)

City

Province

Postal Code

Reference/Account Number (if applicable)

11. Client Information Change

Name Change: Attach supporting documentation, i.e., marriage certificate, proof of divorce

Address Change

| | | | |
|---------|------------|-------------|----------------------------|
| Surname | First Name | Initial | |
| Address | | | Residence Telephone Number |
| City | Province | Postal Code | Business Telephone Number |

E-Mail Address Change _____

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) |
|----------------------------------|-----|---|
| | | |
| | | |
| | | |

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.

| 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) |
|----------------------------------|-----|---|
| | | |
| | | |
| | | |

12. Beneficiary Designation Change

The person(s) you name here will receive the Death Benefit on the death of the last surviving Annuitant.

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.

I/We hereby appoint the person(s) named below as Beneficiary(s) 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 Beneficiary(s) at any time.

I/We hereby appoint the person(s) named below as Beneficiary(s) 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 Beneficiary 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 Beneficiary(s)

| Surname | First Name | Share % | Relationship* |
|---------|------------|---------|---------------|
| | | | |
| | | | |
| | | | |

In the event that my Primary Beneficiary(s) dies 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).

13. Representative Information

Please write the name(s) in block letters.

Third Party Determination – Applicable to non registered Contracts only – The undersigned agent or representative indicates, in accordance with federal legislation, if he has reasonable grounds to suspect the Owner/Co-Owner is acting on behalf of a third party.

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 Owner's/Co-Owner's needs for product suitability. The Representative also confirms that for Deposits into this Contract, he 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 Representative have reasonable grounds to suspect the Owner/Co-Owner is acting for a third party?

Yes No If "Yes", he must complete and attach the "Third Party Determination" form, available on webi.ca.

Name of Training Supervisor (Quebec only)

Signature of Training Supervisor (Quebec only)

Signature of Representative or Trainee

Date

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.)

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.

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

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

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

Important

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

Authorized Signatory Name (block letters)

Authorized Signatory Signature

Date

If there is an Authorized Cosignatory, please use an additional 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 "Change of Guarantees" section of the Contract and Information Folder and have discussed the impacts of this transaction with my/our Representative. 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 have read and agree to the terms and conditions outlined in the Agreement and Direction section printed on the reverse.

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.

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.

Signed at

Date

Owner's Signature (if applicable)

Co-Owner's Signature (if applicable)

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 _____

City _____ Province _____ Postal Code _____

2. Authorization of Withdrawal

- Start
- Change
- Cancel

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) _____

Start Date (select a date between 1 and 28)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

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

Deposits Under Existing Contracts

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

Surrenders

I/We hereby irrevocably direct you to make the surrender cheque payable as indicated on the front of this form.

Systematic Withdrawal Program

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

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



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 read these documents carefully.

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

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