

MAY 2022

# Contract Application

**Intermediary/  
Nominee name**

GUARANTEED INVESTMENT FUNDS – HELIOS2



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

Desjardins Insurance refers to Desjardins Financial Security  
Life Assurance Company.

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## Additional Information

### 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](http://webi.ca). The Beneficial Owner/Beneficial 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.

### 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.

Dealer Code							
Branch Code							
Advisor Code							

## Contract Application Helios2

**INSTRUCTIONS: This form is to be used to open a new contract held in Intermediary/Nominee name.**

### 1. Intermediary/Nominee

Choose one:

Held in Nominee Name: \_\_\_\_\_ Nominee Account Number \_\_\_\_\_

Held in Intermediary Name: \_\_\_\_\_ Intermediary Account Number \_\_\_\_\_

### 2. Contract Type

Specify the type of registration with the Nominee or the Intermediary:

If the contract is in a Nominee or Intermediary Account, it is automatically held in a non-registered plan at Desjardins Financial Security Life Assurance Company.

**Registered contract**

Registered Retirement Savings Plan (RRSP)     Locked-In RRSP     Life Income Fund (LIF)

Locked-In Retirement Account (LIRA)     Prescribed Registered Retirement Income Fund (PRRIF)     Tax Free Savings Account (TFSA)

Restricted Locked-In Savings Plan (RLSP)     Registered Retirement Income Fund (RRIF)     Restricted Life Income Fund (RLIF)

This question is mandatory if the contract is in a non-registered Nominee or Intermediary Account, in accordance with federal legislation.

**Non-registered contract**

What is the purpose and intended use of the investment?

Retirement savings     Estate planning     Other \_\_\_\_\_

### 3. Beneficial Owner Information

The Beneficial Owner and Beneficial Co-Owner must also be the Nominee or Intermediary Account Holders.

If the Owner is a Corporation, an Organization or a Trust, complete the Annuitant section. If the Beneficial 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 Beneficial Owner has appointed an individual to give instructions for the Beneficial 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.

#### Beneficial Owner - Verification of Identity:

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

#### Beneficial Owner - Mandatory (non-registered Nominee or Intermediary accounts 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 Beneficial Owner certifies their tax residency.

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

Date of Birth									

Beneficial 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

Important

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

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

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

**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)

### 3a. Beneficial Co-Owner Information (Non-Registered Nominee or Intermediary accounts only)

The Beneficial Co-Owner must be either the married spouse, civil union spouse or common-law partner of the Beneficial Owner. If a Beneficial Co-Owner is named, both Beneficial Owner and the Beneficial Co-Owner are presumed to be Annuitants unless there is a different Annuitant named in Section 4. If an Annuitant is not named in Section 4, the death benefit will be paid on the death of the survivor. If an Annuitant is named in Section 4, 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									

Beneficial Co-Owner's Surname    First Name    Initial

Social Insurance Number									

### 3a. Beneficial Co-Owner Information (Non-Registered Nominee or Intermediary accounts only)

**Beneficial Co-Owner – Verification of Identity:** The undersigned advisor certifies that they have verified the identity of the Beneficial 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 Beneficial Co-Owner has appointed an individual to give instructions for the Beneficial 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.

**Beneficial Co-Owner – Mandatory (non-registered Nominee or Intermediary accounts 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 Beneficial Co-Owner certifies their tax residency.

Organization Name		Federal Business/Trust Number		Provincial Business/Trust Number (Quebec only)	
Address					
City	Province	Country	Postal Code	Residence Telephone Number	
Important			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				
Important		Important	Important	Important	
Place of Issue or Jurisdiction		Document Number	Expiration Date	Verification Date	
<b>Are you a tax resident of any country other than Canada (including a U.S. citizen or U.S. tax resident)?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> 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)			

### 4. Annuitant, if other than Beneficial Owner /Beneficial Co-Owner (non-registered Nominee or Intermediary Account only)

Complete if the Annuitant is other than the Beneficial Owner and Beneficial Co-Owner or if the Beneficial Owner is a Corporation, an Organization or a Trust. The Annuitant is the person in the event of whose death the death benefit is paid. For a Registered Nominee or Intermediary Account, the Annuitant is always the Beneficial Owner.

Surname	First Name	Initial	Date of Birth			
Address			Social Insurance Number			
City	Province	Postal Code	Telephone Number			
Relationship to Beneficial Owner/Beneficial Co-Owner						

### 5. Beneficiary Upon Death of Annuitant

Complete only if the contract is held in a non-registered Nominee or Intermediary Account.

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 Beneficial Owner and the Beneficial Co-Owner.

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

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

For a contract held in a Registered Nominee or Intermediary Account, the Beneficiary of the contract is automatically the trustee of the Registered Nominee or Intermediary Account for the benefit of the holder of the Registered Nominee or Intermediary Account which should also be the Beneficial Owner. For a contract held in a Nominee or Intermediary Account (Registered or Non-registered), any death benefit will be paid to the Nominee or Intermediary in trust for the Beneficiary or the estate.

**In Quebec:** All Beneficiaries are revocable unless otherwise specified. 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** .

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

## 6. Source of Funds

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

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

Transfer from a Desjardins Financial Security Life Assurance Company product (please provide a copy of transfer documents) Account # \_\_\_\_\_ \$ \_\_\_\_\_

Transfer from another financial institution (please provide a copy of transfer documents)

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

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

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

## 7. 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](http://webi.ca). The Beneficial Owner/Beneficial 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.

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: 

D	D	M	M	Y	Y	Y	Y
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Please provide a personalized cheque marked "VOID".

## 8. Systematic Withdrawal Plan (SWP)

Any withdrawals will be issued to the Nominee/Intermediary.

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

Refer to the fund chart document (20105E) for the fund numbers and the minimum deposit requirements, available on [webi.ca](http://webi.ca). The Beneficial Owner/Beneficial 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.

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

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

Start Date: 

D	D	M	M	Y	Y	Y	Y
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Payments will be deposited within a processing time of three business days following the selected date.

I/We choose:  \$ \_\_\_\_\_ per interval. Indicate if  Gross (default if no selection is made) OR  Net

## 9. 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 Beneficial Owner/Beneficial 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 interest and has thoroughly examined the Beneficial Owner/Beneficial Co-Owner 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 Beneficial Owner/Beneficial 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](http://webi.ca).

\_\_\_\_\_  
Name of Training Supervisor  
(Quebec only)

\_\_\_\_\_  
Signature of Training Supervisor  
(Quebec only)

\_\_\_\_\_  
Signature of Advisor or Trainee

\_\_\_\_\_  
Date

## 10. 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.**

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

Beneficial Owner  Beneficial 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.		
<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		
Important	Important	Important	Important
Place of Issue or Jurisdiction	Document Number	Expiration Date	Verification Date
Authorized Cosignatory Name (block letters)		Authorized Cosignatory Signature	Date

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

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.

## 11. 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 related 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 Guaranteed Investment Funds (DFS GIF).

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, the Beneficial Owner and, if applicable, the Beneficial Co-Owner 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 on what is and is not guaranteed under this contract before investing.

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.

I/We, the Beneficial Owner and, if applicable, the Beneficial Co-Owner understand that potential creditor protection may be lost by having the contract held in the name of the Nominee/Intermediary, the trustee of the Registered Nominee or Intermediary account or someone who is not the Beneficial Owner.

I/We, the Beneficial Owner and, if applicable, the Beneficial Co-owner authorize the Company to deliver the contract and any other documents or correspondence to the Nominee/ Intermediary and to accept instructions from the Nominee/Intermediary to execute the financial and non-financial transactions pertaining to the contract including, but not limited to subscribing to an annuity contract, deposits, withdrawals, switches of Units, and transfers of investment vehicles, except Beneficiary designation in accordance with my/our instructions and contract provisions; authorize the Company to accept deposits for investment in this contract and to pay partial and total withdrawal amounts requested by the Nominee/Intermediary directly to the Nominee/Intermediary, and understand that the Company shall not be liable for instructions provided by the Nominee/Intermediary and for acting upon them.

The Nominee/Intermediary represents that it has ensured and will ensure that any instructions to execute financial and non-financial transactions the Nominee/Intermediary has requested and will request is and will be supported by an appropriate authorization signed by the Beneficial Owner and, as the case may be, the Beneficial Co-Owner and the irrevocable beneficiary indicated in section 5 above.

**For all provinces and territories except Quebec:** by designating a Beneficial Co-Owner, the Beneficial Owner and the Beneficial Co-Owner acknowledge that the type of ownership is qualified as "joint ownership with rights of survivorship". Upon the death of the Beneficial Owner or the Beneficial 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 Beneficial Co-Owner, the Beneficial Owner and the Beneficial Co-Owner acknowledge and agree that they respectively designate each other as subrogated owner of the contract. Upon the death of the Beneficial Owner or the Beneficial 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 Beneficial Owner/Beneficial 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 Beneficial Owner and the Beneficial Co-Owner represent that they are either common law partners, civil union spouses or married spouses at the time of the application.**

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

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

Signed at \_\_\_\_\_ Date \_\_\_\_\_

Beneficial Owner Signature \_\_\_\_\_ Beneficial Co-Owner Signature (if applicable) \_\_\_\_\_ Annuitant Signature (if other than Beneficial Owner) \_\_\_\_\_

Nominee/Intermediary Signature \_\_\_\_\_

**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 \_\_\_\_\_

Institution Number \_\_\_\_\_ Transit Number \_\_\_\_\_ Account Number (with check digit) \_\_\_\_\_

Start Date: 

D	D	M	M	Y	Y	Y	Y
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- A fixed amount of \$ \_\_\_\_\_ (minimum \$50 per month) to be deposited into my Guaranteed Investment Fund contract, at the following interval:
- Weekly  Bi-Weekly  Semi-Monthly (1st and 15th of the month)  Monthly  Quarterly  Semi-Annually  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.

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