

1.  APPLICATION (new plan)  INSTRUCTIONS – Client No.: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Savings annuity   | <input type="checkbox"/> Savings annuity   |
| <input type="checkbox"/> Immediate annuity | <input type="checkbox"/> Immediate annuity |

2. DETAILS OF PLAN

- |  |    |  |                       |
|--|----|--|-----------------------|
| <input type="checkbox"/> Plan taxable on the contract anniversary date (non-registered)  | or | <input type="checkbox"/> RIF – Contributing contractholder (calculated based on spouse's age) <sup>1</sup> | } Complete Section 8. |
| <input type="checkbox"/> RSP – Contributing contractholder                               |    | <input type="checkbox"/> RIF – Contributing contractholder (calculated based on contractholder's age)      |                       |
| <input type="checkbox"/> RSP – Contributing spouse (enter spouse's personal information) |    | <input type="checkbox"/> RIF – Contributing spouse (calculated based on spouse's age) <sup>1</sup>         |                       |
|  |    | <input type="checkbox"/> RIF – Contributing spouse (calculated based on contractholder's age)              |                       |

1) Enter spouse's date of birth in Section 4

3. CONTRACTHOLDER'S PERSONAL INFORMATION

Last Name		First Name		Occupation		Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Address (No., Street, Apartment)		City		Province		Country		Postal Code	
Home Tel.		Work Tel.		Ext.		Social Insurance No.			
Date of Birth (YYYY/MM/DD)		E-mail address		Language preference: <input type="checkbox"/> French <input type="checkbox"/> English					

- I am a public service employee with the institution mentioned below.
- My spouse \_\_\_\_\_ is a public service employee with the institution mentioned below.

Public service employer name \_\_\_\_\_

Public service employer address \_\_\_\_\_

4. SPOUSE'S PERSONAL INFORMATION

> To be completed in any of the following cases: Spouse-contribution RSP, joint and survivor life annuity, RIF or guaranteed period calculated based on spouse's age.

Last Name		First Name		Sex: <input type="checkbox"/> M <input type="checkbox"/> F					
Address (No., Street, Apartment)		City		Province		Country		Postal Code	
Home Tel.		Work Tel.		Ext.		Social Insurance No.			
Date of Birth (YYYY/MM/DD)		E-mail address		Language preference: <input type="checkbox"/> French <input type="checkbox"/> English					

## 5. BENEFICIARY DESIGNATION

> Required for applications only

- Estate  
or  
 Designation

Name of beneficiary	Relation to contractholder	Date of Birth (YYYY/MM/DD)	Revocable	Irrevocable
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### Caution

If you live in Quebec and the beneficiary you have named is the person to whom you are married or civilly united, this designation is considered irrevocable unless you indicate that you wish for the designation to be REVOCABLE. Designating an irrevocable beneficiary can have significant consequences. To replace a beneficiary designated as irrevocable, or carry out certain transactions, you must obtain the beneficiary's consent. If the irrevocable beneficiary is a minor, the consent of the beneficiary's legal guardian is required in addition to any other legal formalities.

## 6. SOURCE OF FUNDS

> For non-registered application/instructions involving lump sum deposits of \$100,000 or more, complete the form entitled "Identification of Politically Exposed Foreign Persons".

- Preauthorized payment (savings annuity only)  
(Complete the preauthorized payment authorization form)      \$ \_\_\_\_\_  
Annual amount
- Cash deposit by cheque<sup>1</sup>      \$ \_\_\_\_\_  
Amount      Date of birth (YYYY/MM/DD) \_\_\_\_\_
- Amount already held with Insurer<sup>1</sup>      \$ \_\_\_\_\_  
Amount      Account No. \_\_\_\_\_ Client No. \_\_\_\_\_
- Transfer from another institution  
(Attach copy of statement if possible)      \$ \_\_\_\_\_  
Amount      Maturity date of investment (YYYY/MM/DD) \_\_\_\_\_
- Name of financial institution or employer \_\_\_\_\_
- Address of institution
- No., Street \_\_\_\_\_ City \_\_\_\_\_
- Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_
- RRSP loan

1) You may not combine a cash deposit or amount already held with the Insurer with a transfer from another institution.

### Forms to be used for transfers from other financial institutions:

**T2033:** From an RRSP or an RRIF to an RRSP or an RRIF  
**T2220:** From an RRSP or an RRIF to an RRSP or an RRIF/breakdown of marriage  
**TD2:** Retirement or illness benefit

**T2151:** Transfer of a pension fund  
**Vacations:** Vacation pay, bonuses, retroactive payments  
**Death:** Death

# SAVINGS ANNUITIES

## 7. INVESTMENT INSTRUCTIONS

> See rates statement to learn more about available products.

Products	Amount of \$ _____		Term	Redeemable (R) <sup>1</sup> Non-redeemable (NR)		Interest		
	%	\$		R <sup>1</sup>	NR	Compound (C)	Simple (S)	
							Frequency <sup>2</sup> (A, S, Q, M)	Payment <sup>3</sup> (DIA, DD)
<b>Traditional GIC</b>								
<b>Equity Index GIC</b>								
				R	-		-	-
				R	-		-	-
				R	-		-	-
<b>La Capitale Investment Accounts (name and code)<sup>4</sup></b>								
			-	R	-		-	-
			-	R	-		-	-
			-	R	-		-	-
			-	R	-		-	-
			-	R	-		-	-
			-	R	-		-	-
			-	R	-		-	-
<b>Other</b>								

1) Redeemable investment subject to the applicable fees and penalties  
 2) Annual, Semi-annual, Quarterly, Monthly  
 3) DIA = Daily interest account, DD = Direct Deposit (attach a cheque specimen)  
 4) Offered only with registered products

## 8. RIF PAYMENT OPTIONS

1st payment (YYYY/MM/DD) \_\_\_\_\_

Frequency  Annual  Semi-annual  Quarterly  Monthly

Choice of payment: (check one option only)  
 minimum under the law  
 Same for \_\_\_\_\_ year(s) (attach projection)  
 Fixed payment of \$ \_\_\_\_\_ gross (based on payment frequency)  
 Fixed payment of \$ \_\_\_\_\_ net (based on payment frequency)

Tax exemption on minimum  Yes  No

Method of payment: The only option permitted is direct deposit. Attach cheque specimen.



### 13. CAUTION

Amounts invested in La Capitale investment accounts are not guaranteed, except in the event of the death of the contractholder. Any returns generated by these accounts are tied to the performance of a market index or underlying fund, less any applicable management fees. The value of the market index or underlying fund fluctuates depending on the market value of the securities that make up the index or fund. The value of these accounts may, depending on the performance of the market index or underlying fund, increase or decrease on a daily basis and even fall lower than the initial capital invested if the rate of return, after deduction of management fees, is negative.

Should the market index or underlying fund be unavailable or cease to be used by the insurer for any reason whatsoever, the insurer reserves the right to replace it with another market index or underlying fund it deems equivalent or to determine the applicable rate of return.

**Transaction Date:** The recorded transaction date of a purchase or redemption shall correspond to the business day following which complete, duly signed instructions, accompanied by any required sums, are received at the insurer's Head Office. Any instructions received at Head Office later than 4:00 p.m. shall be considered to have been received on the following business day.

**Redemption and Transfer Fees:** This investment may be redeemed or transferred at any time, subject to transfer fees and redemption fees, as applicable.

### 14. RATE GUARANTEE

In the event that the rate used for the quotation does not match that specified by the Insurer or any information used to determine the annuity is revealed to be false, the Insurer reserves the right to adjust the annuity to the rate specified or in accordance with the true information.

The interest rate that is posted at the time the contract is signed is guaranteed, provided that payment is received within the time limit. In the case of retirement annuities, there is a rate table rather than one single rate.

- > If this condition is not met, the interest rate in effect on the date that payment is received will apply.
- > The time limit is the period between signature of the contract and receipt of payment. The period must not exceed 12 days. In the case of a transfer from another institution, the period must not exceed 60 days.
- > The guaranteed rate does not apply to the Equity Index GIC product. The rate and conditions will be those in effect upon receipt of the documents.

### 15. VERIFICATION OF CONTRACTHOLDER'S IDENTITY

> Required for non-registered application/instructions only

The advisor hereby certifies having verified the identity of

The advisor is not in the presence of

\_\_\_\_\_  
Name of Contractholder

\_\_\_\_\_  
Name of Contractholder

**with the following document:**

- Health insurance card (Other than ON, MB, PE)
- Birth certificate
- Passport
- Driver's licence

If the source of the funds is preauthorized payment (PP), a cheque covering the first payment is required along with the cheque specimen.

Reference number \_\_\_\_\_

Province or Country of issue \_\_\_\_\_

### 16. CONTRACTHOLDER'S DECLARATION

I have verified the information contained in this application and certify it to be true and complete.

I acknowledge that I have read and understood the caution provided above.

If the advisor is not present when I sign the application, I authorize La Capitale to collect the information necessary to verify my identity from credit agencies, as specified in the Proceeds of Crime (Money Laundering) and Terrorist Financing Act.

I am applying for a Savings Annuity contract based on this information.

In the case of a RSP, I hereby request that the Insurer register my plan as a Registered Retirement Savings Plan in accordance with income tax legislation.

In the case of a RIF, I hereby request that the Insurer register my fund as a Registered Retirement Income Fund in accordance with income tax legislation.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Contractholder

\_\_\_\_\_  
Name of Financial Security Advisor (PLEASE PRINT) \_\_\_\_\_ Number

\_\_\_\_\_  
Financial Security Advisor's signature

## 17. PREAUTHORIZED PAYMENT AUTHORIZATION

> Savings annuity only

### Payer's contact information:

_____		_____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Last Name	First Name				
_____		_____		_____	_____
Address (No., Street, Apartment)		City	Province	Country	Postal Code
_____		_____	_____	_____	_____
Home Tel.	Work Tel.	Ext.	Social Insurance No.		
_____	_____	_____	_____		
_____		Language preference: <input type="checkbox"/> French <input type="checkbox"/> English			
Date of Birth (YYYY/MM/DD)	E-mail address				
_____	_____				

### Frequency of payments:

Every two weeks (14 days) starting on \_\_\_\_\_ or  Once a month, the \_\_\_\_\_ of each month.

### Preauthorized Debit (PAD) agreement

I, the undersigned, hereby authorize La Capitale Insurance and Financial Services (La Capitale) or the mandatory to debit the fixed monthly amounts required for payment of the sums due to La Capitale from the account indicated on the enclosed cheque specimen or from the account identified hereafter.

### **IMPORTANT**

Please enclose a personal cheque specimen marked "VOID" or complete:

_____	_____	_____
Transit	Bank	Account No.

Type of PAD: Personal

You will receive a notice at least ten (10) days prior to the scheduled date of the first PAD confirming the amount and date of the PADs. This agreement may be cancelled upon receipt by La Capitale of thirty (30) days' written notice prior to the scheduled date of the next PAD. Furthermore, you have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this agreement.

To obtain a sample PAD cancellation form, or for more information about your right to cancel this agreement or your other rights to recourse, contact La Capitale or visit [www.cdnipay.ca](http://www.cdnipay.ca).

La Capitale Insurance and Financial Services  
625 Saint-Amable St., Quebec QC G1R 2G5  
Tel.: 418 528-2211 or 1 800 463-4433  
E-mail: [gfi@lacapitale.com](mailto:gfi@lacapitale.com)

X

\_\_\_\_\_  
Payer's signature

\_\_\_\_\_  
Year / Month / Day

**Note:** Please advise La Capitale of any change of address or banking information.

If your account has insufficient funds to honour a bank payment on the scheduled payment date, our financial institution will attempt to collect the amount automatically within the next three working days.

The client must pay any fees charged for this service by the financial institution.

Should the lack of funds persist, the privilege of preauthorized bank payment will be withdrawn.

Any preauthorized payment that is not honoured will incur a charge determined by La Capitale.

Please allow approximately two (2) weeks for any account changes or other modifications to be processed by your financial institution.

HEAD OFFICE USE ONLY

