

Beneva Guaranteed Investment Funds (Beneva GIFs)  
related to the Basic, Enhanced and Optimal guarantees  
Beneva Guaranteed Investments

# **TFSA**

# **Application Form**

# **for Individual Contracts**

**For the following plan:**

- For the Tax-Free Savings Account - TFSA

# **beneva**

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

If requesting a modification or an addition to an existing TFSA contract, please indicate the contract number and complete only the sections to modify. Your contract information in other sections will remain unchanged.

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

Section 1: Plan    TFSA

Section 2: Investor    The investor must reside in Canada.

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

1. Used for taxation purposes only.

Section 3: Other Parties to the Contract

The other party must sign at Section 11: Authorizations and Signatures.

- ☐ 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)
- ☐ 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>

<input type="text"/>		<input type="text"/>		<input type="text"/>	
Last name		First name		Date of birth	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address (No.) <sup>2</sup>		Street		Apt.	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
City		Province		Postal code	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male					

1. Provide a copy of the legal documents.  
2. Contract information is always mailed to the investor's address.

Section 4: Contingent Investor      (Subrogated in Quebec)

Only the spouse may be designated. Upon the death of the investor, the contract remains in force. At the investor's death, the investor's survivor acquires all of the investor's rights as the investor of the arrangement, and the unconditional right to revoke any beneficiary designation made. Designation of Contingent investor is optional.

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

1. Used for taxation purposes only.



Section 5: Estate Planning

A contingent investor (subrogated in Quebec) cannot be designated as a primary, continuing or contingent beneficiary (subrogated in Quebec). If you want the death benefit to be paid as an annuity, you must complete form FRA1744.

☐ Designation (Complete the rest of this Section)      OR      ☐ Estate (Go directly to Section 6)

Primary Beneficiaries

Should no choice be made, the beneficiary designation is revocable, except in Quebec, where the designation of the married or civil union spouse as beneficiary is irrevocable, unless the “revocable” box has been checked.  
If an irrevocable beneficiary is designated, he will be required to consent to any future beneficiary designation as well as any withdrawal of sums.

Last name	First name	Relationship to annuitant (or in Quebec, relationship to investor)			%	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

Continuing Beneficiaries or Contingent Beneficiaries (optional)

If an entity (company, trust, estate, etc.) has been designated in the Primary Beneficiaries section, it is not possible to designate one or more continuing beneficiaries OR associate one or more contingent beneficiaries.  
Check only one beneficiary type and complete the appended table.

☐ Continuing Beneficiaries  
Upon the death of a primary beneficiary, the associated continuing beneficiary replaces him or her.  
A continuing beneficiary may replace one or several primary beneficiaries.

☐ Contingent Beneficiaries (Subrogated in Quebec)  
A contingent beneficiary receives the death benefit if all the primary beneficiaries are deceased.

Last name	First name	Date of birth (if a minor)	%	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		

1. Continuing Beneficiary: The sum of the percentage of each continuing beneficiary named to replace a primary beneficiary must total 100%.  
2. Contingent Beneficiary: The total percentage for all contingent beneficiary must total 100%.  
3. If you designate one or more contingent beneficiaries and have entered the information in this section, it will not be considered.

Information about the Trustee (does not apply in Quebec)

Complete this section only if the beneficiary is a minor. In this situation, a trustee must be appointed to receive all payments until the designated beneficiary reaches the age of majority. In Quebec, the payment will be made out to a beneficiary who is a minor but sent to their parent(s) or legal guardian.

Name of trustee      Relation to trustee



Section 6: Source of monies

- ☐ **Pre-authorized Purchase Program (PPP)** (Complete Section 8)  

☐ Single payment \$ \_\_\_\_\_ AND/OR ☐ Recurring payments \$ \_\_\_\_\_  
Amount Amount
- ☐ **Transfer from another financial institution or employer** (Attach the appropriate form with a copy of the statement)

Amount	Maturity date of investment	Name of financial institution or employer
\$	Y Y Y Y M M D D	
\$	Y Y Y Y M M D D	
\$	Y Y Y Y M M D D	
\$	Y Y Y Y M M D D	

- ☐ **Pre-authorized Transfer Program (PTP)** (Complete Section 8)  
Transfer from a Beneva contract (e.g., from a non-registered plan to an TFSA)

Source of monies : \_\_\_\_\_  
Contract number and type of plan

☐ Single    **OR**    ☐ Recurring

Beneva Guaranteed Investment Funds (Beneva GIFs)		
Product name	Fund code Mandatory <sup>1</sup>	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 \$ _____
		<input type="checkbox"/> Total or \$ _____
		<input type="checkbox"/> Total or \$ _____

Beneva Guaranteed Interest Accounts (Beneva GIAs)		
GIA No.	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 \$ _____
High-Yield Account		<input type="checkbox"/> Total or \$ _____

1. Please refer to the box in Section General Information and Instructions for Completing the Application Form.

- ☐ **Loan:**  

Lender's name

\$ \_\_\_\_\_  
Amount



Section 7: Investment instructions

Only one guarantee option is permitted per application. Refer to Section 6.4 of the Information Folder for age limits for subscribing and contributing.

High-Yield Account	Amount (\$, %) – \$400 minimum			Pre-authorized transfer (PTP)
	Periodic deposit	Single payment	External transfer	

Beneva Guaranteed Interest Accounts (Beneva GIAs) Product code	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	External transfer				

Beneva Guaranteed Investment Funds (Beneva GIFs)	Wire order No. (mandatory if FundSERV)	Fund code Mandatory <sup>3</sup>	Amount (\$ or %) – \$400 minimum per Fund, minimum \$40 per periodic deposit			
			Periodic deposit	Single payment	External transfer	Pre-authorized transfer (PTP)

1. Redeemable investment subject to the applicable fees and penalties  
2. Direct Deposit – Please complete bank account information in Section 8C.  
3. Please refer to the box in Section General Information and Instructions for Completing the Application Form.

Section 8: Pre-authorized Transaction Program

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

A Type of transaction	Subsection to complete
<input type="checkbox"/> Pre-authorized Purchase Program (PPP)	B1, 6 and 7
<input type="checkbox"/> Pre-authorized Transfer Program (PTP)	B2, 6 and 7
<input type="checkbox"/> Pre-authorized Redemption Program (PRP) <sup>1</sup>	B3 and D

B Frequency	B1. Purchase (PPP)	B2. Tranfer (PTP)	B3. Redemption (PRP) <sup>1</sup>
	<div><input type="checkbox"/> Weekly<sup>2</sup><input type="checkbox"/> Quarterly</div> <div><input type="checkbox"/> Every two weeks<sup>2</sup><input type="checkbox"/> Semi-annually</div> <div><input type="checkbox"/> Monthly<input type="checkbox"/> Annually</div> <div><input type="checkbox"/> Every two months<input type="checkbox"/> One-time payment</div>	<div><input type="checkbox"/> Weekly<sup>2</sup><input type="checkbox"/> Quarterly</div> <div><input type="checkbox"/> Every two weeks<sup>2</sup><input type="checkbox"/> Semi-annually</div> <div><input type="checkbox"/> Monthly<input type="checkbox"/> Annually</div> <div><input type="checkbox"/> Every two months<input type="checkbox"/> One-time payment</div>	<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div> <div><input type="checkbox"/> Semi-annually</div> <div><input type="checkbox"/> Annually</div> <div><input type="checkbox"/> One-time payment</div>
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 1st and the 27th of the month.  
2. For these frequencies, please select a business day.



## C Banking Information

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

Last name, first name of bank accountholder

Branch number Financial institution number Account number

Last name, first name of joint bank accountholder (if applicable)

## D Pre-authorized Redemption Program (PRP)

High-Yield Account	Amount (\$ or %)
	Pre-authorized redemption (PRP)
Beneva Guaranteed Investment Funds (Beneva GIFs)	Amount (\$ or %)
Fund code (Mandatory)	Minimum \$100/redemption
	Pre-authorized redemption (PRP)

Beneva Guaranteed Interest Accounts (Beneva GIAs)	Amount (\$ or %)
GIA No.	Minimum \$100/redemption
	Pre-authorized redemption (PRP)

## Section 9: 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 10: Investor's Authorization

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 for which I gave him specific instructions, and this, without the Insurer needing 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 Pre-authorized Purchase Program (PPP)
- Withdraw monies or do partial or total redemptions
- Change any investment type before or on maturity
- Change the investor's home address
- Cancel or modify a debit date, debit frequency, or an amount under the Pre-authorized Purchase Program (PPP)
- Do a single debit when the investor has given prior written consent to set up a Pre-authorized Purchase Program (PPP), and the debit is withdrawn from the same bank account as the PPP

#### Exclusions:

- Starting up a recurring Pre-authorized Purchase Program (PPP) 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.



## Section 11: Authorizations and Signatures – Investor and Other Parties

### Investor's Declaration (signature of investor is mandatory)

I acknowledge receiving, as an investor, a copy of the document entitled Fund Facts for each of the investment accounts selected, a copy of this duly completed form, the Annuity Contract, the related Information Folder (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 Fund Facts for information about the investment account selected. I also acknowledge receiving the duly completed analysis of my financial needs when required by regulations.

I declare that I have read the terms of the contract.

I request that Beneva Inc. files an election with the Minister of National Revenue to register the qualifying arrangement as a TFSA under the section 146.2 of the *Income Tax Act*.

When investments come from an internal transfer from another contract, I understand that my original guarantee could be cancelled with regards to the transferred amounts, and that my guarantee in the destination contract will then apply to the transferred amounts.

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.

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>		Y   Y   Y   Y   M   M   D   D
Investor's signature or person acting on their behalf (mandatory)	Please print name _____	Date _____
<b>X</b>		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 pre-authorized 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 pre-authorized 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 pre-authorized debit payment and/or deposit, when a change is made at my request to the pre-authorized debit payment and/or deposit, when charges must be debited and when any change is made to the pre-authorized 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 pre-authorized payment agreement, I may contact my financial institution or visit the CPAs at [www.cdnpay.ca](http://www.cdnpay.ca).

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

<b>X</b>		Y   Y   Y   Y   M   M   D   D
Bank accountholder's signature (mandatory)	Please print name _____	Date _____





Section 12: Authorizations and Signatures – Advisor

Advisor’s Declaration (signature of advisor is mandatory)

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

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

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

I have informed the investor of names of the companies I represent 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 investor’s signature was affixed by the investor.

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  
(if applicable):

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

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 2: Investor

In accordance with this contract, the investor is the contractholder of the contract, i.e., the person entitled to a claim corresponding to the value of the investments held at Beneva. The investor is also the annuity grantee, i.e., the person entitled to receive the annuity payments. Only a "natural person" (individual) may apply. Canada Revenue Agency requires the SIN for tax purposes.

### Section 3: Other Parties to the Contract

In this section, enter the name and contact information of the representative under a power of attorney, representative under a protection mandate, assistant to a person of full age, temporary representative to a person of full age, tutor to a person of full age, as applicable. The name and contact information of the person presumed incapable of making investment decisions or of the investor who is being represented must be entered under Section 2. A copy of the legal act assigning the power of representation must be attached.

### Section 5: Estate Planning

In the event that the investor has not designated a beneficiary, the benefit payable upon the death of the annuitant is distributed, where applicable, to the estate of the investor, 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 contingent beneficiary (subrogated in Quebec) or continuing beneficiary is always revocable. For more information, please refer to the *Information Folder*.

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

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

### Section 6: Source of Monies

Indicate the source of monies and attach the appropriate forms, as applicable.

### Section 7: Investment Instructions

Select the investment vehicle(s) you want to invest in. For more information about Beneva GIF and Beneva Guaranteed Investments, refer to the *Information Folder*. 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

Beneva GIF: **The first digit of the fund code indicates the guarantee selected; the second represents the sales option and the three last ones correspond to the fund number.** In the absence of choice for the first two digits, the basic guarantee and no-load sales-charge option will be selected. The Beneva GIF Names and Fund Codes are provided on the last page of this form.

If the investor is not eligible for the chosen guarantee because of his age, we will invest the sums under the basic guarantee. Please refer to the *Information Folder and Contract* for information about the age limits for each guarantee.

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 Income is redeemable.)

### Section 8: Pre-authorized Transaction Program

All of the information requested in Subsections A, B, C and D must be provided, where applicable. Select in Section 7 the investment vehicle(s) you want to invest in.

For more information about Beneva GIF, Beneva Guaranteed Investments and pre-authorized transaction program modalities, refer to the *Information Folder*.

### Section 9: Notice Regarding the Protection of Your Personal Information

Read this section carefully.

### Section 10: Authorization

The choice in this section must be ticked if investor does not wish to authorize the advisor to make transactions on their behalf.

### Section 11: Authorizations and Signatures – Investor

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 investor and bank accountholder must also all date and sign the contract application. If any of these required signatures are missing, the investments may not be made.

### Section 12: Authorizations and Signatures – Advisor

This section must always 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 GIF Names and Fund Codes

Beneva GIF Names	Basic Guarantee (75% upon maturity and 75% upon death)		Enhanced Guarantee (75% upon maturity and 100% upon death)		Optimal Guarantee (100% upon maturity and 100% upon death)
	No-load	Advisor Chargeback	No-load	Advisor Chargeback	No-load
<b>Income funds</b>					
Fiera Capital Money Market	A1036	–	B1036	–	C1036
Fiera Capital Short Term Bond	A1104	A3104	B1104	B3104	C1104
Fiera Capital Bond	A1119	A3119	B1119	B3119	C1119
PIMCO Bond	A1096	A3096	B1096	B3096	C1096
AlphaFixe Bond and Bank Loan	A1169	A3169	B1169	B3169	C1169
PIMCO Global Bond	A1152	A3152	B1152	B3152	C1152
CI Corporate Bond	A1165	A3165	B1165	B3165	C1165
BlackRock Bond Index	A1049	A3049	B1049	B3049	C1049
<b>Balanced funds</b>					
Conservative Smart Beta Plus Portfolio	A1175	A3175	B1175	B3175	C1175
Balanced Smart Beta Plus Portfolio	A1176	B3176	B1176	B3176	C1176
Growth Smart Beta Plus Portfolio	A1177	A3177	B1177	B3177	C1177
Aggressive Smart Beta Plus Portfolio	A1178	A3178	B1178	B3178	C1178
Conservative Strategy	A1044	A3044	B1044	B3044	C1044
Balanced Strategy	A1035	A3035	B1035	B3035	C2035
Growth Strategy	A1045	A3045	B1045	B3045	C1045
Aggressive Strategy	A1024	A3024	B1024	B3024	C1024
100% Equity Strategy	A1188	A3188	B1188	B3188	C1188
Celestia Conservative	A1100	A3100	B1100	B3100	C1100
Celestia Balanced	A1101	A3101	B1101	B3101	C1101
Celestia Growth	A1102	A3102	B1102	B3102	C1102
Celestia Aggressive	A1103	A3103	B1103	B3103	C1103
Celestia 100% Equity	A1189	A3189	B1189	B3189	C1189
Guardian Conservative Income	A1156	A3156	B1156	B3156	C1189
Guardian Income	A1157	A3157	B1157	B3157	C2157
CI Canadian Asset Allocation	A1153	A3153	B1153	B3153	C1153
CI Global Income and Growth	A1154	A3154	B1154	B3154	C1154
<b>Canadian equity funds</b>					
Guardian Canadian Dividend Equity	A1148	A3148	B1148	B3148	C1148
Jarislowsky Fraser Ltd Canadian Equity	A1012	A3012	B1012	B3012	C1012
Triasima Canadian Equity	A1085	A3085	B1085	B3085	C1085
BlackRock Canadian Index	A1046	A3046	B1046	B3046	C1046
Fiera Capital Canadian Small Cap Equity	A1015	A3015	B1015	B3015	C1015
<b>Foreign equity funds</b>					
Hillsdale U.S. Equity	A1147	A3147	B1147	B3147	C1147
Beutel Goodman U.S. Equity	A1163	A3163	B1163	B3163	C1163
Fiera Capital U.S. Equity	A1162	A3162	B1162	B3162	C1162
Fiera Capital Hedged U.S. Equity	A1166	A3166	B1166	B3166	C1166
BlackRock U.S. Index	A1047	A3047	B1047	B3047	C1047
Fisher ESG U.S. Small Cap Equity	A1187	A3187	B1187	B3187	C1187
GQG Partners International Equity	A1183	A3183	B1183	B3183	C1183
C WorldWide International Equity	A1097	A3097	B1097	B3097	C1097
BlackRock International Index	A1050	A3050	B1050	B3050	C1050
TD Global Dividend Equity	A1150	A3150	B1150	B3150	C1150
Fiera Capital Global Equity	A1164	A3164	B1164	B3164	C1164
GQG Partners Global Equity	A1182	A3182	B1182	B3182	C1182
Fisher Global Small Cap Equity	A1174	A3174	B1174	B3174	C1174
Fisher Emerging Markets Equity	A1139	A3139	B1139	B3139	C1139
<b>Specialty funds</b>					
Lazard Global Infrastructure	A1090	A3090	B1090	B3090	–
100% CI Global Real Estate	A1190	A3190	B1190	B3190	–



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## **Client Services**

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