

APPLICATION FOR MEMBERSHIP GROUP RETIREMENT SAVINGS PLAN

INSTRUCTIONS

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

Other Provinces

Desjardins Financial Security
Customer Service
Group Retirement Services
P.O. Box 4354, Station "A"
Toronto (Ontario) M5W 3M7
Telephone: (514) 285-7717 or
Toll free: 1-800-968-3587
Fax toll free: 1-800-428-7979

Province of Quebec

Desjardins Financial Security
Customer Service
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, avenue 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.



Desjardins
Financial Security™

Plan Information - To be completed by the Plan Sponsor			
Group no.	Account no.	Plan no.	Division no. (if applicable)
Reporting level no. (if applicable)	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)		Tel.: Home: ()	
Contributor's name (last, first) (Income tax receipts will be issued in this person's name)		Office: ()	
		E-mail:	
Contributor's Social Insurance Number	Applicant's Social Insurance Number	Language <input type="checkbox"/> English <input type="checkbox"/> French	
Applicant's date of birth	Employee's date of employment	Applicant's date of participation	
D M Y	D M Y	D M Y	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Sex of applicant: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Applicant's Province of residence		Applicant's Province of employment	
Applicant's address		City	Province
			Postal Code
Rate of contributions: _____% per pay or \$_____		<input type="checkbox"/> per pay <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> single deposit	

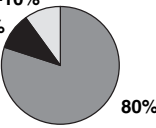
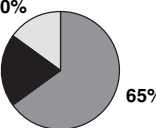
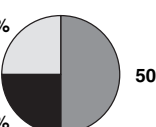
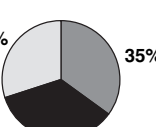
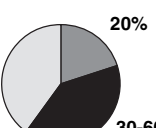
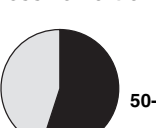
COMPLETE SECTION 1 OR 2

SECTION 1 - Beneficiary Designation - To be completed by the Applicant				
Beneficiary's name (last, first) _____				
Please indicate if the beneficiary is <input type="checkbox"/> Revocable: designation of the beneficiary may be changed without his/her consent.				
<input type="checkbox"/> Irrevocable: designation of the beneficiary may not be changed without his/her consent. In addition, if you designate your beneficiary as irrevocable, the beneficiary must consent in writing to all changes, e.g. withdrawals, transfers.				
Relationship to applicant _____	Beneficiary's Date of Birth (if spouse) <table border="1" style="display: inline-table;"><tr><td>D</td><td>M</td><td>Y</td></tr></table>	D	M	Y
D	M	Y		
Any beneficiary designation is subject to existing laws in force. If the beneficiary predeceases, the death benefit is to be paid to:				
<input type="checkbox"/> my estate <input type="checkbox"/> contingent beneficiary (last, first) _____				
Relationship to applicant _____				
Notwithstanding the above, under some circumstances, the beneficiary may be designated by the plan provisions.				

SECTION 2 - Designation of Minor Beneficiary and Appointment of Trustee. (If you are a Quebec resident, Civil Code provisions apply. Therefore, please do not complete this section)				
Beneficiary's name (last, first) _____	Beneficiary's Date of Birth: <table border="1" style="display: inline-table;"><tr><td>D</td><td>M</td><td>Y</td></tr></table>	D	M	Y
D	M	Y		
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 18 th birthday, whichever occurs earlier.				
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 _____			

Investment Direction - To be completed by the Applicant

Until further notice, Desjardins Financial Security Life Assurance Company is requested and authorized to invest the deposits made under this plan in accordance with the terms of the said plan, in the following manner: **select either options A or B.**

Option A Please allocate my future contributions as follows: (only one choice)	Option B Please allocate my future contributions as follows:																																				
<p>You can select from one of the following pre-established portfolios by checking the box corresponding to your investor profile. To determine your portfolio, we suggest you complete the questionnaire available in "My Investor Profile" leaflet, by visiting our Website www.desjardinsfinancialsecurity.com/participant or by calling our Customer Contact Centre at 1-800-968-3587.</p>	<p>You can select different funds that you can find in "My Investment Funds" leaflet or in our Website www.desjardinsfinancialsecurity.com/participant.</p>																																				
<p><input type="checkbox"/> Security Portfolio</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>0-10%</p> <p>10-20%</p>  <p>80%</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Fixed Income</p> <p><input type="checkbox"/> Canadian Equity</p> <p><input type="checkbox"/> Foreign Equity</p> </div> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">INVESTMENT CATEGORIES AND FUNDS</th> <th style="width:30%;">CONTRIBUTIONS APPLICANT</th> </tr> </thead> <tbody> <tr> <td colspan="2">Guaranteed Fund</td> </tr> <tr> <td style="text-align: center;">1 year</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">3 years</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">5 years</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td colspan="2">Pooled Funds</td> </tr> <tr> <td style="text-align: center;">Fund No.</td> <td style="text-align: center;">Fund's name</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td style="text-align: center;">TOTAL =</td> <td style="text-align: right;"><u>100%</u></td> </tr> </tbody> </table>	INVESTMENT CATEGORIES AND FUNDS	CONTRIBUTIONS APPLICANT	Guaranteed Fund		1 year	_____ %	3 years	_____ %	5 years	_____ %	Pooled Funds		Fund No.	Fund's name	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	_____	_____ %	TOTAL =	<u>100%</u>
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Note: Your personal situation and economic conditions must be taken into account when making investment decisions. Because your goals are constantly evolving, we recommend going through the questionnaire every three years or when important events (marriage, birth, disability, etc.) take place. Please consult your financial advisor, if you have any questions.

The *Canadian Income Tax Act* (the Act) does not currently apply the 30% foreign content limit to pension and registered retirement savings plans whose assets are invested in funds offered in contracts issued by insurance companies. However, if the Act is amended, this limit could be applied. Accordingly, we suggest you limit the portion invested in foreign funds to 30%.

Reinvestment of Guaranteed Principal and Interest

When payable, matured principal and interest from Guaranteed Fund should be reinvested: *

Check **one** of the following:

for a term of the same duration

as per the above instructions

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

	Plan administration authorization	
M U S T B E C O M P L E T E D	<p>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).</p> <p>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.</p> <p>I consent, if no "Investment Direction" has been indicated, that Desjardins Financial Security Life Assurance Company will invest one hundred percent (100%) of any funds contributed in a money market fund.</p> <p>It is understood that the value of the sums invested in unit value funds will vary according to the yield of the funds.</p> <p>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).</p> <p>I certify that all of the above information is, to the best of my knowledge, true and complete.</p>	
	<p>Signed at _____ this _____ day of _____ 20_____</p>	
	<p>_____</p>	
	<p>Signature of applicant</p>	<p>Signature of spouse (if applicable)</p>
		<p>_____</p>
		<p>Witness (authorized Officer - Plan Sponsor)</p>

	Declaration and authorization with respect to the collection and communication of personal information to a third party	
M U S T B E C O M P L E T E D	<p>For the purpose of administering my plan and paying benefits, I hereby authorize the Plan Sponsor and my legal representative, registered mutual fund representative, estate, beneficiary, spouse and the financial institutions with which I conduct business to communicate all information that is deemed necessary and that is held regarding myself to Desjardins Financial Security Life Assurance Company.</p> <p>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 previous paragraph.</p> <p>I authorize Desjardins Financial Security Life Assurance Company to use or communicate my Social Insurance Number for income tax and administrative purposes.</p> <p>A photocopy of this authorization is as valid as the original.</p> <p>I acknowledge that I have read the notice regarding the personal information management.</p>	
	<p>Signed at _____ this _____ day of _____ 20_____</p>	
	<p>_____</p>	
	<p>Signature of applicant</p>	<p>Signature of spouse (if applicable)</p>
		<p>_____</p>
		<p>Signature of spouse (if applicable)</p>