

MAY 2022

Contract Application

Tax-Free Savings Account (TFSA)

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.

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. The holder can find this document on the Desjardins Insurance website at 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.

Tax Free Saving Account (TFSA)

Desjardins Financial Security Life Assurance Company (DFS) is requested to file an election with the Minister of National Revenue to register this contract as a TFSA under section 146.2 of the *Income Tax 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.

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, 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.

6. Advisor Information

Please write the name(s) in block letters.

Dealer Name <small>(Service Provider)</small>	Advisor Name or Trainee <small>(Trainee applies to Quebec only)</small>
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By signing here, the advisor confirms that they are appropriately licensed, has disclosed any conflicts of interests and has thoroughly examined the holder'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.

Name of Training Supervisor <small>(Quebec only)</small>	Signature of Training Supervisor <small>(Quebec only)</small>	Signature of Advisor or Trainee	Date
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7. 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.

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 holder.

Authorized Signatory Surname	First Name
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Address

City	Province/State	Postal Code
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Country	Occupation <small>Please be specific, one word generic terms like "manager", "consultant" or "president" are not sufficient.</small>
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<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 <small>(prohibited in Ontario, Manitoba, Nova Scotia and P.E.I.)</small>	<input type="checkbox"/> Citizenship Card	

Place of Issue or Jurisdiction	Document Number	Expiration Date	Verification Date
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Authorized Signatory Name (block letters)	Authorized Signatory Signature	Date
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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.

8. 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).

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

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

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

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

I 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 acknowledge that I had the option of requesting a paper copy of these documents and that, if such request has been made, I have received such copy. I 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.

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

Signed at _____ Date _____

Holder Signature

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

1. Account Holder Name Only complete this section if the contract holder 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)
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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:
- | | | | |
|------------------------------------|--|---|----------------------------------|
| <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 Disclosure of institution, insofar as the disclosure of this information is directly related to and necessary for the proper Information 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 Holder(s) 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



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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