

1. Investor Identification

Last name		First name		Date of birth Y Y Y Y M M D D	
Address (No.)		Street		Apt.	
City		Province		Postal code	
Telephone (home)		Telephone (work)		Extension	
		Email		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Language: <input type="checkbox"/> English <input type="checkbox"/> French	

2. Plan Conversion

Under article 146.3 of the Canada Income Tax Act, and any provincial income tax legislation, I request the conversion of:

My: ☐ RRSP ☐ Spousal RRSP ☐ LIRA ☐ RRIF ☐ FRV ☐ Other: _____ Contract No: _____
To: ☐ RRIF ☐ Spousal RRIF ☐ LIF ☐ Other: _____

3. Pre-authorized Redemption Program (PRP)

Mandatory: Attach a personal* cheque specimen marked "VOID".

* If the cheque specimen is not personalized, please complete Section 3D.

A Information related to payments (select one only based on the product owned)

☐ Minimum (Apply only in the year following the establishment of the plan) ☐ Fixed: \$ _____ ☐ Gross or ☐ Net
☐ Maximum (LIF or LRIF only) ☐ Other: _____

Complete only if you have the Beneva Guaranteed Income product.

Beneva GI original version and version II: ☐ Guaranteed Withdrawal Amount – GWA ☐ Lifetime Withdrawal Amount – LWA
Beneva GI 2.1: ☐ Lifetime Withdrawal Amount – LWA^{1, 2} ☐ Eligible Withdrawal Amount – EWA

1. The Lifetime Withdrawal Amount (LWA) for the Beneva GI 2.1 product will be calculated using the values held in the contract on the business day before the day entered as the date of the first transaction in Section 3C of this form (or on the business day entered as the date of the first transaction, if this date corresponds to the initial deposit date in the contract).

2. If you wish the LWA to be paid, check this box. If you check another payment option, the payments will be made but the LWA will not be calculated unless you indicate a date for the LWA calculation: Y Y Y Y M M D D

Is the minimum payment based on the spouse's age (if legislation permits):

☐ Yes (attach copy of birth certificate and complete the spouse's identification in Section 3) ☐ No

In the absence of any choice, the minimum income payments are calculated based on the age of the contractholder.

Document used to identify Investor or to validate the age: ☐ Birth Certificate ☐ Passport ☐ Driver's Licence ☐ Other _____

Document Number: _____ Delivery Location: _____

B Frequency of payments (select one option only)

☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

Date of first redemption: Y Y Y Y M M D D Select a date between the 1st and the 27th of the month. If no selection is made, the date will be the first business day of December of the year following receipt of the form.

C Redemption instructions

Beneva GIF	Minimum \$100/Redemption	Beneva Guaranteed Investments	
Fund Code (mandatory)	%*	GIA	Minimum \$100/Redemption
		GIA No.	GIA maturity date
			Y Y Y Y M M D D
			Y Y Y Y M M D D
			Y Y Y Y M M D D

* For a RIF/LIF/PRRIF/LRIF income payment, the allocation must be in %.

D Banking Information **Mandatory:** when the cheque specimen is not personalized.

Last name, first name of Bank Accountholder

Last name, first name of joint Bank Accountholder (If applicable)

Branch Number Institution Number Account Number

Reserved for Beneva

Contract No.

Investment
Client Services • Tel.: 1 877 841-8822

The form sent to Beneva constitutes the original document.



4. Distributor/Advisor

Dealer's name (Agency)

Advisor's name

FundSERV or Advisor Code (if applicable):

Dealer

Advisor

OR

Agency No.

Advisor No.

5. Authorization and Rights to Reimbursement

The signature of the bank accountholder¹ and the joint bank accountholder are required, where applicable.

- I authorize **Beneva Inc. (Beneva)** to deposit into my account the fixed or variable amount based on the options selected in Sections 3A/3D, at the frequency selected in Section 3C;
- I authorize **Beneva Inc. (Beneva)** to change the amount to be deposited in my account at my request.
- I authorize **Beneva Inc. (Beneva)** to withdraw from my bank account all benefits that may have been paid by mistake or to which I am not entitled under the contract or by law.
- I authorize the financial institution to deposit into my account the previously specified amount. This authorization may be revoked at any time upon my written notice. This notice must be sent to **Beneva** 10 calendar days prior to the next deposit.
- I acknowledge receipt of a copy of this agreement and waive my right to receive any further notices in writing before the first pre-authorized deposit, when a change is made at my request to the pre-authorized deposit, when charges must be debited and when any change is made to the pre-authorized deposit specified in Section 3.

Rights to Reimbursement

I have certain rights to recourse should a debit not comply with this agreement. For example, I am entitled to receive a reimbursement of all unauthorized debit payments or those that are not in compliance with this authorization. For more information about my rights to reimbursement, on how to obtain a sample cancellation form or any other information on my right to cancel a pre-authorized payment agreement, I may contact my financial institution or visit the CPA's Web site at www.payments.ca.

By signing, I acknowledge having read and accepted the Authorization and the Rights to Reimbursement.

X

Signature of Bank Accountholder¹ (mandatory)

Name (please print)

Y

Y

Y

Y

M

M

D

D

Date

1. If the bank accountholder is not the investor, please complete the form FRA1869.

6. Agreement and Signatures

- I authorize **Beneva Inc.** to proceed with the conversion of my registered plan. I understand that while a new application number will be attributed, all the information about my contract will remain unchanged, except for the registered plan and the Financial Security Advisor's, if applicable.
- I understand that if I hold an Equity GIA (product not available for new sales) in a RRSP (or LIRA) it cannot be converted into an Equity GIA in a RRIF (or a LIF).
- I understand that the return on my segregated funds indicated on my Statement of Investments will be reset.

Signed at

City

Province

X

Signature of Investor (mandatory)

Name (please print)

Y

Y

Y

Y

M

M

D

D

Date

X

Signature of Advisor (mandatory)

Name (please print)

Y

Y

Y

Y

M

M

D

D

Date

X

Signature of Irrevocable Beneficiary (if applicable)

Name (please print)

Y

Y

Y

Y

M

M

D

D

Date

For LIFs, PRRIFs and LRIFs for the provinces of Nova Scotia, Ontario, Alberta, Saskatchewan, British Columbia, Manitoba and Newfoundland and Labrador only

Spousal authorization for registration in locked-in plans

Do you have a spouse as defined under the pension legislation applicable to the plan? ☐ Yes ☐ No

If yes, please provide the following information:

For the provinces of **Nova Scotia, Alberta, Saskatchewan, British Columbia** and **Manitoba**, it is not necessary for the spouse to sign this section. However, please attach the appropriate form indicating the spousal authorization or surrender in accordance with the pension legislation applicable.

For the provinces of **Ontario** and **Newfoundland and Labrador**, the spouse as defined under the applicable pension legislation must sign below to indicate authorization for registration in the locked-in plan.

X

Signature of the Spouse

Y

Y

Y

Y

M

M

D

D

Date

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at www.beneva.ca.