

4. INFORMATION ABOUT DEPENDENTS

| | Full name | Gender M F | Date of birth (YY/MM/DD) | Dependent child with a functional impairment ⁵ | Fill this out for a dependent child over age 17 or 20 who is a full-time student. ⁴ | |
|----------|-----------|---|-----------------------------|---|--|--|
| | | | | | Start date of the school year (YY/MM/DD) | End date of the school year (YY/MM/DD) |
| Spouse | | <input type="checkbox"/> <input type="checkbox"/> | _ _ _ _ _ _ _ | | _ _ _ _ _ _ _ | _ _ _ _ _ _ _ |
| Children | | <input type="checkbox"/> <input type="checkbox"/> | _ _ _ _ _ _ _ | <input type="checkbox"/> | _ _ _ _ _ _ _ | _ _ _ _ _ _ _ |
| | | <input type="checkbox"/> <input type="checkbox"/> | _ _ _ _ _ _ _ | <input type="checkbox"/> | _ _ _ _ _ _ _ | _ _ _ _ _ _ _ |
| | | <input type="checkbox"/> <input type="checkbox"/> | _ _ _ _ _ _ _ | <input type="checkbox"/> | _ _ _ _ _ _ _ | _ _ _ _ _ _ _ |
| | | <input type="checkbox"/> <input type="checkbox"/> | _ _ _ _ _ _ _ | <input type="checkbox"/> | _ _ _ _ _ _ _ | _ _ _ _ _ _ _ |
| | | <input type="checkbox"/> <input type="checkbox"/> | _ _ _ _ _ _ _ | <input type="checkbox"/> | _ _ _ _ _ _ _ | _ _ _ _ _ _ _ |

Note 4: Please check eligible age under your contract. La Capitale reserves the right to ask you for written proof from the institution attended at any time.

Note 5: Please complete the *Dependent child status for a person with a total disability or functional impairment* form available on La Capitale's website at www.lacapitale.com/forms or in the Client Centre in the Group Insurance section and attach it to this form.

5. BENEFICIARY DESIGNATION (for Life Insurance coverage)

| | | |
|--|-----------|-----------------------------|
| <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable | Full name | Relationship to participant |
|--|-----------|-----------------------------|

IMPORTANT NOTICE – PROVINCE OF QUEBEC: Designating a legally married or civilly united spouse as a beneficiary is considered irrevocable unless stipulated otherwise by the participant. Any irrevocable beneficiary designation may only be modified if the beneficiary is of legal age and signs a waiver of his or her rights as a beneficiary. **PROVINCES OTHER THAN QUEBEC:** A beneficiary designation is considered revocable unless stipulated otherwise by the participant. Any irrevocable beneficiary designation may only be modified if the beneficiary is of legal age and provides written consent to the change.

6. DESIGNATION OF A TRUSTEE FOR MINOR BENEFICIARY (does not apply in Quebec)

If you designate a beneficiary who has not reached the age of majority, you must name a trustee.

| | | | |
|-------------------|------|----------|-------------------------------|
| Full name | | | |
| No., street, apt. | City | Province | Postal code _ _ _ _ _ _ _ |

7. PARTICIPANT'S AUTHORIZATION

"I hereby authorize my employer to deduct the required premiums from my salary and authorize La Capitale and the plan administrator to use my social insurance number for administration purposes. Furthermore, I authorize any physician, any other professional and intervening party in the field of health and rehabilitation, as well as any public or private health and social services institution, any insurance company, as well as any reinsurer, any public or private organization, any information agency, any market intermediary, any employer or ex-employer, the policyholder as well as any person holding personal files or information, particularly medical records, pertaining to me to provide to La Capitale or its service providers, any information that may be required for the processing of my file. This authorization is also valid, in the event of my death, with regard to any person or organization holding information required by La Capitale, or its service providers, that may be required for the processing of my file.

I also authorize La Capitale to transmit such information to the aforementioned persons when necessary, within the scope of its activities and the processing of my file."

This authorization is valid for the purposes of this contract and for any amendments, extensions or renewals. A photocopy of this authorization is considered as valid as the original.

X _____ Date: |_|_|_|_|_|_|_| |_|_|_|_|_|_|_|
Participant's signature or, if a minor, signature of legal guardian Year Month Day Phone number

8. SIGNATURE OF EMPLOYER'S REPRESENTATIVE

X _____ Date: |_|_|_|_|_|_|_| |_|_|_|_|_|_|_|
Year Month Day Phone number Ext.

9. NOTICE

La Capitale wishes to advise you that the information collected will be kept in a file under the subject of "Group Insurance." Notwithstanding exceptions provided for by law, access to this file is restricted to employees, service providers and agents of the company, on a need-to-know basis, as required to fulfil their duties or carry out their assignments. Your file will be kept at the address below.

You may access your file or request a correction for inaccurate or incomplete information by submitting a request in writing to the Information Access Officer in the Administration Department.

To serve its customers, La Capitale Financial Group Inc., its subsidiaries and authorized representatives may use your personal information (name, address, telephone number and email address) to inform you of products and services that may be of interest to you. If, however, you do not wish to receive this type of information, please write to us at the address below.

| | | |
|---------------------------------|-------------------------------------|---|
| To contact our Customer Service | Telephone: 418 644-4200 | La Capitale Civil Service Insurer Inc. 625 Jacques-Parizeau St, PO Box 1500 Quebec QC G1K 8X9 lacapitale.com |
| | Toll free: 1 800 463-4856 | |
| | Email: adm.collectif@lacapitale.com | |