

Branch	Representative
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Contract number(s)

Owner's name: _____

Section 1 – Additional Contribution or Renewal

<input type="checkbox"/> Additional contribution <input type="checkbox"/> Personal cheque <input type="checkbox"/> Transfer from another institution <input type="checkbox"/> Unique withdrawal of \$ _____ (complete PAD section)		<input type="checkbox"/> Renewal Due date of the deposit	
Name of financial institution		Date (DD-MM-YYYY)	
		Amount	Date (DD-MM-YYYY)
		\$	

Options available for registered and non registered plans

- Daily interest investment \$ _____
- Redeemable fixed-interest investment (Minimum deposit: \$500)

Amount	Term	Interest Rate	Type of Interest
\$			<input type="checkbox"/> Simple <input type="checkbox"/> Compound
\$			<input type="checkbox"/> Simple <input type="checkbox"/> Compound

- Non-redeemable fixed-interest investment (Minimum deposit: \$500 Term Investments Contracts/\$10,000 for Savings Contracts)
(Unavailable for RRIF, LIF and TFSA)

Amount	Term	Interest Rate	Type of Interest
\$			Compound
\$			Compound

- Variable investments

Market-linked Term Investment	Basket of Securities Example: Global Diversified	Guaranteed Minimum	Potential Maximum	Term	Initial Date (campaign)	Deposit Amount
Guarantee Advantage \$500 Minimum Deposit		%	%		(DD-MM-YYYY)	\$
		%	%		(DD-MM-YYYY)	\$
		%	%		(DD-MM-YYYY)	\$
		%	%		(DD-MM-YYYY)	\$

- Simple interest payment (Non-registered contracts only)
Do you wish to withdraw the simple interest of your deposits? Yes No

Important – These payments will be deposited directly into your bank account. **Provide a personalized cheque marked "Void"**.

Section 2 – Internal Transfer

Complete section 1 for investment instructions.
Unless otherwise indicated, the designated beneficiary and investment instructions in the RRSP/LIRA contract will be renewed in the RRIF/LIF contract.

From	Contract Number	Amount
<input type="checkbox"/> NON-REGISTERED		\$
<input type="checkbox"/> RRSP		\$
<input type="checkbox"/> RRIF		\$
<input type="checkbox"/> LIF		\$
<input type="checkbox"/> TFSA		\$
<input type="checkbox"/> LIRA		\$
<input type="checkbox"/> Other		\$

To	Contract Number	Amount
<input type="checkbox"/> NON-REGISTERED		\$
<input type="checkbox"/> RRSP		\$
<input type="checkbox"/> RRIF		\$
<input type="checkbox"/> LIF		\$
<input type="checkbox"/> TFSA		\$
<input type="checkbox"/> LIRA		\$
<input type="checkbox"/> Other		\$

Section 3 – Rate guarantee

If the source of funds is from a transfer, the interest rate applied is the rate in effect on the date of:

- Receipt of deposit at the company (external)
- Receipt of application (internal)
- Signature of the Owner – complete and attach form 1440A “Form to guarantee the interest rate for transfer and renewal” available at webi.ca.

Section 4 – Payment changes / Information

Frequency: Annually Semi-annually Quarterly Monthly
 Start date (select a day between 1 and 28): _____ (DD-MM-YYYY)

- I select: **RRIF/LIF payment**
- Minimum amount
 - Elected amount \$ _____ Gross (default if no selection is made)
 Net
 - Administrative maximum
 - Temporary income (not applicable starting from your 55th birthday for a Quebec LIF) – attach schedules \$ _____
 - Maximum (LIF) (not applicable starting from your 55th birthday for a Quebec LIF)*
 - Estimated amount of the life income (applicable starting from your 55th birthday for a Quebec LIF)

Age of spouse:


RIF/LIF Minimum Amount – For purpose of this calculation I opt to elect my Spouse or Common-law Partner’s age to compute the Minimum Amount to be paid out. Once payment has started, the age used in calculating the amount cannot be changed.

Spouse or Common-law Partner Surname _____ First Name _____
 Date of Birth (DD-MM-YYYY) _____

*There is no longer a maximum for a Quebec LIF once you turn 55. Starting from this moment, if you hold a Quebec LIF, your payments will be automatically adjusted to match the estimated amount of the life income. If you wish to adjust this amount, please contact us.

Income tax calculation method

- Regulatory standard
- Additional income tax – Dollar Provincial tax amount \$ _____
 Federal tax amount \$ _____
- Additional income tax – Percent Provincial tax _____ %
 Federal tax _____ %

 **Important** – These payments will be deposited directly into your bank account. **Provide a personalized cheque marked “Void”.**

Section 5 – Redemption


For pension commutations, underwriting fees apply.

Contract Number	Deposit(s) Maturity Date	Total	Partial			Cheque Payable to		Send Cheque to Branch
			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"/>

***Other**

Name of financial institution or other _____
 Address (Number, Street, apartment) _____
 City _____ Province _____ Country _____ Postal code _____

Direct deposit

 **Important** – Provide a personalized cheque marked “VOID”.

X _____ Date (DD-MM-YYYY)

X _____ Date (DD-MM-YYYY)

For Head Office Use Only

Contract number(s)

Pre-authorized debit agreement (PAD) – Payor’s authorization

Section 1 – Account Holder(s) Name and Account Number

First and last name(s) of account holder(s)		Telephone number
Address (Number, Street, City, Province)		Postal code
Name and address of financial institution	Transit number	Account number

Section 2 – Authorization of Withdrawal

I authorize Desjardins Financial Security Life Assurance Company (hereinafter “DFS”) and the financial institution where I have my account or any other financial institution I may appoint, to debit from my account the amount(s) indicated below according to my instructions.

Set Pre-Authorized Debits (PAD)

A fixed monthly amount of \$ _____ (Minimum \$25/month)

Start date (select a day between 1 and 28): _____
(DD-MM-YYYY)

One-Time Debit

A lump sum of \$ _____ (Minimum \$500)

A PAD Agreement that authorizes a One-Time PAD (which 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.

Withdrawal date: _____
(DD-MM-YYYY)

Unless a withdrawal date is indicated, the documents’ date of signature will be used as the withdrawal date.

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 will advise DFS of any changes to this Agreement at least 10 business days prior to the next withdrawal. I can cancel this Agreement at any time by sending a prior notice to DFS at least 10 business days prior to the next withdrawal. I may obtain a sample cancellation form or more information on my right to cancel a PAD agreement by consulting my financial institution or by visiting www.payments.ca. The cancellation of this Agreement does not terminate the policyowner’s obligations towards his contract(s). DFS can cancel the PAD agreement by sending a 30-day prior notice to the policyowner and the account holder. The agreement can also be cancelled if the financial institution refuses the pre-authorized debits for any reason.

Authorization to collect and communicate personal information – I consent to the disclosure of the personal information in this Agreement to DFS financial institution and to the holder of the contract(s) paid through this Agreement.

Signature(s) – I guarantee that all persons whose signatures are required for this account have signed this agreement.

Section 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 information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

Section 4 – Signature of account holder(s)

X _____
Signature of account holder Date (DD-MM-YYYY)

X _____
Signature of the second account holder (Only if two signatures are required.) Date (DD-MM-YYYY)

IMPORTANT – Attach personalized cheque marked “VOID” to avoid errors in transcription.

X _____
Signature Financial Representative Financial Centre