

MAY 2022

# Contract Application

## GUARANTEED INVESTMENT FUNDS – HELIOS2

### Non-Registered Contracts

---

### Registered Contracts

Retirement Savings Plan (RSP)  
Spousal RSP  
Locked-In Retirement Account (LIRA)  
Retirement Income Fund (RIF)  
Spousal RIF  
Life Income Fund (LIF)  
Locked-In RSP  
Prescribed Retirement Income Fund (PRIF)  
Restricted Life Income Fund (RLIF) Restricted  
Locked-In Savings Plan (RLSP)



DFS Guaranteed Investment Funds are established by  
**Desjardins Financial Security Life Assurance Company.**

Desjardins Insurance refers to Desjardins Financial Security  
Life Assurance Company.

---

## Additional Information

### Documentation Requirements

In addition to a completed application, additional documentation is required as follows:

#### Registered Contracts

Retirement Income Fund (RIF)

- Copy of a personalized cheque marked "VOID"

Locked-In Retirement Account (LIRA)

- Locked-In Retirement Account Endorsement – (available on webi.ca)

Life Income Fund (LIF)

- Life Income Fund Endorsement – (available on webi.ca)
- Spousal waiver (required in certain provinces – refer to provincial regulations).

#### List of fund numbers and minimum deposit requirements

Please note that you can find the complete list of fund numbers and minimum deposit requirements in the fund chart document (20105E) on webi.ca. The Owner/Co-Owner can find this document on the Desjardins Insurance website at [desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options](http://desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options) under Useful Links, or ask for a paper copy of this document to their advisor.

#### Registered Contracts

When a registered contract is selected, Desjardins Financial Security Life Assurance Company (DFS) is requested to apply for registration of this contract as a registered retirement savings plan or a registered retirement income fund under the *Income Tax Act*.

Registered contracts are subject to restrictions pursuant to section 146 or 146.3 of the *Income Tax Act*. I understand that, as a consequence of registering this contract, all payments made by DFS will be subject to tax as provided in such Act.

#### Personal Information Management

Desjardins Financial Security Life Assurance Company (DFS) handles your personal information 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 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 Privacy Officer:

Privacy Officer, Desjardins Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis (Québec) G6V 6R2 or [privacyofficer@dfs.ca](mailto:privacyofficer@dfs.ca).

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 DFS Privacy Officer.

DFS uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, it is possible that some of your personal information may be transferred to another country and be subject to the laws of that country. For information about DFS's policies and practices in terms of transferring personal information outside of Canada, visit the DFS website at [desjardinslifeinsurance.com](http://desjardinslifeinsurance.com), or write to the DFS Privacy Officer at the address indicated above. The Privacy Officer can also answer any questions you may have about the transfer of personal information to service providers located outside of Canada.



Insurance

Life • Health • Retirement

1150, rue de Claire-Fontaine
Québec (Québec) G1R 5G4
Phone: 1-877-647-5435
Fax: 1-888-926-2987
E-Mail: gifclientservice@dfs.ca

Guaranteed Investment Funds (GIF)

Desjardins Financial Security Life Assurance Company Use Only

Contract Number: \_\_\_\_\_

Dealer Code

Branch Code

Advisor Code

Contract Application Helios2

INSTRUCTIONS: This Contract Application cannot be used for a TFSA contract or a contract held in Nominee/Intermediary name.

1. Contract Type

Choose one plan type. For locked-in plans, the appropriate endorsements, spousal waivers, schedules and transfer documents are available at webi.ca.

This question is mandatory for non-registered contracts, in accordance with federal legislation.

Registered contracts

- Retirement Savings Plan (RSP), Spousal RSP, Retirement Income Fund (RIF), Spousal RIF, Locked-In Retirement Account (LIRA)\*, Locked-In RSP\*, Life Income Fund (LIF)\*, Restricted Life Income Fund (RLIF)\*, Restricted Locked-In Savings Plan (RLSP)\*, Prescribed Retirement Income Fund (PRIF)\*

\* Endorsement required

For locked-in plans, please indicate the governing legislation and include the appropriate endorsement.

- FED, AB, BC, MB, NB, NL, NS, ON, QC, SK

Non-registered contracts What is the purpose and intended use of the investment?

- Retirement savings, Estate planning, Other

2. Owner Information

If the Owner is a Corporation, an Organization or a Trust, complete the Annuitant section.

If the Owner is a Corporation, an Organization or a Trust, complete the "Power of Attorney/Authorized Signatory Information" section and form 08295E "Identity Verification Supplementary Form", available at webi.ca.

If the Owner has appointed an individual to give instructions for the Owner (such as a power of attorney), please complete the "Power of Attorney /Authorized Signatory Information" section and provide a copy of the power of attorney document.

Sex: M, F Language Preference: English, French Owner: Individual, Corporation

Date of Birth

Owner's Surname, First Name, Initial

Social Insurance Number

Organization Name, Federal Business/Trust Number

Provincial Business/Trust Number (Quebec only)

Address

Residence Telephone Number

City, Province, Country, Postal Code

Business Telephone Number

Occupation (required by federal law) - Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient

Marital Status

E-Mail Address

Citizenship

Owner - Verification of Identity:

The undersigned advisor certifies that they have verified the identity of the Owner, as required by federal law, by examining one of the following forms of identification. Provide a document number. An expired document is not acceptable.

- Driver's Licence, Passport, Other photo card issued by a government (please specify), Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.), Citizenship Card

Place of Issue or Jurisdiction, Document Number, Expiration Date, Verification Date

Owner - Mandatory (non-registered contracts only) Declaration of Tax Residence:

As required by federal law, please complete all the options that apply. By completing this section and signing the Application, the Owner certifies their tax residency.

Are you a tax resident of any country other than Canada (including a U.S. citizen or U.S. tax resident)?

- Yes, No If you answered "Yes", please complete the following section.

If you do not have a taxpayer identification number (TIN) for a specific jurisdiction, give the reason using one of these choices:

- Reason A: I will apply or have applied for a TIN but have not yet received it. Reason B: My jurisdiction of tax residence does not issue TINs to its residents. Reason C: Other reason.

Table with 3 columns: Name of the country of residence, TIN, If you do not have a TIN, indicate reason A, B or C (if reason C, please specify)

2a. Co-Owner Information (non-registered contracts only)

The Co-Owner must be either the married spouse, civil union spouse or common-law partner of the Owner. If a Co-Owner is named, both the Owner and the Co-Owner are presumed to be Annuitants unless there is a different Annuitant named in Section 3. If an Annuitant is named in Section 3, the death benefit will be paid on the death of this Annuitant.

Sex: M, F Language Preference: English, French Owner: Individual, Corporation

Date of Birth

Co-owner's Surname, First Name, Initial

Social Insurance Number

## 2a. Co-Owner Information (non-registered contracts only)

**Co-Owner – Verification of Identity:**  
The undersigned advisor certifies that they have verified the identity of the Co-Owner, as required by federal law, by examining one of the following forms of identification.

**Provide a document number. An expired document is not acceptable.**

If the Co-Owner has appointed an individual to give instructions for the Co-Owner (such as a power of attorney), please complete the "Power of Attorney/Authorized Signatory Information" section and provide a copy of the power of attorney document.

Organization Name		Federal Business/Trust Number		Provincial Business/Trust Number (Quebec only)	
Address				Telephone No.	
City	Province	Country	Postal Code	Business Telephone Number	
Occupation (required by federal law) – Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient			Marital Status		E-Mail Address
Citizenship					
<input type="checkbox"/> Driver's Licence		<input type="checkbox"/> Passport		<input type="checkbox"/> Other photo card issued by a government (please specify)	
<input type="checkbox"/> Provincial Health Card (prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)		<input type="checkbox"/> Citizenship Card			
Place of Issue or Jurisdiction		Document Number		Expiration Date	Verification Date

**Co-Owner – Mandatory (non-registered contracts only) – Declaration of Tax Residence:**  
As required by federal law, please complete all the options that apply. By completing this section and signing the Application, the Co-Owner certifies their tax residency.

**Are you a tax resident of any country other than Canada (including a U.S. citizen or U.S. tax resident)?**

Yes  No If you answered "Yes", please complete the following section.

If you do not have a taxpayer identification number (TIN) for a specific jurisdiction, give the reason using one of these choices:

Reason A: I will apply or have applied for a TIN but have not yet received it.  
Reason B: My jurisdiction of tax residence does not issue TINs to its residents.  
Reason C: Other reason.

Name of the country of residence	TIN	If you do not have a TIN, indicate reason A, B or C (if reason C, please specify)

**In Trust Contract – Information**  
(non-registered contracts only)

**In Trust** (In Trust contracts are not allowed for Quebec clients unless a formal trust has been created.) Any deposits made under this contract are owned by the individual for whom the In Trust contract has been established, and the Owner acts as that person's agent or custodian.

Beneficial Owner's Surname	First Name	Initial	Date of Birth	Social Insurance Number
----------------------------	------------	---------	---------------	-------------------------

## 2b. Spouse or Common-Law Partner Information (registered contracts only)

Please complete this information if you checked one of the two previous boxes.

**RSP or RIF Spousal Contributor**

The **Spousal Contributor** is the spouse or common-law partner who makes contributions to the Owner's RSP contract (Spousal RSP) or has contributed to another RSP or RIF of the Owner from which the funds are transferred to this RSP or RIF contract (Spousal RSP or RIF).

RIF/LIF minimum amounts - I opt to select my spouse or common-law partner's age to compute the minimum amounts to be paid out. Once payments have started, the age used in calculating the amounts cannot be changed.

Spouse or Common-law Partner Surname	First Name	Initial	Date of Birth	Social Insurance Number
--------------------------------------	------------	---------	---------------	-------------------------

## 3. Annuitant, (non-registered contracts only)

The **Annuitant** is the measuring life, meaning the person in the event of whose death the death benefit is payable. Complete if the Annuitant is other than the Owner and Co-Owner or if the Owner is a Corporation, an Organization or a Trust.

Sex:  M  F

Surname	First Name	Initial	Date of Birth	Social Insurance Number
Address				Telephone No.
City	Province	Postal Code		

## 4. Beneficiary Upon Death of Annuitant

The person(s) you name here will receive the death benefit on the death of the last surviving Annuitant.

If a separate Beneficiary designation list is attached, it has to include Surname, First Name, % share and relationship. This list must be dated and signed by the Owner and the Co-Owner.

If you designate a Beneficiary as irrevocable, all transactions and plan changes will require the Beneficiary's written authorization.

The Owner and Co-Owner are responsible for ensuring that the Beneficiary designations are validly made.

All Beneficiaries are revocable unless otherwise specified.

**In Quebec:** Where your married or civil union spouse is appointed as the Beneficiary, indicate that the Beneficiary is REVOCABLE, failing which, the appointment as Beneficiary is irrevocable. Please check the following box if the beneficiary is REVOCABLE

I/We want the death benefit to be payable to some or all of my/our Beneficiaries in the form of an annuity rather than a lump-sum payment. Please complete form 17-0136\_800E "Beneficiary Designation - Annuity Settlement Option (Endorsement)" along with this Contract Application.

**Primary Beneficiaries:**

Surname	First Name	Share %	Relationship*
---------	------------	---------	---------------

Surname	First Name	Share %	Relationship*
---------	------------	---------	---------------

Surname	First Name	Share %	Relationship*
---------	------------	---------	---------------

In the event that my Primary Beneficiaries die before the Annuitant, I appoint my Secondary Beneficiary to receive the death benefit.

Surname	First Name	Share %	Relationship*
---------	------------	---------	---------------

\*to the Owner/Co-Owner (residents of Quebec) or to the Annuitant(s) (residents outside of Quebec).

## 5. Source of Funds

Personal Cheque \$ \_\_\_\_\_

Unique Withdrawal of \$ \_\_\_\_\_ (complete PAD section)

Transfer from a Desjardins Financial Security, Life Assurance Company product Account # \_\_\_\_\_ \$ \_\_\_\_\_

**(please provide a copy of transfer documents)**

Transfer from another financial institution

**(please provide a copy of transfer documents)**

\_\_\_\_\_ \$ \_\_\_\_\_  
Name of Institution

\_\_\_\_\_ \$ \_\_\_\_\_  
Name of Institution

\_\_\_\_\_ \$ \_\_\_\_\_  
Name of Institution

## 6. Guarantees and Investment Information

List the fund number(s) for the funds you have chosen.

A fund number denotes the fund, series, fee option and guarantee.

Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on webi.ca. The Owner/Co-Owner can find this document on the Desjardins Insurance website at [desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options](http://desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options) under Useful Links, or ask for a paper copy of this document to their advisor.

The minimum PAD amount is \$50 per month and \$25 per fund. **Please provide a personalized cheque marked "VOID"**.

To start a Pre-Authorized Debit (PAD) Agreement, complete the section Pre-Authorized Debit (PAD) Agreement – Payor's PAD Authorization

Fund Number	Single Deposit Amount or Percentage	Pre-Authorized Debit (PAD) Amount or Percentage	Wire Order Number

Frequency and Payment Date:  Annually  Semi-Annually  Quarterly  Monthly  Semi-Monthly (1st and 15th of the month)  
 Bi-Weekly  Weekly

Start Date:

## 7. Systematic Withdrawal Plan (SWP)

The gross amount is the net amount plus taxes withheld and fees.

For a RIF or LIF contract, you must withdraw an amount which equals or exceeds the RIF or LIF Minimum Amount. For a LIF contract, this amount cannot exceed the LIF Maximum Amount.

New requests or changes must be received by Desjardins Financial Security Life Assurance Company 5 business days before the start date.

Fund Number	SWP Amount or %	Fund Number	SWP Amount or %
1.		4.	
2.		5.	
3.		6.	

\*Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on webi.ca. The Owner/Co-Owner can find this document on the Desjardins Insurance website at [desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options](http://desjardinslifeinsurance.com/en/individual-savings/guaranteed-investment-funds/our-investment-options) under Useful Links, or ask for a paper copy of this document to their advisor.

Frequency and Payment Date:  Annually  Semi-Annually  Quarterly  Monthly  Semi-Monthly (1st and 15th of the month)  
 Bi-Weekly  Weekly

Start Date:

Payments will be deposited directly into the bank account that you specify, within a processing time of three business days following the selected date. **Please provide a personalized cheque marked "VOID"**.

### Non-registered contracts

I/We select:

\$ \_\_\_\_\_ per interval. Indicate if this amount is  Gross (default if no selection is made) OR  Net

### RRIF/LIF

I/We select:

- Minimum Amount permitted under a RRIF or LIF
- Maximum Amount permitted under a LIF (default payment date is December 15)
- \$ \_\_\_\_\_ per year. Indicate if this amount is  Gross (default if no selection is made) OR  Net
- Temporary LIF income. Please provide the appropriate schedules.

### Tax Withholding (RRIF/LIF)

If you would like to use a different withholding tax rate, please indicate the rate as a percentage\* Federal tax \_\_\_\_\_% Provincial tax (Quebec only) \_\_\_\_\_% and to which amount it should be applied\*\*  On the full payment  On amounts in excess of the Minimum Amount

\* If you request a withholding rate lower than the prescribed rate, the prescribed rate will be applied.

\*\* If you have not indicated how the rate should be applied, we will apply the rate to the full payment.

## 8. Advisor Information

Please write the name(s) in block letters.

### Third Party Determination:

The undersigned advisor indicates, in accordance with federal legislation, if they have reasonable grounds to suspect the Owner/Co-Owner is acting on behalf of a third party.

Dealer Name  
(Service Provider)

Advisor Name or Trainee  
(Trainee applies to Quebec only)

By signing here, the advisor confirms that they are appropriately licensed, has disclosed any conflicts of interests and has thoroughly examined the Owner's/Co-Owner's needs for product suitability. The advisor also confirms that they may receive compensation, if this Application is accepted by Desjardins Financial Security Life Assurance Company and may receive additional compensation in the future in the form of bonuses, trailers and conferences. The advisor also confirms that they have examined the original and valid identity verification documentation.

### Does the advisor have reasonable grounds to suspect the Owner/Co-Owner is acting for a third party?

Yes  No If "Yes", they must complete and attach the "Third Party Determination" form (21024E), available on webi.ca.

Name of Training Supervisor  
(Quebec only)

Signature of Training Supervisor  
(Quebec only)

Signature of Advisor or Trainee

Date

## 9. Power of Attorney/ Authorized Signatory Information

This section must be completed when a person is entitled to give instructions for a Desjardins Financial Security Life Assurance Company contract held by another physical person, a corporation, a trust or other entity. Provide information on a separate sheet if needed.

**Mandatory: Attach the document giving the power to act (power of attorney, resolution, etc.)**

### Authorized Signatory Verification of Identity:

The advisor certifies that they have verified the identity of the authorized signatory by examining one of the following forms of identification.

**Provide a document number. An expired document is not acceptable.**

**Signature of the individual acting on behalf of the Owner or Co-Owner.**

Please specify if you are acting on behalf of the Owner or Co-Owner (check the appropriate box).

Owner  Co-Owner

Authorized Signatory Surname

First Name

Address

City

Province/State

Postal Code

Country

Occupation

Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient.

Driver's Licence

Passport

Other photo card issued by a government (please specify)

Provincial Health Card  
(prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)

Citizenship Card

Place of Issue or Jurisdiction

Document Number

Expiration Date

Verification Date

Authorized Signatory Name (block letters)

Authorized Signatory Signature

Date

If there is an Authorized Cosignatory, please use an additional Application Form to complete the entire Authorized Signatory section for the Cosignatory and submit the additional form with the Contract Application

## 10. Agreement, Declarations and Acknowledgement

The Contract and Information Folder and the Fund Facts document contain important information and should be read before investing. They contain provisions relating to the Desjardins Financial Security Guaranteed Investment Funds Plan - Helios2, investment information, financial highlights as well as the Fund Facts for each of the Desjardins Financial Security Guaranteed Investment funds (DFS GIF).

The Annuitant is required to consent to being the measuring life and sign this section. If the Annuitant is a minor at the moment of the application, the section must be signed by their legal representative.

If this section is signed by someone acting on behalf of the Owner, please also complete and sign the "Power of Attorney/Authorized Signatory Information" section

If this section is signed by someone acting on behalf of the Co-Owner, please also complete and sign the "Power of Attorney/Authorized Signatory Information" section.

I/We hereby apply to purchase a contract under the Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2, on the terms and conditions contained in the current Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2 contract and agree to pay such fees as are therein described.

This Application is subject to acceptance by Desjardins Financial Security Life Assurance Company (DFS). Each additional deposit amount shall be subject to such acceptance.

I/We declare that all statements and answers made by me/us in connection with this Application are fully complete and true.

I/We agree that the contract and all related documents shall be drafted in English. Je consens (Nous consentons) à ce que le contrat et tous les documents y afférents soient rédigés en anglais.

I/We declare that the deposits made now or in the future under this contract will not be made for a third party. I/We agree to inform DFS if any future deposits are made under this contract for a third party.

I/We acknowledge having read and understood the "Additional Information" page.

I/We acknowledge having received and read the document titled Contract and Information Folder – Guaranteed Investment Funds Helios2 and the document titled Fund Facts – Guaranteed Investment Funds Helios2. I/We acknowledge that I/we had the option of requesting a paper copy of these documents and that, if such request has been made, I/we have received such copy. I/We acknowledge having received a proper description of the product, the relevant Fund Facts and a clear explanation of what is and is not guaranteed under this contract.

I/We certify that the information provided in the "Declaration of Tax Residence" section of this form is correct and complete.

I/We will provide a new form to Desjardins Financial Security Life Assurance Company (DFS) within 30 days of any change in circumstances that causes the information in this form to become incomplete or inaccurate.

**For all provinces and territories except Quebec:** by designating a Co-Owner, the Owner and the Co-Owner acknowledge that the type of ownership is qualified as "joint ownership with rights of survivorship". Upon the death of the Owner or the Co-Owner, provided that they are not the sole Annuitant, all their rights and obligations pursuant to the contract will be transferred to the other.

**For the province of Quebec only:** by designating a Co-Owner, the Owner and the Co-Owner acknowledge and agree that they respectively designate each other as subrogated owner of the contract. Upon the death of the Owner or the Co-Owner, provided that they are not the sole Annuitant, all their rights and obligations pursuant to the contract will be transferred to the other.

**For an Annuitant who is different from the Owner/Co-Owner:** by signing below, I the Annuitant, consent to be the measuring life for the purposes of calculating the death benefit and all other guarantees in this contract.

**The Owner and the Co-Owner represent that they are either married spouses, civil union spouses or common law partners at the time of the application.** If this is a locked-in contract, I declare that I have received the endorsements related to the contract \_\_\_\_\_ Initial \_\_\_\_\_

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

Date: \_\_\_\_\_

Owner's Signature

Co-Owner's Signature (if applicable)

Annuitant Signature (if other than Owner/Co-Owner)

Spousal Signature (for applicable LIFs)

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT – PAYOR'S PAD AUTHORIZATION

### 1. Account Holder Name Only complete this section if the contract Owner is different from the bank account holder.

Account Holder(s) Surname	First Name	Telephone Number
Address		
City	Province	Postal Code

### 2. Authorization of Withdrawal

**IMPORTANT:** Please provide a personalized cheque marked "VOID".

I authorize Desjardins Financial Security Life Assurance Company (DFS) and my financial institution where I have my account or any other financial institution which I may appoint, to debit the amount(s) indicated below according to my instructions.

Name of the Financial Institution where the Account is located

<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution Number	Transit Number	Account Number (with check digit)

Start Date:    |    |

- A fixed amount of \$\_\_\_\_\_ (minimum \$50 per month) to be deposited into my Guaranteed Investment Fund contract, at the following interval:
- |                                    |  |   |                                  |
|------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Weekly    | <input type="checkbox"/> Bi-Weekly     | <input type="checkbox"/> Semi-Monthly (1st and 15th of the month) | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually                                 |                                  |

A lump sum of \$\_\_\_\_\_

Type of PAD Agreement  Personal/Individual  Business

**Waiver:**

**I agree to waive any written notice before the first debit is made or when any change is made to the above debit.**

**Change or cancellation:**

I shall inform DFS of any changes to this Agreement at least 10 business days prior to the next withdrawal.

I may revoke my authorization at any time, with a notice of at least 10 business days. To obtain a copy of my cancellation form or for more information on my right to cancel a PAD Agreement, I may consult with my financial institution or visit the Payments Canada Web site at payments.ca. I agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution. DFS can cancel the PAD agreement by providing a 30-day notice to the contract Owner. The agreement can also be cancelled if the financial institution refuses the pre-authorized debits for any reasons.

I confirm that all the people whose signatures are necessary for the operation of the account mentioned above have signed this authorization.

### 3. Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit payments.ca.

I understand that these types of requests are to be made to my financial institution following the procedure it will provide me.

### 4. Consent for Disclosure of Information

I agree that the information in my application for PAD authorization will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for PAD.

### 5. Signature of Account Holder(s)

**By signing below, you acknowledge that you have read and authorize the pre-authorized debits (PAD) as described above.**

Signature of Account Holder	Date
Signature of a Second Account Holder (Only if two signatures are required)	Date

# Desjardins: A name you can count on!

Desjardins Group is the leading cooperative financial group in Canada and one of the country's best capitalized financial institutions.

Desjardins Group enjoys credit ratings comparable to those of several major Canadian and international banks and is recognized as one of the most stable financial institutions in the world according to *The Banker*.

[desjardinslifeinsurance.com](http://desjardinslifeinsurance.com)



The Contract and Information Folder and the Funds Facts document contain important information on the Desjardins Financial Security Guaranteed Investment Funds Plan – Helios2 and the DFS Guaranteed Investment Funds. The Contract and Information Folder also contains defined terms. Please read these documents carefully before investing.

DFS Guaranteed Investment Funds are established by Desjardins Financial Security Life Assurance Company.

Helios2 and DFS Guaranteed Investment Funds are registered trademarks of Desjardins Financial Security Life Assurance Company. Desjardins Insurance and its logo are trademarks of Fédération des caisses Desjardins du Québec, used under licence.



This document is printed on Rolland Enviro paper.

100%