



La Capitale

Insurance and
Financial Services

Application Form

Non-registered plan,
RSP, RIF, LIRA (QC), LIF,
annuity, Deferred Life
Annuity, Deferred Life
Annuity-LIRA (QC)

Non-registered plan, RSP, RIF, LIRA (QC), LIF, annuity, Deferred Life Annuity, Deferred Life Annuity-LIRA (QC)

Client No.: _____

1. PLAN DETAILS

- Non-registered plan**
- RSP** – Contributing contractholder OR **RSP** – Spousal¹
- RIF** – Contributing contractholder OR **RIF** – Spousal¹
- Locked-in Retirement Account (LIRA)** Participant or former participant (pension plan)¹
 Purchaser (following marriage breakdown)
- LIF** – Participant or former participant (pension plan)¹ OR **LIF** – Purchaser (following marriage breakdown)
- Immediate Annuity**
- Deferred Life Annuity** – Not available for spousal products
- Deferred Life Annuity-LIRA (QC)** – Not available for spousal products Participant or former participant (pension plan)¹
 Purchaser (following marriage breakdown)

Available in Quebec only.

1. Complete Spouse's Identification section

2. CONTRACTHOLDER'S IDENTIFICATION

Last name	First name	Occupation			Gender: <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)	Email address	Language preference: <input type="checkbox"/> English <input type="checkbox"/> French			
<input type="checkbox"/> I am a public service employee with the institution mentioned below.		Employee No.			
<input type="checkbox"/> My spouse _____ is a public service employee with the institution mentioned below.		Employee No.			
Employer's name					
Employer's address					

3. SPOUSE'S IDENTIFICATION

To be completed in the following cases:
 – Spousal RSPs or spousal RIFs and RIFs or LIFs when the minimum amount is based on the spouse's age
 – Immediate Annuities in the case of a joint and survivor life annuity or if the guaranteed period is based on the spouse's age
 – LIRA, LIF, Deferred Life Annuity-LIRA in the case of a participant or former participant

Last name	First name	Occupation			Gender: <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)	Email address	Language preference: <input type="checkbox"/> English <input type="checkbox"/> French			

4. BENEFICIARY DESIGNATION

In the case of a LIRA, LIF or a Deferred Life Annuity-LIRA, the spouse of a current or former participant contractholder has priority over a designated beneficiary.

Estate or Designation

Full name	Relationship to contractholder	Date of birth (YYYY/MM/DD)	Revocable	Irrevocable	Share (Total: 100%)
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Caution: If the contractholder lives in Quebec and if the named beneficiary is the person to whom he or she is married or civilly united, this designation is considered irrevocable unless the contractholder indicates that he/she wishes 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 changes or transactions, the beneficiary's consent must be obtained. If the irrevocable beneficiary is a minor, the consent of the beneficiary's legal guardian is required in addition to any other legal formalities.

5. SOURCE OF FUNDS

Not available with Single Premium Deferred Life Annuity.

Preauthorized debit (PAD)
(Complete the Preauthorized Debit (PAD) Agreement section)

Transfer from another institution or employer
(Attach the appropriate form with a copy of the statement)

\$ _____
Amount Maturity date of investment (YYYY/MM/DD)

A cash deposit or an amount already held with the Insurer may not be combined with a transfer from another institution or employer.

Cash deposit by cheque

\$ _____
Amount Date of cheque (YYYY/MM/DD)

Name of financial institution or employer

Address (No., street) City

Province Country Postal code

Transfer from an account held with the insurer

\$ _____
Amount

RRSP loan

Borrower's name

\$ _____
Amount Social Insurance No.

Client No.

Account No.

Account No.

Account No.

6. DEFERRED LIFE ANNUITY OR DEFERRED LIFE ANNUITY-LIRA

Choice of plan

Instalment premiums \$ _____ Annual premium amount
 Single premium \$ _____ Single premium amount

Extended benefit

Offered only for Instalment Premium Deferred Life Annuities.

Waiver of premiums in the event of disability (WPDI)

Complete and sign the Declaration of Insurability available in the illustration software.

Date of disbursement

(YYYY/MM)

Commission type:

Regular Level

7. RIF AND LIF PAYMENT OPTIONS

Is the minimum payment based on the spouse's age? Yes No **If so**, complete the Spouse's Identification section.

Choice of instalment payment: (Check one option only)

Legal minimum
 Legal maximum (LIF only)
 Level over _____ year(s)
 Fixed
 Gross \$ _____
 Net \$ _____

Payment frequency:

Annual
 Semi-annual
 Quarterly
 Monthly

Date of first payment (YYYY/MM/DD): _____
 Tax exemption on minimum? Yes No

Method of payment: Since payments will be made by direct deposit, a cheque specimen must be attached to this form.

8. IMMEDIATE ANNUITY (not available for Deferred Life Annuity and Deferred Life Annuity-LIRA)

Choice of annuity

Please note that Immediate Annuities are not redeemable.

- Registered Term Certain Annuity (not available for LIRAs and LIFs)
The guaranteed period may not exceed 90 years, less the age of the contractholder, or of the spouse, if younger.
- Non-registered Term Certain Annuity
 Non-registered life annuity
The guaranteed period may not exceed 90 years, less the age of the contractholder.
- Registered life annuity
 Registered joint and survivor life annuity¹
 Non-registered joint and survivor life annuity
The guaranteed period may not exceed 90 years, less the age of the contractholder, or of the spouse, if younger.

1. Complete Spouse's Identification section

Disbursement of annuity

Date of first payment (YYYY/MM/DD): _____

Frequency (Check one option only): Annual Semi-annual Quarterly Monthly

Guaranteed period (Check one option only): 5 years 10 years 15 years 90 years, less contractholder's age 90 years, less spouse's age¹ Other: _____

Indexation percentage: _____% (Maximum indexation percentage: 4%)

Survivor annuity percentage: _____% (Complete in the case of a Joint and Survivor Life Annuity)

1. Complete Spouse's Identification section

Payment of annuity

The amount indicated in this section may differ from the actual annuity amount that you will receive.

The annuity of approximately \$ _____ shall be payable _____ starting _____.

(amount) (frequency) (YYYY/MM/DD)

Method of payment: Since payments will be made by direct deposit, a cheque specimen must be attached to this form.

9. INVESTMENT INSTRUCTIONS

See rates sheet to learn more about available products.

\$500 minimum to start a Preauthorized Debit (PAD) Agreement or a Payroll Deduction Privilege

	Amount		Redeemable (R) ¹
	Periodic deposit	Cash deposit	
Daily Interest Account			R
Other			

\$500 minimum

Guaranteed Investment Certificates	Amount	Investment maturity date or term (YYYY/MM/DD)	Interest			Redeemable (R) ¹ Non-redeemable (NR)	
			Compound (C)	Simple (S)		R ¹	NR
				Frequency ² (A, S, Q, M)	Payment ³ (DIA, DD)		
Traditional GIC							
<input type="checkbox"/> Regular term							
<input type="checkbox"/> Non-standard maturity							NR
<input type="checkbox"/> Non-standard maturity							NR
<input type="checkbox"/> Max Rate GIC							
Equity Index GIC							
							R
							R
							R
Other							

\$500 minimum per account

\$100 minimum per subsequent deposit

For registered products only

La Capitale investment accounts	Code (see the enclosed chart)	Amount		Redeemable (R) ¹
		Periodic deposit	Cash deposit	
				R
				R
				R
				R
				R
				R
				R

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)

10. IMPORTANT NOTICE

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: Except under certain circumstances, the transaction date for a purchase or redemption shall be the business day on which the form is received at the Insurer's office, provided that it is received before 2:00 p.m. EST and it is completed in full, duly signed and submitted with any required amounts. Any form that is received after 2:00 p.m. EST shall be considered to have been received on the following business day. The Insurer reserves the right to change the transaction date without notice.

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

11. INFORMATION REQUIRED UNDER THE PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORIST FINANCING ACT

Verification of contractholder identity

Required for non-registered products only

The advisor hereby certifies having verified the identity of

The advisor is not in the presence of

Contractholder's name _____

Contractholder's name _____

with the following document (original documents only):

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

Birth certificate

Passport

Driver's licence

Health card (except in ON, MB, and PE)

Document No. _____

Province or country of issue _____

Third party determination

Required for non-registered products only

Is the contractholder acting on behalf of a third party? Yes No

If so, provide the following information about the third party:

Attach a copy of the legal document attesting that the third party is acting in the capacity of curator, guardian, mandatary, advisor to a person of full age or in another capacity.

Name of third party _____

Date of birth (YYYY/MM/DD) _____

Relationship to contractholder _____

Address (No., street, apartment) _____

City _____

Province _____

Postal code _____

Occupation or key activity _____

Politically Exposed Foreign Persons

Required for non-registered products only

For non-registered applications involving lump sum deposits of \$100,000 or more:

Complete the form entitled Identification of Politically Exposed Foreign Persons available in the illustration software.

12. RATE GUARANTEE

In the event that the rate used for the quote or illustration does not match that specified by the Insurer or any information used to issue 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 rate 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.

- The time limit is the period between the signature of the contract and the receipt of payment (provided the cheque is cashable before the end of this period). The period must not exceed 12 days. In the case of a transfer from another institution, the period must not exceed 60 days.
- If this condition is not met, the rate in effect on the date that payment is received will apply.
- 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.

13. CONTRACTHOLDER'S DECLARATION AND APPLICATION FOR REGISTRATION

- I have verified the information contained in this application and certify it to be true and complete.
- In the case of a Deferred Life Annuity or Deferred Life Annuity-LIRA, I have reviewed the enclosed illustration and acknowledge that my advisor has provided all necessary information for my comprehension of the Deferred Life Annuity or the Deferred Life Annuity-LIRA, notably regarding the percentage of premiums that will be reimbursed to me and regarding the fees and penalties that may apply in the event of redemption prior to the disbursement date.
- I acknowledge that I have read and understood the Important Notice section.
- I am applying for a Savings Annuity contract based on this information.
- If the advisor is not present when I sign the application, I authorize the Insurer 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.
- In the case of an RSP, a LIRA, a Deferred Life Annuity or Deferred Life Annuity-LIRA, 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 an RIF or LIF, I hereby request that the Insurer register my fund as a Registered Retirement Income Fund in accordance with income tax legislation.

Signed at: _____ this _____ day of _____ 20 _____.

Name of contractholder (please print)

Name of witness (please print)

X

Signature of contractholder

X

Signature of witness

Name of financial security advisor (please print)

Tel.

X

Signature of financial security advisor

Email address

14. PREAUTHORIZED DEBIT (PAD) AGREEMENT

Payor's contact information

Last name

First name

Occupation

Gender: M F

Address (No., street, apartment)

City

Province

Country

Postal code

Home tel.

Work tel.

Ext.

Social Insurance No.

Date of birth (YYYY/MM/DD)

Email address

Language preference: English French

Instalment Premium
Deferred Life
Annuities: only
available on a
monthly basis.

Amount and frequency of payments:

\$ _____ Amount Check one option only: Every two weeks (14 days) starting on _____
 Once a month, the _____ of each month.

Type of PAD: Personal

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

IMPORTANT: Please enclose a cheque specimen from the designated financial institution marked "VOID" or complete:

Transit

Bank


Account

14. PREAUTHORIZED DEBIT (PAD) AGREEMENT (cont.)

You will receive 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 recourse rights, contact La Capitale Insurance and Financial Services Inc. or visit www.cdnpay.ca.

La Capitale Insurance and Financial Services
 625 Saint-Amable St. Quebec QC G1R 2G5
 Tel.: 418 528-2211 or 1 800 463-4433
 Email: fmi@lacapitale.com


 Signature of the payor

Date (YYYY/MM/DD)

15. RESERVED FOR ADVISOR USE

Name of advisor	Advisor code	General agent	General agent code
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Name of advisor	Advisor code	Split %	General agent	General agent code
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I don't have an advisor code. This is my first application.

1. CONTRACTHOLDER'S PERSONAL INFORMATION

Client No.: _____

Last Name First Name

2. PLAN

Non-registered RRSP LIRA/LRSP RRIF LIF

3. TRANSACTION TYPES

By signing this Limited Authorization Form ("LAF"), you authorize your financial security advisor ("the advisor") to provide the necessary instructions to La Capitale Insurance and Financial Services Inc. ("the Insurer") to proceed with the following financial transactions on your behalf within the savings annuity contract covered by this LAF:

- Transfers and allocations among various investment accounts within the covered savings annuity contract
- New deposits
- Redemptions
- Renewals of investment accounts

Your advisor is not, however, authorized to process discretionary transactions on your behalf, i.e. give instructions to the Insurer without obtaining your prior explicit consent for each instruction. Nothing in this LAF gives your advisor such discretionary power. It is your responsibility to carefully read this LAF and sign it. This LAF is not valid without your signature.

4. CONTRACTHOLDER'S AUTHORIZATION

1. I, _____, by signing this LAF, authorize _____

(contractholder's name)

(advisor's name)

to provide written instructions on my behalf to the Insurer and to sign any pertinent document associated with the transactions listed in Part 2 of this LAF, **in accordance with the specific instructions I have given for each of the transactions.**

2. I acknowledge that the Insurer, upon receiving the original copy of this LAF, is authorized to process the transactions requested on my behalf. **I acknowledge that I am responsible for all fees associated with these transactions. I further acknowledge that by providing instructions to my advisor and the Insurer, in virtue of this LAF, I assume the same rights and obligations as if I myself had provided written instructions to my advisor and the Insurer.**
3. I hereby acknowledge that the Insurer will not be liable for any claim, demand or action made or brought by my successors, beneficiaries, executors or estate administrators or by any third party that may arise as a consequence of the Insurer acting upon or following the instructions provided in virtue of this LAF.
4. This LAF is valid until I submit a written request for termination to the Insurer's Head Office. Furthermore, this LAF will be terminated immediately upon my death; my bankruptcy; upon receipt by the Insurer of a declaration of my mental incompetence; or upon a change of advisor in charge of the file that includes the savings annuity contract covered by this LAF.
5. This LAF cancels and replaces any other form or procuration that I may have previously signed with regard to the savings annuity contract covered by this LAF.
6. The Insurer may, at its sole discretion, refuse to accept or process transactions in virtue of this LAF.
7. I acknowledge that I have read and understood the terms of this LAF and I accept them.

Signed at _____ on this _____ day of _____ 20 _____.

Contractholder's signature

Irrevocable beneficiary's signature (if applicable)

Witness' signature

5. ADVISOR'S DECLARATION

I acknowledge that I have reviewed this LAF with the contractholder. I agree to abide by the terms of this LAF and to act in compliance with them, as defined above.

Advisor's name (PRINT)

Code

Advisor's signature

Date (YYYY/MM/DD)

Reference sheet

Contractholder identification

- The Social Insurance Number must be entered.

Beneficiary designation

- Be sure to complete fully and provide details.

Source of funds

- Cash deposit by cheque
Ensure that the cheque is correctly dated, made out for the correct amount and signed.
- Transfer from another institution or an employer – only cash transfers are accepted.
Attach a copy of the statement and the copy sent from the institution with the receipt date.
 - T2033 from an RRSP or RRIF to another RRSP or RRIF
 - T2220 from an RRSP or RRIF to another RRSP or RRIF on marriage breakdown
 - T2151 transfer from a pension fund
 - Written government authorization for tax-free transfer. Pension or illness benefit must be specified in the application.
 - Vacations: vacation pay, bonuses, retroactive payments
 - Death
 - Authorization for the transfer of non-registered funds

Investment instructions – \$500 minimum required per investment

- Investment accounts are offered for registered products only, and contractholders can select more than one account if contributing by preauthorized payments.

Documents required for RIFs, LIFs and annuities

- Proof of contractholder's age: photocopy of birth certificate, passport, driver's licence or health card
–If the amount is based on the spouse's age, complete the Spouse's Identification section and attach proof of the spouse's age.
- Temporary income (LIFs only): complete and sign the Declaration form available in the illustration software

Spousal RRSP

- Only the contractholder's signature is required, not the spouse's.

Deferred Life Annuity and Deferred Life Annuity-LIRA

- Duly signed product illustration
- Cheque specimen or cheque, as applicable
- Declarations of Insurability if Waiver of Premiums is requested

Document to be attached

Non-registered plans with lump sum contributions of \$100,000 or more

- Identification of Politically Exposed Foreign Persons form

Rate Bonus

- Rate increase with reduced commission
- Special quote from Actuarial (attach approval)

Reimbursement of transfer fees in excess of the policy

- Reduced commission

La Capitale Investment Account Codes

		Redemption fees (RF) – Back-end Load	Purchase fees (PF) – Front-end Load	Moderate Redemption fees (MF) – Low Load
Fixed Income	Market Index or Underlying Fund			
Canadian Bond Index (DEX)	DEX Universe Bond Index	101	201	301
Canadian Fixed Income (AGF)	AGF Fixed Income Plus Fund, MF Series	102	202	302
Balanced	Underlying Fund			
Canadian Balanced (Dynamic)	Dynamic Value Balanced Fund, Series A	103	203	303
Canadian Balanced (Fidelity)	Fidelity Canadian Balanced Fund, Series A	104	204	304
Global Balanced (AGF)	AGF World Balanced Fund, MF Series	105	205	305
Diversified Income (Fidelity)	Fidelity Monthly Income Fund, Series A	106	206	306
Diversified Income (Dynamic)	Dynamic Strategic Yield Fund, Series A	107	207	307
Canadian Equity	Market Index or Underlying Fund			
Canadian Equity Index (S&P/TSX 60)	S&P/TSX 60, ¹ Canadian Index, total return	108	208	308
Canadian Dividend (AGF)	AGF Dividend Income Fund, MF Series	109	209	309
Canadian Dividend (Fidelity)	Fidelity Dividend Fund, Series A	110	210	310
Canadian Equity Income (Dynamic)	Dynamic Equity Income Fund, Series A	111	211	311
Canadian Equity (Dynamic)	Dynamic Value Fund of Canada, Series A	112	212	312
Canadian Equity (Fidelity)	Fidelity Canadian Disciplined Equity Fund, Series A	113	213	313
Small Capitalization Canadian Equity (Dynamic)	Dynamic Small Business Fund, Series A	114	214	314
Low Volatility Canadian Equity (TDAM)	TD Emerald Low Volatility Canadian Equity PFT	115	215	315
American and International Equity	Market Index or Underlying Fund			
American Equity Index (S&P 500)	S&P 500, ¹ American Index, net total return in Canadian dollars	116	216	316
International Equity Index (MSCI)	MSCI EAFE, ² International Index, net total return in Canadian dollars	117	217	317
American Equity (Dynamic)	Dynamic American Value Fund, Series A	118	218	318
Global Equity (Dynamic)	Dynamic Global Value Fund, Series A	119	219	319
Global Equity – Discovery (Dynamic)	Dynamic Global Discovery Fund, Series A	120	220	320
Low Volatility Global Equity (TDAM)	TD Emerald Low Volatility All World Equity PFT	121	221	321
Emerging Markets (AGF)	AGF Emerging Markets Fund, MF Series	122	222	322
Accounts no longer available	Portfolios	Underlying Portfolio		
	Conservative Profile (AGF)	AGF Elements Yield Portfolio, MF Series	–	223
	Moderate Profile (AGF)	AGF Elements Conservative Portfolio, MF Series	–	224
	Balanced Profile (AGF)	AGF Elements Balanced Portfolio, MF Series	–	225
	Growth Profile (AGF)	AGF Elements Growth Portfolio, MF Series	–	226
	Aggressive Profile (AGF)	AGF Elements Global Portfolio, MF Series	–	227
Portfolios	Underlying Portfolio			
Conservative Profile (NBSI)	Meritage Conservative Income Portfolio, Advisor Series	128	228	328
Moderate Profile (NBSI)	Meritage Moderate Income Portfolio, Advisor Series	129	229	329
Balanced Profile (NBSI)	Meritage Balanced Income Portfolio, Advisor Series	130	230	330
Growth Profile (NBSI)	Meritage Growth Income Portfolio, Advisor Series	131	231	331
Aggressive Profile (NBSI)	Meritage Equity Income Portfolio, Advisor Series	132	232	332

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2. The investment account referred to herein is not sponsored, endorsed, sold or promoted by MSCITM, and MSCITM bears no liability with respect to the account or any index on which the investment account is based. The investment certificate contains a more detailed description of the limited relationship MSCITM has with La Capitale Civil Service Insurer Inc., its affiliates and this account.