



Application/Instructions
Form

Non-registered
Savings Annuity

(To be used only for companies)

1. BASIC INFORMATION

Language preference: English French
 Is this: a new application (new plan) OR Instruction – Client No: _____

2. IDENTIFICATION OF CONTRACTHOLDER

Company name (50 characters) _____ Short company name (if applicable) _____

Key activity _____

Address (No., Street, Apartment) _____ City _____ Province _____ Country _____ Postal code _____

Work tel. _____ Ext. _____ Fax _____ Email address _____

Contact person _____ Email address _____ Tel. _____

Business Number:

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 numbers

3. IDENTIFICATION OF ANNUITANT (MANDATORY)

The annuitant must be an individual and a Canadian resident.

Last name _____ First name _____ 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 _____

4. IDENTIFICATION OF SUCCESSOR ANNUITANT

If no successor annuitant is designated, the contract terminates upon the death of the annuitant.

Last name _____ First name _____ 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 _____

5. BENEFICIARY DESIGNATION

In the event of the annuitant's or, if applicable, the successor annuitant's death

Caution: Complete only if you want the accumulated value to be payable to a beneficiary other than the contractholder.

Beneficiary's name	Relationship 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"/>

6. SOURCE OF FUNDS

Cash deposit by cheque: \$ _____
Amount Date of cheque (YYYY/MM/DD)

Transfer from another institution (attach the appropriate form with a copy of statement)

Amount	Maturity date of investment (YYYY/MM/DD)	Name of financial institution
\$		
\$		
\$		
\$		

Transfer from an account held with La Capitale

Account No.	Total or partial amount
	<input type="checkbox"/> Total OR \$ _____
	<input type="checkbox"/> Total OR \$ _____
	<input type="checkbox"/> Total OR \$ _____
	<input type="checkbox"/> Total OR \$ _____
	<input type="checkbox"/> Total OR \$ _____

7. INVESTMENT INSTRUCTIONS

See rates sheet to learn more about available products.

\$500 minimum		Amount (\$, %)		
		Periodic deposit	Cash deposit	EFT deposit
	Daily Interest Account (R) ¹			

\$500 minimum per account	Guaranteed Investment Certificates	Amount (\$, %)		Investment maturity date or term (YYYY/MM/DD)	Compound Interest (C)	Simple Interest (S)		Redeemable (R) ¹ or Non-redeemable (NR)
		Cash deposit	EFT deposit			Frequency ² (A, S, Q, M)	Payment ³ (DIA, DD)	

Note 1: R: Redeemable investment subject to the applicable fees and penalties
 Note 2: Annual, Semi-annual, Quarterly, Monthly
 Note 3: DIA = Daily interest account, DD = Direct Deposit (attach a cheque specimen)

8. VERIFICATION OF CONTRACTHOLDER'S IDENTITY (MANDATORY WHEN COMPLETING APPLICATION FORM)

Sections 8.4, 8.5, 8.6 and 8.7 are mandatory when completing this application form and filled out according to the type of entity.

Type of entity	Sections to be completed	Additional documents to be attached
<input type="checkbox"/> Corporation	8.1, 8.2, 8.3, 8.4, 8.5, 8.7	1. One of the following documents: <input type="checkbox"/> Certificate of incorporation <input type="checkbox"/> Notice of assessment issued by a municipal, provincial or federal government <input type="checkbox"/> Annual report signed by an independent auditor <input type="checkbox"/> Any other document confirming the existence of the entity: _____ 2. Any documents establishing the ownership, control and structure of the entity, including an organizational chart for more complex structures (see section 8).
<input type="checkbox"/> Partnership	8.1, 8.2, 8.3, 8.4, 8.6	
<input type="checkbox"/> Not-for-profit organization	8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7	
<input type="checkbox"/> Other (specify): _____	Sections applicable, depending on the situation	

8.1 DETAILED DESCRIPTION OF THE ENTITY'S ACTIVITIES (MANDATORY WHEN COMPLETING APPLICATION FORM)

8.2 THIRD-PARTY DETERMINATION (MANDATORY WHEN COMPLETING APPLICATION FORM)

Is the contractholder/entity acting in accordance with the instructions of another person (third party)? Yes No

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

_____ Date of birth:

Year	Month	Day			

_____ Relationship to contractholder _____ Occupation or key activity

_____ Address (No., street, apartment)

_____ City _____ Province _____

Postal code					

If the third party is a company: Business number (BN): _____

Place of incorporation: _____

8.3 VERIFICATION OF TAX CLASSIFICATION (MANDATORY WHEN COMPLETING APPLICATION FORM)

- a) **FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)** – Was the entity organized in the U.S. or a U.S. state? Yes No – **If so**, indicate the U.S. federal taxpayer identification number (U.S. TIN). **If no**, proceed to Section 8.3b.

Identification number

- b) **COMMON REPORTING STANDARD (CRS)** – Was the entity organized in a jurisdiction other than Canada or the United States?
 Yes No – **If so**, indicate the country and taxpayer identification number and proceed to Section 8.4. **If no**, proceed to Section 8.3c.

Country

Identification number

- c) **ACTIVE OR PASSIVE ENTITY** – A passive entity is one that derives 50% or more of its gross income from interest, dividends, rents, capital gains, etc. An active entity is one that does not meet the criteria of the definition of a passive entity. Is this an active or passive entity?
 Active entity – Proceed to Section 8.4.
 Passive entity – Proceed to Section 8.4. The boxed areas must also be completed.

8.4 BENEFICIAL OWNERSHIP INFORMATION CONCERNING CORPORATIONS, PARTNERSHIPS OR NOT-FOR-PROFIT ORGANIZATIONS

Provide the following information for all persons who hold or control, directly or indirectly, at least 25% of the shares of the corporation or at least 25% of another type of entity. Also complete the boxed areas if "Passive NFFE" was checked in question 8.3c).

Shareholder/Owner 1

First name

Last name

% shares or control

Address (No., street, apartment)

City

Province/State

Country

Postal/zip code

Is shareholder/owner 1 a U.S. citizen or a U.S. resident for U.S. tax purposes? Yes No

If so, indicate the U.S. federal taxpayer identification number (U.S. TIN): _____

Is shareholder/owner 1 a resident of a jurisdiction other than Canada or the United States for tax purposes Yes No

If so, indicate the country and the foreign taxpayer identification number: _____

Shareholder/Owner 2

First name

Last name

% shares or control

Address (No., street, apartment)

City

Province/State

Country

Postal/zip code

Is shareholder/owner 1 a U.S. citizen or a U.S. resident for U.S. tax purposes? Yes No

If so, indicate the U.S. federal taxpayer identification number (U.S. TIN): _____

Is shareholder/owner 1 a resident of a jurisdiction other than Canada or the United States for tax purposes Yes No

If so, indicate the country and the foreign taxpayer identification number: _____

8.4 BENEFICIAL OWNERSHIP INFORMATION CONCERNING CORPORATIONS, PARTNERSHIPS OR NOT-FOR-PROFIT ORGANIZATIONS (cont.)

Shareholder/Owner 3

 First name Last name % shares or control

 Address (No., street, apartment)

 City Province/State Country Postal/zip code

Is shareholder/owner 1 a U.S. citizen or a U.S. resident for U.S. tax purposes? Yes No
If so, indicate the U.S. federal taxpayer identification number (U.S. TIN): _____
 Is shareholder/owner 1 a resident of a jurisdiction other than Canada or the United States for tax purposes Yes No
If so, indicate the country and the foreign taxpayer identification number: _____

Shareholder/Owner 4

 First name Last name % shares or control

 Address (No., street, apartment)

 City Province/State Country Postal/zip code

Is shareholder/owner 1 a U.S. citizen or a U.S. resident for U.S. tax purposes? Yes No
If so, indicate the U.S. federal taxpayer identification number (U.S. TIN): _____
 Is shareholder/owner 1 a resident of a jurisdiction other than Canada or the United States for tax purposes Yes No
If so, indicate the country and the foreign taxpayer identification number: _____

8.5 INFORMATION CONCERNING THE DIRECTORS OF CORPORATIONS AND NOT-FOR-PROFIT ORGANIZATIONS

Director 1: _____
 First name Last name

Director 2: _____
 First name Last name

Director 3: _____
 First name Last name

Director 4: _____
 First name Last name

8.6 INFORMATION CONCERNING NOT-FOR-PROFIT ORGANIZATIONS

Is the contractholder a charity registered with the Canada Revenue Agency? Yes No

If so, indicate the registration No.: _____

If not, does the contractholder solicit charitable financial donations from the public? Yes No

8.7 OWNERSHIP, CONTROL AND STRUCTURE⁴

Provide information or attach documents establishing the ownership, control and structure of the entity.

Note 4: You must indicate the name of the person who holds ultimate ownership and control of the corporation or another entity and describe the organizational structure. An organizational chart of the entity must be attached for more complex structures.

9. AUTHORIZED SIGNING OFFICER(S)

Please check the applicable box.

- The signing officer(s) who is/are authorized to act for and on behalf of the contractholder is/are the person(s) named in the enclosed resolution. (Please enclose an excerpt of the relevant resolution from the registers and records of the contractholder.)
- The signing officer(s) who is/are authorized to act for and on behalf of the contractholder is/are the person(s) named in the resolution annexed to this application. (Please fill out the resolution form annexed to this application.)

10. CONTRACTHOLDER'S DECLARATION

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

I confirm that I am duly authorized to sign on behalf of the contractholder/entity and that the documents which I have provided, including those attached to this form, are accurate, current and complete.

I acknowledge that my advisor has provided me with all relevant information about the products applied for, including guaranteed and non-guaranteed returns on the amounts invested, the maturity guarantee and applicable fees and penalties. I further acknowledge that my advisor has provided me with satisfactory explanations in this regard.

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

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

SIGNATURES

Signing officer's name (please print)	X	Signing officer's signature
Title or position		
Signing officer's name (please print)	X	Signing officer's signature
Title or position		
Signing officer's name (please print)	X	Signing officer's signature
Title or position		
Name of advisor (please print)	X	Signature of advisor

11. RESOLUTION

Name of contractholder: _____
Full corporate name

BE IT RESOLVED THAT:

I, the undersigned, _____, **President and sole shareholder** of the above-mentioned company, am the sole person authorized to sign any application, instructions form or document of any nature whatsoever related to any present or future contract underwritten by **La Capitale Civil Service Insurer Inc.**

Please select one of the options.

OR

The following are the sole persons authorized by the above-mentioned contractholder to sign any application, instructions or document of any nature whatsoever related to any present or future non-registered savings annuity contract underwritten by **La Capitale Civil Service Insurer Inc.**

Last name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____


The signature of only one of these persons is required.

OR

The signatures of all of these persons are required.

CORPORATE SECRETARY'S OR PRESIDENT'S SIGNATURE (mandatory)

I, the undersigned, _____, Corporate Secretary, President or Corporate Secretary and President of the contractholder hereby certify that the above is a true and exact copy of the resolution adopted by the Board of Directors on the _____ day of _____ 20_____ and that the resolution is in full force and effect.

 _____
 Signature

La Capitale Civil Service Insurer Inc.
 625 Jacques-Parizeau St, Quebec QC G1R 2G5
 Telephone: 418 528-2211 or 1 800 463 4433 – Email: fim@lacapitale.com

12. RESERVED FOR ADVISOR USE

I don't have an advisor code. This is my first application.

Name of advisor	Advisor code	General agent	General agent code

Email address _____ Work tel. _____ Ext. _____

To be completed if sharing of commission

Name of advisor	Advisor code	Split %	General agent	General agent code

Name of advisor	Advisor code	Split %	General agent	General agent code

Name of advisor	Advisor code	Split %	General agent	General agent code