APPLICATION FOR MEMBERSHIP
GROUP RETIREMENT SAVINGS PLAN

INSTRUCTIONS

- ✔ **Please print**
- ✔ **Make sure this form is duly signed**
- ✔ **Please forward completed form to:**

Desjardins Financial Security
Integrated Retirement Management Centre
Group Retirement Services
C.P. 1355, Succ. Desjardins
Montréal (Québec) H5B 1C4
Telephone: 514-285-7717 or
Toll free: 1-800-968-3587
Fax toll free: 1-877-350-8555

PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer
Desjardins Financial Security Life Assurance Company
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

For residents of all Canadian provinces, excluding British Columbia:

DFS may send information on its promotions or offer new products to those whose names appear on its client list. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

For residents of British Columbia:

DFS cannot use or communicate information contained in your file for commercial purposes without first receiving your written consent.

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Application for Membership
Group Retirement Savings Plan

Plan Information - To be completed by the Plan Sponsor

Group no.	Subgroup no.	Plan Sponsor's name

Applicant General Information - To be completed by the Plan Sponsor or Applicant

Is this a spousal or common-law partner application? ☐ Yes ☐ No (if "yes", the SPOUSE or common-law partner is to be considered the applicant)

Applicant's name (last, first) (the applicant is the annuitant)

Contributor's name (last, first) (Income tax receipts will be issued in this person's name)

Tel. Home:

Office:

E-mail:

Applicant's Social Insurance Number

Contributor's Social Insurance Number

Language ☐ English ☐ French

Applicant's date of birth DD MM YY

Employee's date of employment DD MM YY

Applicant's date of participation DD MM YY

Marital status: ☐ Single ☐ Married ☐ Common-law ☐ Widowed ☐ Divorced ☐ Separated

Sex of applicant: ☐ Male ☐ Female

Applicant's Province of residence

Applicant's Province of employment

Applicant's address

City

Province

Postal Code

Contributions: _____% per pay or $_____ ☐ per pay ☐ monthly ☐ yearly ☐ single deposit

Beneficiary Designation - To be completed by the Applicant

Any designation of a beneficiary is revocable unless otherwise stipulated.

Exception:

If you are a Quebec resident and you designate your married spouse or civil spouse as beneficiary, this designation is **irrevocable unless otherwise stipulated**.

Where a designation of a beneficiary is made irrevocable and as long as such a beneficiary is alive, you may not without the beneficary's consent (who must have attained the age of majority) modify or revoke the designation, nor exercise or assign your rights under the plan, request the payment of the surrender value or use it in any other manner.

Any beneficiary designation is subject to existing laws in force.

Name of Beneficiary (First Name and Last Name)	Relationship	% distribution*	If Minor Date of Birth (Obligatory) DD MM YY	
Name of Beneficiary (First Name and Last Name)	Relationship	% distribution*	If Minor Date of Birth (Obligatory) DD MM YY	
Name of Beneficiary (First Name and Last Name)	Relationship	% distribution*	If Minor Date of Birth (Obligatory) DD MM YY	

* If there is more than one beneficiary the total distribution must be equal to 100%.

If the beneficiary(ies) predecease(s) you, the contingent beneficiary who will replace the deceased beneficiary will be:

Name of beneficiary (First Name and Last Name)	Relationship	If Minor Date of Birth (Obligatory) DD MM YY

Designation of spouse as beneficiary (Quebec Residents Only)

I designate my spouse as revocable beneficiary ☐ (please check to confirm your choice.)

Designation of a Minor Beneficiary and Appointment of Trustee. (To be completed only if you have designated a beneficiary that is less than 18 years of age. However, if you are a Quebec resident, Civil Code provisions apply. Therefore, please do not complete this section.)

Trustee's name (last, first) _____

I hereby designate the above named beneficiary. I understand that a beneficiary under the age of 18 cannot receive money and give a valid discharge or receipt to the payor. Therefore, I hereby appoint the above named as trustee to receive, in trust for the beneficiary, such moneys as the beneficiary may become entitled to under the terms of the plan issued by Desjardins Financial Security Life Assurance Company, and agree that the trustee's acceptance of such moneys will be full and valid discharge to Desjardins Financial Security Life Assurance Company. This appointment of trustee shall lapse on my written appointment of a replacing trustee or on the minor beneficiary's 18th birthday, whichever occurs ealier.

By signing below, the Trustee indicates his or her acceptance of this appointment.

Signed at _____ this _____ day of _____ 20 _____

Signature of Applicant _____ Signature of Trustee _____

Trustee's Address _____ Postal Code _____

Desjardins Financial Security®

Application for Membership
Group Retirement Savings Plan

Investment Instructions - To be completed by the Applicant

Until further notice, Desjardins Financial Security Life Assurance Company, authorized by the Applicant, is requested to invest the future deposits made under this plan, in accordance with the term of the said plan, in the manner indicated below.

In order to facilitate the selection of your investments, we suggest you complete the questionnaire entitled "My Investor Profile". You can then select funds that match your profile using the document entitled "My Investment Funds".

Investor Profile - Please indicate the profile you obtained following your responses to the "My Investor Profile" questionnaire.

☐ Secure ☐ Moderate ☐ Balanced ☐ Growth ☐ Energetic ☐ Speculative

Please allocate my future contributions as follows:

INVESTMENT CATEGORIES AND FUNDS

Guaranteed Funds

Fund No.	Fund's name	
		%
		%
		%

Note: The total of all contributions to each Guaranteed Fund must be at least $50 for all plans in which you participate before being invested in the Guaranteed Fund.

Reinvestment of deposits in the Guaranteed Fund

When a deposit in the Guaranteed Fund matures, principal and interest should be reinvested as indicated below: *

Check **one** of the following: ☐ For a term of the same duration

☐ According to the instructions indicated

* Unless otherwise specified, matured and interest credits from the Guaranteed Fund will be reinvested for a term of the same duration.

Pooled Funds

Fund No.	Fund's name	
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
TOTAL =		**100%**

MUST BE COMPLETED

Plan administration authorization

I hereby request Desjardins Financial Security Life Assurance Company to apply for registration of my Retirement Savings Plan under the group plan in accordance with the Income Tax Act (Canada) and, when applicable, in accordance with the Taxation Act (Quebec).

I authorize the Plan Sponsor, as the agent acting on my behalf, to ensure the processing of all questions related to the administration of the plan, and I undertake to respect the provisions of the group retirement plan. I certify that the information contained herein is accurate.

I consent, if no "Investment Instructions" have been indicated, that Desjardins Financial Security Life Assurance Company will invest one hundred percent (100%) in the fund selected by the Plan Sponsor in this respect.

It is understood that the value of the sums invested in unit value funds will vary according to the yield of the funds.

It is understood that any benefit paid under this plan will be settled in accordance with the provisions of the Income Tax Act (Canada) and, when applicable, in accordance with the Taxation Act (Quebec).

I certify that all of the above information is, to the best of my knowledge, true and complete.

Signed at _____ this _____ day of _____ 20_____

_____
Signature of applicant

_____
Signature of spouse (if applicable)

_____
Witness (authorized Officer - Plan Sponsor)

MUST BE COMPLETED

Declaration and authorization with respect to the collection and communication of personal information to a third party

For the purposes of administering my Plan and paying benefits, I authorize the Plan Sponsor, my legal representative, group savings representative, estate, beneficiary, spouse and the financial institutions with which I conduct business to communicate all information that is deemed necessary and that is help regarding myself to Desjardins Financial Security Life Assurance Company.

Furthermore, I authorize Desjardins Financial Security Life Assurance Company to communicate the information that it holds regarding myself to the said third party, as mentioned in the preceding paragraph.

I authorize Desjardins Financial Security Life Assurance Company to use or communicate my Social Insurance Number for income tax and administrative purposes.

A photocopy of this authorization shall be as valid as the original.

I acknowledge that I have read the notice regarding the personal information management.

☐ I authorize _____
Signature of Applicant

☐ I do not authorize _____
Signature of Applicant

Signed at _____ this _____ day of _____ 20_____

_____
Signature of spouse (if applicable)