

Application –  
Instructions Form

**Beneva Investment  
Accounts,  
Beneva GIAs and  
Beneva Equity Index  
GIAs  
Non-registered plan,  
RSP, RIF, LIRA, LIF**

**beneva**

☐ New contract ☐ Modification/Addition to contractContract No.: 

If requesting a modification or an addition, please indicate the plan or contract number and complete only the sections to modify. Your contract information in other sections will remain unchanged. Also, please note that it is not possible to make changes to Sections 1, 3 (Payer, Spouse or Co-Contractholder) and 4 and therefore Beneva will not take into account any information entered in those sections.

In this document, care has been taken to eliminate sexual stereotyping when making gender references.

## Section 1: Type of Contract/Plan

Choose one plan only. Refer to the "General Information and Instructions for Completing Application Form" section for more details about the plans available.

☐ RSP ☐ Spousal RSP<sup>1</sup> ☐ NRSP (Non-Registered)<sup>4</sup> ☐ RIF<sup>2</sup> ☐ Spousal RIF<sup>1,2</sup>  
☐ LIRA<sup>3</sup> ☐ LIF<sup>2,3</sup> ☐ PRRIF (Saskatchewan)<sup>2</sup> ☐ LRIF (Newfoundland and Labrador)<sup>2,3</sup> ☐ RLSP<sup>3</sup> ☐ RLIF<sup>3</sup>

1. Complete Section 3.

2. Complete Section 8. The Laddered GIA is not available for these plans.

3. Indicate pension legislation applicable to the plan:

☐ The amounts come from sums acquired from the pension plan of a former spouse following a separation or death. Attach a copy of the divorce or separation judgement or a copy of the death certificate.

4. Only available for GIAs and Equity Index GIAs. Complete Sections 9A and 9B.

## Section 2: Contractholder

### The Contractholder must reside in Canada

Last name		First name		Social Insurance Number <sup>1</sup>
Address (No.)		Street	Apt.	Date of birth
City		Province		Postal code
Telephone (home)	Telephone (office)	Ext.	Email	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
				Language: <input type="checkbox"/> English <input type="checkbox"/> French

1. Used for taxation purposes only.

## Section 3: Other Parties to the Contract

The other party must sign at Section 12: Authorizations and Signatures.

For an NRSP, the advisor must provide the right information in Section 9.

- ☐ **Payer** (complete for a Spousal RSP)
- ☐ **Spouse** (complete for a Spousal RIF or if under Section 8C, you request that minimum income payments for RIF, LIF, PRRIF and LRIF be calculated based on spouse's age)
- ☐ **Co-Contractholder** (available for NRSP only) **Sharing ratio:** Contractholder: \_\_\_\_\_% Co-Contractholder: \_\_\_\_\_%
- ☐ **Bank accountholder** (if different than Contractholder)
- ☐ **Representative under a power of attorney** (provide a copy of the power of attorney)
- ☐ **Representative under a protection mandate** (provide a copy of the protection mandate and the homologation judgment)
- ☐ **Tutor to a minor** (legal tutorship (including the parent of an Contractholder who is a minor), dative tutorship, suppletive tutorship or tutor *ad hoc*)
- ☐ **Assistant to a person of full age<sup>1</sup>**
- ☐ **Temporary representative to a person of full age<sup>1</sup>**
- ☐ **Tutor to a person of full age<sup>1</sup>**
- ☐ **Trustee<sup>2</sup>** (attach copy of the trustee act or last will and testament, if applicable)
- ☐ **Executor<sup>2</sup>** (Liquidator in Quebec, please provide a copy of the death certificate and last will and testament)

Last name		First name		Social Insurance Number <sup>3</sup>
Address (No.) <sup>4</sup>		Street	Apt.	Date of birth
City		Province		Postal code
				Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

1. Provide a copy of the legal documents.

2. To open a contract on behalf of a formal trust or an estate, please complete the form FRA1235.

3. Used for taxation purposes only.

4. Contract information is always mailed to the Contractholder's address.





Last name		First name		Date of birth	
Address (No.) (if different from that of the Contractholder)		Street		Apt.	
City		Province		Postal code	
				Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Last name	First name	Relationship to annuitant (or in Quebec, relationship to Contractholder)			%	Revocability of primary beneficiary		Date of birth (if a minor)
		Spouse	Unmarried spouse	Other		Revocable	Irrevocable	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D

Last name	First name	Date of birth (if a minor)	% <sup>1, 2</sup>	Complete only if you designate continuing beneficiaries
				Last name, first name of primary beneficiary <sup>3</sup>
		Y   Y   Y   Y   M   M   D   D		
		Y   Y   Y   Y   M   M   D   D		
		Y   Y   Y   Y   M   M   D   D		

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## Section 6: Source of Monies

### ☐ Preauthorized debit (PAD) (Complete Section 8)

☐ Single payment: \$ \_\_\_\_\_ **AND/OR** ☐ Recurring payments: \$ \_\_\_\_\_  
Amount Periodic amount

#### Reserved for Beneva Financial Advisors

Payroll deduction: \$ \_\_\_\_\_ ☐ Immediate income tax deduction  
Periodic amount

### ☐ Transfer from another financial institution or employer (Attach the appropriate form with a copy of the statement.)

Amount	Maturity date of investment (YYYY/MM/DD)	Name of financial institution or employer
\$		
\$		
\$		
\$		

### ☐ Preauthorized Transfer Program (PTP) (Complete Section 8)

Transfer from one Beneva account to another (e.g., from a non-registered plan to a RRSP)

Source of monies: \_\_\_\_\_  
Plan (contract) number and name

☐ Single **OR** ☐ Recurring

#### Beneva Investment Account

Investment name or number	Code	Transfer amount (Minimum \$100 / transfer)
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____

#### Beneva Guaranteed Interest Accounts (Beneva GIAs) and Beneva Equity Index GIAs

Investment No. or code	Maturity or upon receipt	Transfer amount (Minimum \$100 / transfer)
	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____
	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____
	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____
	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____
	<input type="checkbox"/> Maturity or <input type="checkbox"/> upon receipt	<input type="checkbox"/> Total or \$ _____

#### Daily Interest Account (DIA)

☐ Total or \$ \_\_\_\_\_

### ☐ Conversion of an existing plan with Beneva (e.g., converting an RRSP to a RRIF)

Plan (contract) name and number: \_\_\_\_\_

Check one option only: ☐ Total **OR** ☐ Partial – Indicate the investment(s):

Investment No. or code      Investment No. or code      Investment No. or code      Investment No. or code      Investment No. or code

### ☐ Loan:

\$ \_\_\_\_\_  
Lender's name Amount



## Section 6: Source of Monies (continued)

### ☐ Unlock a locked-in plan according to the jurisdiction's forms

Source of monies (Plan (contract) name and number): \_\_\_\_\_

The selected investments will be reinvested in the RRSP/RRIF according to the same conditions.

Check your choice(s): ☐ On a prorated basis from all investment accounts and/or (if applicable)  
☐ Enter the investments and indicate either the total amount or a fixed amount in the following

Investment No. or code	Investment name	Total	Fixed amount (\$) or as a percentage (%)
		<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"/>	

If both boxes are checked, the following method will be used: accounts in the table will be considered first and the remaining amounts will be prorated as necessary.

## Section 7: Investment Instructions – Do not complete this section if converting an existing RRSP or LIRA to a RRIF or LIF

Investment accounts are not available with non registered plans. Refer to Section 1.5.11 of the Annuity Contract for age limits for subscribing and contributing.

Daily Interest Account (R) <sup>1</sup> (DIA)	Amount (\$ or %)			Preauthorized transfer (PTP)
	Periodic deposit	Single payment	Transfer deposit	

Guaranteed Interest Accounts (Beneva GIAs)	Amount (\$ or %) – \$400 minimum per GIA		Investment maturity date (YYYY/MM/DD) or term	Compound Interest (C)	Simple Interest (S) Annual frequency <sup>2</sup>	Redeemable or Non-redeemable (R <sup>1</sup> , NR)
	Single payment	Transfer deposit				

Beneva Equity Index GIAs (R <sup>1</sup> / Compound interest) Product code	Amount (\$ ou%) – 400 \$ minimum per GIA		Term	Index	Guarantee at maturity (%)
	Single payment	Transfer deposit			

1. Redeemable investment subject to the applicable fees and penalties

2. Direct Deposit – Please complete bank account information in section 8D.



## Section 7: Investment Instructions – Do not complete this section if converting an existing RRSP or LIRA to a RRIF or LIF (continued)

Beneva Investment Accounts redeemable (R) <sup>1</sup>	Code	Amount (\$ or %) – \$400 minimum per investment account, \$100 minimum per subsequent deposit			
		Periodic deposit	Single payment	Transfer deposit	Preauthorized transfer (PTP)

1. Redeemable investment subject to the applicable fees and penalties.

## Section 8: Preauthorized Transaction Program

**Mandatory:** Attach a cheque specimen personalized to the Contractholder's name marked "VOID". If the specimen is not personalized or personalized in a name other than the Contractholder's name, complete Section 8D (and Section 3 if applicable).

A Type of transaction	Subsection to complete	Not available for
<input type="checkbox"/> Preauthorized debit (PAD)	B1, 6 and 7	LIRA, RIF, LIF, PRRIF, LRIF and RLIF
<input type="checkbox"/> Preauthorized Transfer Program (PTP)	B2, 6 and 7	N/A
<input type="checkbox"/> Preauthorized Redemption Program (PRP) <sup>1</sup>	B3 and F, plus C if RIF, LIF, PRRIF, LRIF or RLIF	LIRA

B Frequency	B1. Purchase (PAD)	B2. Transfer (PTP)	B3. Redemption (PRP) <sup>1</sup>
	<input type="checkbox"/> Weekly <sup>2</sup> <input type="checkbox"/> Every two weeks <sup>2</sup> <input type="checkbox"/> Monthly <input type="checkbox"/> One-time payment	<input type="checkbox"/> Every two weeks <sup>2</sup> <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> One-time payment	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Date of first debit or first redemption:	Periodic: Y   Y   Y   Y   M   M   D   D		
	One-time: Y   Y   Y   Y   M   M   D   D	Periodic or one-time: Y   Y   Y   Y   M   M   D   D	Periodic or one-time: Y   Y   Y   Y   M   M   D   D

1. For the PRP, select a date between the 1<sup>st</sup> and the 27<sup>th</sup> of the month.

2. For these frequencies, please select a business day.

If no selection is made, in the case of RIF, LIF, PRRIF or LRIF the date will be the first business day of December of the year following receipt of the form. Otherwise, the date will be the first business day of the month following receipt of the form, except for the "One-time payment" frequency. In this case, the payment will be made on the same day.

### C RIF, LIF, PRRIF or LRIF payments (select one only)

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

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 Contractholder or to validate the age:    ☐ Birth certificate    ☐ Passport  
☐ Driver's licence    ☐ Other: \_\_\_\_\_

Document number: \_\_\_\_\_ Delivery location: \_\_\_\_\_

\* Important : Beneva does not withhold tax on the portion of the payment representing the minimum amount. This portion is taxable amount.



**Mandatory:** If the cheque specimen is not personalized or personalized in a name other than the Contractholder's name.

Last name, first name of joint bank account holder (if applicable)

Branch number

Financial institution number

Account number

**Reserved for Beneva Financial Advisors**

I authorize my employer to deduct from my salary and to remit to Beneva or its agent the sum of the amounts payable to it, for any contract for which I have agreed to be the payer.

It is understood that by doing so, my employer assumes no responsibility towards anyone.

**X**

Payer's signature (mandatory)

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

Date \_\_\_\_\_

[illegible][illegible]

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

Section 9A and 9B apply to NRSPs only – Natural persons (individuals)

If the Contractholder is a corporation or another type of entity (e.g., trust, association, etc.), fill out form FRA1235 and provide the required documents.

Section 9A: Requirements of Canada’s Anti-Money Laundering and Anti-Terrorist Financing Regime

(1) Indicate the detailed occupation including job title, field of activity, name of employer and employment status (if retired, provide detailed information on the last occupation before retirement):

Detailed occupation of Contractholder	Detailed occupation of co-Contractholder, or guardian/parent of a minor Contractholder, if applicable
Field of activity of Contractholder	Field of activity of co-Contractholder, or guardian/parent of a minor Contractholder, if applicable
Name of Contractholder’s employer	Name of the co-Contractholder’s employer or of the guardian/parent of a minor Contractholder, if applicable
Contractholder’s employment status (e.g., employee, executive, owner, self-employed, etc.)	Employment status of the co-Contractholder, or of the guardian/parent of a minor Contractholder, if applicable (e.g., employee, executive, owner, self-employed, etc.)

(2) How are you verifying the identity of the Contractholder and of the co-Contractholder, or guardian/parent of a minor Contractholder where applicable?

- ☐ In the presence of each individual, by verifying the original of a government-issued photo ID, valid and not expired → If you check this box, Section 9A(3) Information about the Contractholder must be completed, as well as Section 9A(4) Information about the co-Contractholder, if applicable.
- ☐ Dual process method (two authentic, valid and current documents from two different, reliable and independent sources) → If you check this box, the form Dual process method for identity verification – Individual (FRA1876) is required.

(3) Information about the Contractholder (if the Contractholder is a minor, the birth certificate is accepted and the parent/guardian must be identified below):

Document with photo	Name as it appears on the document	Document number
Issuing jurisdiction	Expiration date of the document	

(4) Information about the co-Contractholder or guardian/parent of a minor Contractholder:

Document with photo	Name as it appears on the document	Document number
Issuing jurisdiction	Expiration date of the document	

(5) What is the purpose and intended nature of the investment?

- |                                                |                                             |                                               |                                                 |
|------------------------------------------------|---------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Short-term savings    | <input type="checkbox"/> Vacation fund      | <input type="checkbox"/> Emergency funds      | <input type="checkbox"/> Real estate purchase   |
| <input type="checkbox"/> Frequent transactions | <input type="checkbox"/> Retirement savings | <input type="checkbox"/> Inheritance          | <input type="checkbox"/> Succession plan        |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Income             | <input type="checkbox"/> Long-term investment | <input type="checkbox"/> Other (specify): _____ |



**(6) Is the Contractholder acting on the instructions of another person or entity, or is there a third party who will pay for the contract, or who will have use of or access to the value of the contract?**

If another party such as a representative under a power of attorney, representative under a protection mandate, guardian, assistant to an adult, temporary representative of an adult, Tutor to a person of full age, executor or a bank accountholder different than the Contractholder is indicated in Section 3, it is a third party.

☐ No ☐ Yes → If so, the advisor must provide the information below:

Third party's last name	Third party's first name	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> Date of birth	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
Third party's address		Third party's telephone number								
Nature of third party's principal business or detailed occupation, including job title, field of activity, name of employer and employment status (e.g., employee, executive, owner, self-employed, etc.); if retired, enter detailed information on the last occupation before retirement.		Relationship between the third party and the Contractholder								
If the third party is a corporation or other entity:										
Incorporation or registration number		Place of issue of its certificate of constitution								

If the information about the third party could not be obtained, please explain why.

If you are not certain that the client is acting on behalf of a third party but have reasonable grounds to suspect the existence of a third party, please provide details.

**(7) Politically exposed persons (PEPs) and heads of an international organization (HIOs): To be completed if a lump-sum payment of \$100,000 or more is made:** Is the Contractholder, co-Contractholder, a close relative or a person closely associated with them for personal or business reasons a foreign politically exposed person (foreign PEP), a domestic politically exposed person (domestic PEP) (in Canada, this includes mayors, prefects and deputies) or the head of an international organization (HIO)?

☐ No ☐ Yes → If so, please fill out form FRA1234.

## Section 9B: Declaration of Tax Residence (Self-Certification)

Please indicate the declaration of tax residence of the contractholder and the co-contractholder. If this section is omitted or incomplete, we will send you the form FRA1737, *Declaration of Tax Residence (Self-Certification) – Individual*, which must be duly completed and signed (one separate form for each person). In the event that the declaration of tax residence is not obtained, Beneva may be required to report the account information to the Canada Revenue Agency (CRA).

Contractholder and the co-contractholder Declaration of Tax Residence (Self-Certification):

Check all answers that apply:

- ☐ I am a resident of Canada for tax purposes
- ☐ I am a resident of a jurisdiction other than Canada for tax purposes  
→ If you check this box, you must complete and sign form FRA1737.

Contractholder and the co-contractholder Declaration of Tax Residence (Self-Certification):

Check all answers that apply:

- ☐ I am a resident of Canada for tax purposes
- ☐ I am a resident of a jurisdiction other than Canada for tax purposes  
→ If you check this box, you must complete and sign form FRA1737.

## Section 10: Notice regarding the protection of your personal information

Protecting your personal information is a priority for Beneva.<sup>1</sup> For this reason, we want to inform you that we collect, use and disclose your personal information only with your consent, unless otherwise permitted by law, and only for the time necessary to:

- identify you
- establish and update your profile, needs and objectives
- evaluate your applications and eligibility for our products and services
- provide you with advice related to your situation
- administer your contracts as well as your products or services (e.g.: pricing, underwriting, enrolment, claims processing, etc.)
- comply with legal and regulatory requirements (e.g.: preventing, detecting or deterring violations, cyber threats, fraud, etc.)
- obtain your feedback on our products and services
- provide you with personalized offers and advice about our products and services (refer to your **right to withdraw consent**) based on your preferences and in compliance with the rules governing electronic and telephone communications
- conduct studies and research, including the design and application of statistical models, some of which may allow for creating or inferring new information about you



## How does Beneva collect your personal information?

We may collect your personal information over the telephone, in person, and through the use of our forms and our digital platforms.

## Who does Beneva share your personal information with?

For the purposes described above, and only in connection with your products and services, we share your personal information with our affiliates and distribution networks and with third parties, some of which may be located outside of Quebec and Canada.

### These third parties may include:

- other financial institutions, such as insurers and reinsurers
- other organizations or entities that have information about you, including insurance, fraud or claims information
- intermediaries
- credit assessment agencies
- government departments, agencies or regulatory authorities
- employers
- claims-related service providers, such as healthcare professionals and auto repair shops
- other agents and service providers (technology services, printing and mailing services, etc.)

**Please note that in all cases, we ensure that they respect the protection of your personal information.**

1. The term "Beneva" refers to Beneva Inc., its affiliates and their mutual insurance companies and distribution networks. Affiliates of Beneva Inc. designates La Capitale Financial Security Insurance Company, Beneva Investment Services Inc., Beneva Insurance Company Inc., L'Unique General Insurance Inc. and Unica Insurance Inc.

## What are your rights regarding access and rectification?

You may access your personal information or request the correction of incomplete or inaccurate information. Send us a request to the following address:

### Personal Information Protection Officer

#### Beneva

625 rue Jacques-Parizeau  
Quebec QC G1R 2G5  
ResponsablePRP@beneva.ca.

For more information about our personal information protection practices, please refer to the complete version of our Personal Information Protection Statement at [www.beneva.ca](http://www.beneva.ca).

Your consent for the collection, use and disclosure of your personal information is necessary in order to provide the product or service requested or offered. You have the right to withdraw your consent, but Beneva will not be able to continue providing you with its products or services.

### Reserved for Beneva Financial Advisors

#### Consent to receive personalized product offers and advice on products and services (optional)

☐ I consent to the collection, use and disclosure of my personal information by Beneva among others to service providers and third party websites and applications as necessary to receive personalized offers and advice on products or services.

I understand that I may withdraw my consent by calling 1 844 781-0860 or visiting [www.beneva.ca](http://www.beneva.ca).



## Section 11: Authorization

### Contractholder's authorization

For all types of applications, I authorize the advisor in charge of my file to provide the necessary instructions to Beneva Inc. ("the Insurer") to proceed with the following operations in my savings annuity contract.

However, the advisor will only be able to proceed after I gave them my specific instructions, and the Insurer will not have no need to obtain written proof of my instructions to the advisor:

- Do inter-account transfers for any type of investment
- Change the allocation of investment amounts from Preauthorized debit (PAD) payments
- Withdraw monies or do partial or total redemptions
- Change any investment type before or on maturity
- Change the contractholder's home address
- Cancel or modify a debit date, debit frequency, or an amount under the Preauthorized debit (PAD)
- Do a single debit when the contractholder has given prior written consent to set up a Preauthorized debit (PAD), and the debit is withdrawn from the same bank account as the PAD

#### Exclusions:

- Starting up a recurring Preauthorized debit (PAD) if banking information is not already on file;
- Changing bank information (including any combined transactions such as a withdrawal or debit with a change to bank information)

#### I understand that this authorization is optional:

- I can refuse to grant this authorization by checking the box below.
- At any time, I can terminate this authorization by calling customer service at 1 877 841-8822.

The advisor is prohibited at all times to process discretionary operations on your behalf, i.e., give instructions without obtaining your prior explicit consent for each instruction. Nothing in this authorization gives your advisor such discretionary power.

- ☐ **I refuse to give authorization to make transactions on my behalf on my account.** My signature will be required for all transactions.  
(If I change my mind in the future, I can grant this authorization by completing form T036.)

If you designated an irrevocable beneficiary, their signature will be required for each withdrawal/redemption request.

### Payer/bank accountholder's authorization (if different than Contractholder)

I authorize the advisor in charge of this file to provide the necessary instructions to Beneva Inc. ("the Insurer") to proceed with the following operations for which I gave him specific instructions, and this, without the Insurer needing to obtain written proof of my instructions to the advisor:

- Cancel or modify a debit date, debit frequency, or an amount under the Preauthorized debit (PAD)
- Do a single debit when the contributing spouse has given prior consent to set up a Preauthorized debit (PAD), and the debit is withdrawn from the same bank account as the (PAD).

#### Exclusions:

- Setting up a recurring Preauthorized debit (PAD) if banking information is not already on file;
- Changing bank information (including any combined transactions such as a withdrawal or debit with a change to bank information)

#### I understand that this authorization is optional:

- I can refuse to grant this authorization by checking the box below.
- At any time, I can terminate this authorization by calling customer service at 1 877 841-8822.

The advisor is prohibited at all times to process discretionary operations on your behalf, i.e., give instructions without obtaining your prior explicit consent for each instruction. Nothing in this authorization gives your advisor such discretionary power.

- ☐ **I refuse to give authorization to make on my behalf the transactions listed above involving a Preauthorized debit (PAD).** My signature will be required for all transactions.  
(If I change my mind in the future, I can grant this authorization by completing form T036.)



## Section 12: Authorizations and signatures – Contractholder and Other Parties

### Contractholder's Declaration (signature of Contractholder is mandatory)

I acknowledge receiving, as a Contractholder, a copy of the document entitled investment accounts Facts for each of the investment account selected, a copy of this duly completed form, the Annuity Contract (including the Key Facts) and any of its amendments, where applicable, under which I wish to make investments and I understand the general terms and conditions of the investment vehicles I have selected.

I acknowledge that my advisor instructed me to refer to investment accounts Facts for information about the investment account selected. I also acknowledge receiving the duly completed analysis of my financial needs when required by regulations.

In the case of the purchase of an Equity Index GIA, I confirm that I have been informed of the characteristics of including the indexed and fixed participation rates.

In the case of a Beneva Savings annuity RSP or Beneva Savings annuity LIRA, I request that Beneva Inc. issue a retirement savings plan contract and register it as a Registered Retirement Savings Plan under section 146 of the *Income Tax Act* (Canada). In the case of a Beneva Savings annuity RIF, a Beneva Savings annuity LIF, a Beneva Savings annuity PRRIIF, a Beneva Savings annuity LRIF or a Beneva Savings annuity RLIF, I request that Beneva Inc. issue a retirement income fund contract and register it as a Registered Retirement Income Fund under section 146.3 of the *Income Tax Act* (Canada).

I declare that I have read the terms of the contract. I understand that following registration of this contract, any payment made by Beneva Inc. to me or to my spouse, where applicable, and to my beneficiaries or estate, is subject to applicable income tax legislation and regulations.

In the case where there is a co-Contractholder, I acknowledge that both my signature and my co-Contractholder's signature are required for all transactions, including any change or revocation regarding the benefit upon the annuitant's death.

I authorize Beneva Inc. to verify my identity, when required by law, using an independent and reliable piece of identification and/or any other means permissible under the law. I acknowledge that I have read the notice concerning the protection of personal information and have kept a copy of this duly signed application form.

In the case of a NRSP, I declare that the information provided on this form, concerning my identification, my profession and the purpose and intended nature of the investment is exact, complete and correctly entered, and I undertake to inform my advisor of any changes relating thereto. My advisor will then send the updated information to Beneva Inc. without delay.

I declare that information provided in Section 9B "Declaration of Tax Residence (Self-Certification)" is accurate and complete. I will provide Beneva Inc. with a new declaration of tax residence within 30 days of any change in circumstances that causes the current declaration to be incomplete or inaccurate.

I acknowledge having read the present declaration and the general information on this application form, having understood its terms and conditions and have had the opportunity to seek advice.

**I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this application form whose integrity is ensured has the same legal value as the original.**

Signed at \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

<b>X</b>		<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
Contractholder's signature or person acting on their behalf (mandatory)	Please print name	Date								
<b>X</b>		<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
Co-Contractholder's signature (where applicable)	Please print name	Date								
<b>X</b>		<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
Other signature (where applicable)	Please print name	Date								



## Debit Authorization and Rights to Reimbursement (the signature of the bank accountholder is mandatory)

### Debit authorization

I authorize Beneva Inc. to debit my account according to my instructions, for Preauthorized and/or occasional or sporadic amounts or those specified in Sections 6 and 7 and/or to deposit the fixed or variable amount based on the options selected in Sections 8C/8E, at the frequency selected in Section 8B.

I authorize Beneva Inc. to change the amount to be debited from my account and/or to be deposited in my account at my request.

I authorize Beneva Inc. to invoice me and debit any charges from my account if the Preauthorized debit payment cannot be processed as stipulated in this agreement.

I authorize Beneva Inc. 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 under the associated laws and regulations in effect.

I authorize the financial institution to debit to my account and/or 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 scheduled debit payment and/or deposit.

**I acknowledge receipt of a copy of this agreement and waive my right to receive any further notices in writing before the first Preauthorized debit payment and/or deposit, when a change is made at my request to the Preauthorized debit payment and/or deposit, when charges must be debited and when any change is made to the Preauthorized debit payment and/or deposit specified in Section 8.**

### 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 Preauthorized payment agreement, I may contact my financial institution or visit the CPA's at [www.cdnpay.ca](http://www.cdnpay.ca).

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

**X**

Bank accountholder's signature (mandatory)

Please print name

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**

Spouse's signature

Y Y Y Y M M D D  
Date



## Section 13: Authorizations and signatures – Advisor

### Advisor's Declaration (signature of advisor is mandatory)

I accept the mandate that the Contractholder has entrusted me with and I agree to act at all times in accordance with the Contractholder's instructions.

I certify having given the Contractholder a copy of the document entitled investment accounts Facts for each of the investment accounts selected, a copy of this completed form, the Annuity Contract, (including the Key Facts) and any of its amendments, where applicable, under which the Contractholder wishes to make investments and I have explained the terms and conditions of the Savings Annuity contract, plan and investment vehicles selected by the Contractholder.

I also confirm that when required by law I have given Contractholders the duly completed assessment of their needs.

If applicable, as required by law, after having carefully examined the appropriate original and valid documents, I have verified the identity and birth date of all signatories to this contract, Contractholders or others as required, especially for non-registered plans, under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

In the case of an NRSP, when the Contractholder or the co-Contractholder (or the tutor/parent of a minor Contractholder) notifies me of an update of the information relating to his identification, his profession or the purpose and intended nature of the investment, I undertake to inform Beneva without delay.

I have informed the Contractholder of the names of the companies I represent, of the fact that I receive compensation for the sale of life insurance company products, of the possibility I may receive additional compensation in the form of bonuses, conference programs or other incentives, of any conflicts or potential conflicts of interest.

I certify that the Contractholder's signature was affixed by the Contractholder.

I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this application form whose integrity is ensured has the same legal value as the original.

Dealer's name (agency)

Advisor's name

FundSERV or Advisor Code:

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Dealer

--	--	--	--	--	--	--	--

Advisor

or

--	--	--	--	--

Agency No.

--	--	--	--	--

Advisor No.

Reference market or affinity group  
(if applicable)

☐ I do not have an advisor code. This is my first application.

Signed at \_\_\_\_\_

City

Province

**X**

Y	Y	Y	Y	M	M	D	D
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Advisor's signature (mandatory)

Date

Issuer: Jean-François Chalifoux, Chief Executive Officer of Beneva Inc. \_\_\_\_\_



## General Information and Instructions for Completing the Application Form

### Section 1: Type of Plan

Only one plan may be selected per contract application.

**Following are the different plans available according to the applicable pension legislation.** The expression “pension legislation” refers to pension plan legislation that is applicable in Canada. If you don't know the applicable pension legislation, the administrator from whom the amounts originated will have this information.

Plan		Select box on the form	Legislation to indicate on the form
Registered Retirement Savings Plan	RRSP	RSP or Spousal RSP	N/A
Registered Retirement Income Fund	RRIF	RIF or Spousal RIF	N/A
Locked-In Retirement Account	LIRA	LIRA	Indicate the province concerned
Ontario Locked-In Retirement Account	CRIF	LIRA	Indicate “Ontario”
Locked-In Retirement Savings Plan	LRSP	LIRA	Indicate the province concerned or “Federal”
Restricted Locked-in Savings Plans	RLSP	RLSP	Indicate “Federal”
Locked-In Retirement Income Fund	LRIF	LRIF	Indicate the province concerned (Newfoundland & Labrador)
Life Income Fund	LIF	LIF	Indicate the province concerned or “Federal”
Restricted Life Income Fund	RLIF	RLIF	Indicate “Federal”
Prescribed Registered Retirement Income Fund	PRRIF	PRRIF	N/A
Non-Registered Savings Plan	Non-Registered	NRSP	N/A

### Section 2: Contractholder

In accordance with this contract, the Contractholder, and the co-contractholder, where applicable, is (are) the person(s) entitled to a claim corresponding to the value of the investments held at Beneva. The Contractholder is also the annuity grantee, i.e., the person entitled to receive the annuity payments. For all of the registered pension plans offered by Beneva, that is the RSP, LIRA, RLSP, RIF, LIF, RLIF, PRRIF and LRIF, only a “natural person” (individual) may apply and the annuitant must be the same person as the Contractholder and the annuity grantee. Canada Revenue Agency requires the SIN for tax purposes.

If the Contractholder is a corporation or another entity (for example a trust or an association), please complete the FRA1235 form and provide the required documents. In addition, Section 4 must be completed.

### Section 3: Other Parties to the Contract

This section must be completed under the following specific circumstances:

**Payer (spousal RSP):** In the case of a spousal RSP, this section must obligatorily be completed.

**Spouse (RIF/LIF/RLIF/PRRIF/LRIF):** If the RIF, LIF, RLIF, PRRIF or LRIF minimum income payment calculation is based on the age of the spouse, this section must be completed. A copy of the birth certificate of the spouse must be attached. If this section is not completed, the minimum income payment calculation will be based on the age of the Contractholder.

**Co-contractholder (NRSP):** When more than one Contractholder exists for a non-registered plan, the name and address of each co-contractholder and the sharing ratio applicable to each must be included. In the absence of any instructions as to the sharing ratio, the investment will be presumed to be made in equal portions.

Tax slips are issued in the names of the Contractholder and co-contractholder. However, only the Contractholder's SIN appears on the tax slips.

**Representative under a power of attorney, representative under a protection mandate, tutor to a minor, assistant to a person of full age, temporary representative to a person of full age, tutor to a person of full age or trustee:** The name and contact information of the person presumed incapable of making investment decisions or of the Contractholder who is being represented must be included under Section 2. A copy of the legal act assigning the power of representation must be attached. For the trustee, it may be a formal trust (trust document) or an in-trust-for account (with or without a will).

**Executor (liquidator in Quebec):** Complete form FRA1235 to identify the estate executor and beneficiaries and obtain their declaration of residence for tax purposes. The form must be completed and signed by the executor. When the amount invested is \$15,000 or more, we must obtain the death certificate AND the last testament.



## Section 4: Annuitant

Under the Beneva Annuity Contract, the annuitant is the natural person (individual) upon whose life the annuity and guarantee relative to Investment accounts are established and upon whose death the death benefit is payable. For RSP, LIRA, RLSP, RIF, LIF, RLIF, PRRIF or LRIF plans, the annuitant is the same person as the Contractholder, therefore it is not necessary to indicate this. In the case of an NRSP, complete this section only if the annuitant is not the same person as the Contractholder, for example, in the case where the Contractholder is a corporation. However, please note that we will send contract-related information to the address of the Contractholder.

## Section 5: Estate Planning

This section must be completed by the Contractholder, or by the Contractholder and the co-contractholder, should one exist. In the event that the contractholder has not designated a beneficiary, the benefit payable upon the death of the annuitant is distributed, where applicable, to the estate of the Contractholder (or to the Contractholder when the annuitant and the Contractholder are not the same person), in accordance with applicable legislation. Specific provisions are provided for in the contract to determine if the rights conferred under the annuity contract may be exempt from seizure due to a beneficiary designation, subject to all related applicable legislation.

Civil unions are considered the same as marriage when contracted in compliance with prescribed rules before a competent officiant and registered with the provincial authorities.

The designation of a continuing or contingent beneficiary (subrogated in Quebec) is always revocable. For more information, please refer to the Savings Annuity contract.

A minor child irrevocably designated cannot modify the irrevocable nature of the designation until he reaches majority.

When the Contractholder is a corporation, if a designated beneficiary is not indicated, Contractholder (i.e., the corporation) will be designated as the revocable beneficiary.

However, in the case of a LIRA, RLSP, LIF, RLIF, PRRIF or LRIF, additional provisions apply and are described in the Beneva Annuity Contract as well as under applicable pension legislation. With respect to a LIRA, the Contractholder's spouse is the only beneficiary regardless of any other beneficiary named (unless the spouse has waived his entitlement in writing) and the consent of the spouse is required to make a total or partial withdrawal of the funds in the Contractholder's account.

Beneva assumes no responsibility as to the legality or validity of a beneficiary designation or of a beneficiary change.

## Section 6: Source of Monies

Indicate the source of monies and attach the appropriate forms, as applicable. For example, the Canada Revenue Agency T2151 form (or equivalent) must be used for transfers from a DPSP and the T2033 form (or equivalent) must be used for transfers from a RSP or a RIF.

For NRSP, if payment is made by bank order, postal money order or by bank draft, please fill out form FRA1875.

## Section 7: Investment Instructions

Select the investment vehicle(s) you want to invest in. For more information about Beneva Investment Accounts and Beneva Guaranteed Investments, refer to the Savings Annuity contract. Purchases of Beneva Guaranteed Investments cannot be made through FundSERV.

For the GIA, if instructions are incomplete, or if amounts are less than the minimum permitted, the amounts will be invested in a daily interest investment vehicle.

### Description of terms

Investment accounts: The second digit of the Investment account code represents the sales option and the three last ones correspond to the Investment account number. In the absence of choice for the second digit, the no-load sales option will be selected. The Beneva Investment accounts Names and codes are provided on the last page of this form.

Beneva GIA: S = simple interest; C = compound interest (For Beneva Guaranteed Investments with simple interest (S), income is paid annually by direct deposit. In the absence of choice, compound interest will be selected).

R = redeemable; NR = non-redeemable (in the absence of choice, the Beneva Guaranteed Investment is redeemable).





## Section 8: Preauthorized Transaction Program

All of the information requested in Subsections A, B, C, D, E and F must be provided, where applicable. In the case of an RIF, SSQ LIF, RLIF, PRRIF or LRIF this section must obligatorily be completed. Select in Section 7 the investment vehicle(s) you want to invest in.

For more information about Beneva Investment Accounts, Beneva Guaranteed Investments and Preauthorized transaction program modalities, refer to the Savings Annuity contract.

In Subsection C, attach a copy of the birth certificate(s) or, in the absence of such, the advisor must verify the Contractholder's and the spouse's date of birth, if applicable, entering the documents used for such verification in Section 8C.

## Section 9A: Identity Check, Third Party Determination and Politically Exposed Persons (PEPs) and Heads of an International Organization (HIOs) Disclosure.

This section must be completed in compliance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act. The identity of clients who have one or more non-registered plan(s) must be verified. Also, where applicable, the existence and involvement of any third parties, PEP or HIO must be determined.

If the Contractholder is a natural person present at the time of the contract application, the Contractholder's identity must be verified by the advisor using the original of a valid and current photo identification document. When the Contractholder is not physically present, identity verification must be performed using the dual process method.

In Quebec, it is not permitted to ask for the health insurance card, but you can accept it if it is offered. In Ontario, Manitoba, Nova Scotia and Prince Edward Island, the use of a health insurance card for identification purposes is prohibited.

With regard to the question pertaining to occupation, it is important to provide complete and detailed information. For example, specify "general practitioner" instead of simply "doctor," or "electrician" instead of simply "construction," etc. If retired, please state your last occupation.

### Identity Check of a Minor Contractholder

The identity of a minor Contractholder can be checked directly using a valid photo ID. If such a document is not available:

- Check the identity of the parent or guardian using a photo ID, and ensure that this person and the minor Contractholder share the same address, AND
- Use the minor's birth certificate to confirm their name and date of birth

### Politically Exposed Persons (PEPs) and Heads of an International Organization (HIOs)

A PEP can be a foreign PEP or a domestic PEP.

A **foreign PEP** is a person who holds or has held one of the following offices or positions in or on behalf of a foreign state: head of state or head of government, member of the executive council of government or member of a legislature, deputy minister or equivalent rank, ambassador, or attaché or counsellor of an ambassador, military officer with a rank of general or above, president of a state-owned company or a state-owned bank, head of a government agency, judge of a supreme court, constitutional court or other court of last resort or leader or president of a political party represented in a legislature. These persons are foreign PEPs regardless of citizenship, residence status or birth place. A person determined to be a foreign PEP, is forever a foreign PEP.

A **domestic PEP** is a person who holds or has held within the last five years, a specific office or position in **Canada**: Governor General, lieutenant governor or head of government, member of the Senate or House of Commons or member of a legislature, deputy minister or equivalent rank, ambassador, or attaché or counsellor of an ambassador, military officer with a rank of general or above, president of a corporation that is wholly owned directly by His Majesty in right of Canada or a province, head of a government agency, judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada, leader or president of a political party represented in legislature, or mayor, reeve or other similar chief officer of a municipal or local government of a city, town, village, or rural or metropolitan municipality, regardless of the size of the population. A person ceases to be a domestic PEP five years after they have left office.

A **HIO** is a person who is either: the head of an international organization established by the governments of states, the head of an institution established by an international organization, or the head of an international sports organization. When we refer to the head of an international organization, the head of an institution established by an international organization or the head of an international sports organization, we are referring to the primary person who leads that organization; for example, a president or CEO. There are no requirement for an institution established by an international organization to operate internationally. It is possible that an institution that has been established by an international organization only operates domestically, or in one jurisdiction. A person ceases to be an HIO five years after they have left office.

**Certain family members** of a foreign PEP, domestic PEP or HIO must also be regarded as PEPs or HIOs. These family members are:

- their spouse or common-law partner;
- their child;
- their mother or father;
- the mother or father of their spouse or common-law partner; and
- a child of their mother or father (sibling).

A **Close Associate** can be an individual who is closely connected to a foreign PEP, a domestic PEP or a HIO for personal or business reasons. For example, a person who is joint on a policy where one of the holders may be a PEP or HIO, a person who makes a deposit of \$100,000 or more and the payee is a PEP or HIO, a business partners with, or who beneficially owns or controls a business with, a PEP or HIO, a person who is involved in a romantic relationship with a PEP or HIO, such as a boyfriend, girlfriend or mistress, a person who is closely carrying out charitable works with a PEP or HIO.



## Section 9B: Declaration of Tax Residence (Self-Certification)

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The information must be obtained in writing in order to meet the requirements of the Common Reporting Standard (part XIX of the *Income Tax Act* of Canada). Information provided in the Declaration of Tax Residence must be accurate and complete. The Contractholder and co-contractholder must provide Beneva Inc. with a new declaration within 30 days of any change in circumstances that causes the current declaration to be incomplete or inaccurate (e.g., change of address following a move to another country).

## Section 10: Notice regarding the protection of your personal information

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Read this section carefully.

## Section 11: Authorization

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The choice in this section must be ticked if contractholder and/or payor/bank accountholder (if different from contractholder) does not wish to authorize the advisor to make transactions on their behalf.

## Section 12: Authorizations and Signatures – Contractholder

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Read this section carefully as well as the declarations, authorizations and rights to reimbursement. Please sign, indicate the city and province where signed and write the date on the application form, before dating and signing the contract application. The Contractholder, bank accountholder (even if it is the Contractholder), co-contractholder, where applicable, must also all date and sign the contract application. If any of these required signatures are missing, the investments may not be made.

In some provinces, the spouse's consent is necessary for the registration of a locked-in plan. If applicable, the spouse must sign this section or the appropriate authorization form as indicated on this Application Form.

## Section 13: Authorizations and signatures – Advisor

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This section must obligatorily be completed.

Read this section carefully as well as the declarations. Please sign, indicate the city and province where signed and write the date on the application form, before dating and signing the contract application. The advisor's signature is mandatory. If the signature or province where signed is missing, the investments may not be made.



		Beneva Fundserv prefix: BNV		
Fixed Income	Reference Funds	NL <sup>1</sup>	AC3 <sup>2</sup>	AC5 <sup>3</sup>
Canadian Fixed Income (AGF)	AGF Fixed Income Plus Fund, MF Series	F1RAB	F6RAB	F5RAB
Canadian Fixed Income (CI Global Asset Management)	CI Canadian Bond Fund, Series A	F1RBL	F6RBL	F5RBL
Global Fixed Income (CI Global Asset Management)	CI Global Bond Fund, Series A	F1RBH	F6RBH	F5RBH
High Yield Fixed Income (TDAM)	TD High Yield Bond, Investor Series	F1RBP	F6RBP	F5RBP
Balanced	Reference Funds			
Canadian Balanced (CI Global Asset Management)	CI Canadian Balanced Fund, Series A	F1RBQ	F6RBQ	F5RBQ
Canadian Balanced (Dynamic)	Dynamic Value Balanced Fund, Series A	F1RAC	F6RAC	F5RAC
Canadian Balanced (Fidelity)	Fidelity Canadian Balanced Fund, Series A	F1RAD	F6RAD	F5RAD
Global Balanced (AGF)	AGF Global Growth Balanced Fund, MF Series	F1RAE	F6RAE	F5RAE
Global Balanced (CI Global Asset Management)	CI Global Income & Growth Fund, Series A	F1RBR	F6RBR	F5RBR
Diversified Income (Fidelity)	Fidelity Monthly Income Fund, Series A	F1RAF	F6RAF	F5RAF
Diversified Income (Dynamic)	Dynamic Strategic Yield Fund, Series A	F1RAG	F6RAG	F5RAG
Global Diversified Income (Fidelity)	Fidelity Global Monthly Income Fund, Series A	F1RBK	F6RBK	F5RBK
Canadian Equity	Reference Funds			
Canadian Dividend (AGF)	AGF Canadian Dividend Income Fund, MF Series	F1RAI	F6RAI	F5RAI
Canadian Dividend (Fidelity)	Fidelity Dividend Fund, Series A	F1RAJ	F6RAJ	F5RAJ
Canadian Equity Income (Dynamic)	Dynamic Equity Income Fund, Series A	F1RAK	F6RAK	F5RAK
Canadian Equity (Dynamic)	Dynamic Value Fund of Canada, Series A	F1RAL	F6RAL	F5RAL
Canadian Equity (Fidelity)	Fidelity Canadian Disciplined Equity Fund, Series A	F1RAM	F6RAM	F5RAM
Small Capitalization Canadian Equity (Dynamic)	Dynamic Small Business Fund, Series A	F1RAN	F6RAN	F5RAN
Low Volatility Canadian Equity (TDAM)	TD Emerald Low Volatility Canadian Equity PFT	F1RAO	F6RAO	F5RAO
American and International Equity	Reference Funds			
American Equity (Dynamic)	Dynamic American Fund, Series A	F1RAR	F6RAR	F5RAR
American Equity (Fiera Capital)	Fiera U.S. Equity Fund, Series A	F1RBI	F6RBI	F5RBI
Low Volatility American Equity (TDAM)	TD U.S. Low Volatility Fund, Investor Series	F1RBM	F6RBM	F5RBM
U.S. Small-Mid Cap Equity (AGF)	AGF U.S. Small-Mid Cap Fund, MF Series	F1RDA	F6RDA	F5RDA
Global Dividend (TDAM)	TD Global Shareholder Yield Fund, Investor Series	F1RBN	F6RBN	F5RBN
Global Equity – Discovery (Dynamic)	Dynamic Global Discovery Fund, Series A	F1RAT	F6RAT	F5RAT
Global Infrastructure Equity (Dynamic)	Dynamic Global Infrastructure Fund, Series A	F1RBO	F6RBO	F5RBO
Low Volatility Global Equity (TDAM)	TD Emerald Low Volatility All World Equity PFT	F1RAU	F6RAU	F5RAU
Global Equity (AGF)	AGF Global Select, MF Series	F1RBS	F6RBS	F5RBS
Global Equity (Fiera Capital)	Fiera Global Equity Fund, Series A	F1RBJ	F6RBJ	F5RBJ
Global Sustainable Growth Equity (AGF)	AGF Global Sustainable Growth Equity Fund, MF Series	F1RBU	F6RBU	F5RBU
International Equity (Fiera Capital)	Fiera International Equity Fund, Series A	F1RBT	F6RBT	F5RBT
Emerging Markets (AGF)	AGF Emerging Markets Fund, MF Series	F1RAV	F6RAV	F5RAV
AGF Portfolios	Reference Portfolios			
Conservative Profile (AGF)	AGF Global Yield Fund, MF Series	F1RAW	F6RAW	F5RAW
Moderate Profile (AGF)	AGF Elements Conservative Portfolio, MF Series	F1RAX	F6RAX	F5RAX
Balanced Profile (AGF)	AGF Elements Balanced Portfolio, MF Series	F1RAY	F6RAY	F5RAY
Growth Profile (AGF)	AGF Elements Growth Portfolio, MF Series	F1RAZ	F6RAZ	F5RAZ
Aggressive Profile (AGF)	AGF Elements Global Portfolio, MF Series	F1RBA	F6RBA	F5RBA
Dynamic Portfolios	Reference Portfolios			
Conservative Profile (Dynamic)	DynamicEdge Defensive Portfolio, Series A	F1RBV	F6RBV	F5RBV
Moderate Profile (Dynamic)	DynamicEdge Conservative Class Portfolio, Series A	F1RBW	F6RBW	F5RBW
Balanced Profile (Dynamic)	DynamicEdge Balanced Growth Portfolio, Series A	F1RBX	F6RBX	F5RBX
Growth Profile (Dynamic)	DynamicEdge Growth Portfolio, Series A	F1RBY	F6RBY	F5RBY
Aggressive Profile (Dynamic)	DynamicEdge Equity Portfolio, Series A	F1RBZ	F6RBZ	F5RBZ
Daily interest – Available only for transfers between investment accounts		F1RBG	F6RBG	F5RBG

1. NL: No-Load | 2. AC3: Advisor chargeback 3 years | AC5: Advisor chargeback 5 years



## **Client Services**

P.O. Box 10510, Station Sainte-Foy  
Quebec QC G1V 0A3

Tel.: 1 877 841-8822

**beneva.ca**

# beneva