

Application –  
Instructions Form

# **Beneva Investment Accounts, Beneva GIAs and Beneva Equity Index GIAs**

**TFSA**

**beneva**

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

If requesting a modification or an addition to an existing TFSA contract, please indicate the plan or 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: Contractholder

### The Contractholder must reside in Canada

Last name		First name		Social insurance number <sup>1</sup>	
Address (No.)		Street		Apt.	
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 11: Authorizations and Signatures – Contractholder and Other Parties.

- ☐ **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 an adult<sup>1</sup>**
- ☐ **Temporary representative of an adult<sup>1</sup>**
- ☐ **Tutor to a person of full age<sup>1</sup>**

Last name		First name		Date of birth	
Address (No.) <sup>2</sup>		Street		Apt.	
City		Province		Postal code	
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 Contractholder's address.

## Section 4: Contingent Contractholder

### (Subrogated in Quebec)

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

Last name		First name		Social insurance number <sup>1</sup>	
Address (No.) (if different from that of the Contractholder)		Street		Apt.	
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 5: Estate Planning

A contingent Contractholder (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.

☐ Estate (Go directly to Section 6)    OR    ☐ Designation (Complete the rest of Section 5)

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/she 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 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

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 beneficiaries 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

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

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

**Reserved for Beneva Financial Advisors**

Payroll deduction: \$ \_\_\_\_\_  
Amount

☐ **Transfer from another financial institution** (Attach the T2033 form with a copy of the statement)

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

☐ **Pre-authorized Transfer Program (PTP)** (Complete Section 8)

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

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 \$ \_\_\_\_\_

☐ **Loan:**

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



## Section 7: Investment instructions

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 (\$, %)			Pre-authorized 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 (\$, %) – \$400 minimum per GIA		Term	Index	Guarantee at maturity (%)
	Single payment	Transfer deposit			

Beneva Investment Accounts redeemable (R) <sup>1</sup>	Code	Amount (\$, %) – \$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  
2. Direct Deposit – Please complete bank account information in section 8D.



## Section 8: Pre-authorized 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 8C (and Section 3 if applicable).

A Type of transaction	Subsection to complete
<input type="checkbox"/> Pre-authorized debit (PAD)	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 E

B Frequency	B1. Purchase (PPP)	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 1st and the 27th of the month.

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

If no selection is made, 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 Banking Information

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

Last name, first name of bank accountholder

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch number	Financial institution number	Account number

### D Payroll deduction

Reserved for Beneva Financial Advisors	
Institution code:	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.
Employer's address:	It is understood that by doing so, my employer assumes no responsibility towards anyone.
Employee number:	<input checked="" type="checkbox"/> Payer's signature (mandatory)
	Date

### E Pre-authorized Redemption Program (PRP)

	Amount (\$ or %)		Amount (\$ or %), minimum \$100 / redemption
Daily Interest Account (DIA) redeemable (R) <sup>1</sup>	Pre-authorized redemption (PRP)	Beneva Guaranteed Interest Accounts (Beneva GIAs) and Beneva Equity Index GIAs	Pre-authorized redemption (PRP)
Beneva Investment Accounts redeemable (R) <sup>1</sup>	Pre-authorized redemption (PRP)	Investment No. or code	
Investment No. or code			

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



## 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: 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.





## Section 11: 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 the product, "including the indexed and fixed participation rates".

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*.

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 \_\_\_\_\_  
**X** \_\_\_\_\_  
**Contractholder's signature** or person acting on their behalf (mandatory) Please print name Date 

Y	Y	Y	Y	M	M	D	D
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**X** \_\_\_\_\_  
Other signature (where applicable) Please print name Date 

Y	Y	Y	Y	M	M	D	D
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### 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 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 Date 

Y	Y	Y	Y	M	M	D	D
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## Section 12: 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 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.

I have informed the Contractholder 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 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**  
(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**

Advisor's signature (mandatory)

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

Date

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



## Section 2: Contractholder

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In accordance with this contract, The Contractholder is the person 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. Only a "natural person" (individual) may apply. Canada Revenue Agency requires the SIN for tax purposes.

## Section 3: Other Parties to the Contract

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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 Contractholder 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: Beneficiary Designation

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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, 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 Annuity Contract.

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

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

## Section 7: Investment Instructions

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Select the investment vehicle(s) you want to invest in. For more information about Beneva Investment accounts and Beneva Guaranteed Investments, refer to the 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: Pre-authorized Transaction Program

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

For more information about Beneva Investment accounts, Beneva Guaranteed Investments and pre-authorized transaction program modalities, refer to the Annuity Contract.

## Section 9: Notice regarding the protection of your personal information

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Read this section carefully.

## Section 10: Authorization

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

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

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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 and bank account holder 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 Signature – Advisor

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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 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)	AGFiQ 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)	Epoch 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 Elements Yield Portfolio, 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 | 3. AC5: Advisor chargeback 5 years



## **Client Services**

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