

1. CONTRACTHOLDER'S PERSONAL INFORMATION

Client No.: 3 _____ - _____ - _____ OR Contract No.: 5 _____

_____ Last name First name

2. IDENTIFICATION OF PLAN

Non-registered RRSP Spousal RRSP LIRA/LRSP RRIF Spousal RRIF Prescribed LIF/RIF TFSA

3. TRANSACTIONS AND OPERATIONS

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

- Do inter-account transfers for any type of investment
- Change the allocation of investment amounts from Preauthorized Debit (PAD) Agreement payments
- Withdraw funds or do partial or total redemptions
- Change any investment type before or on maturity
- Change the contractholder's home address
- Cancel or modify a debit date, debit frequency, or an amount under the Preauthorized Debit (PAD) Agreement
- Make additional deposits with the contractholder's personal cheques
- Do a single debit when the contractholder has given prior written consent to set up a Preauthorized Debit (PAD) Agreement, and the debit is withdrawn from the same bank account as the PAD

The LAF does not include:

- Setting up a Preauthorized Debit (PAD) Agreement
- Changing bank information (including any combined transactions such as a withdrawal or debit with a change to bank information)

Waiver: The payor waives the right to receive notice of the amount and date of the PAD as well as any change to the amount and the date of the PAD.

Your advisor is not, however, authorized to process discretionary operations on your behalf, i.e. give instructions 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 operations listed in Section 3 of this LAF, in accordance with the specific instructions I have given for each of the operations.

2. I acknowledge that the Insurer, upon receiving the original copy of this LAF, is authorized to process the operations requested on my behalf. I acknowledge that I am responsible for all fees associated with these operations. 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 annuls and replaces any other LAF that I 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 operations in virtue of this LAF.
7. In the event that the advisor mentioned in this LAF places business through the Fundserv[†] platform, I acknowledge and agree that the instructions required to perform the available operations listed in Section 3 of this LAF will be given directly to the managing general agent (MGA) under whose responsibility the advisor is operating and that the MGA will carry out the operations. I also acknowledge and agree that all the conditions set out in this LAF apply to the operations.
8. This LAF may not be transferred to another advisor without obtaining prior written authorization to do so.
9. 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) Name of irrevocable beneficiary, if applicable (please print)

[†] Fundserv is a business-to-business electronic network with world-class transaction processing applications, servicing the Canadian investment industry.

5. AUTHORIZATION OF CONTRIBUTING SPOUSE (SPOUSAL RRSP)

1. I, _____, authorize _____
(contributing spouse's name) (advisor's name)

to provide instructions on my behalf to the Insurer and sign any documents related to carrying out the following operations:

- Cancel or modify a debit date, debit frequency, or an amount under the Preauthorized Debit (PAD) Agreement
- Do a single debit when the contributing spouse has given prior consent to set up a Preauthorized Debit (PAD) Agreement, and the debit is withdrawn from the same bank account as the PAD
- Make additional deposits with the contributing spouse's personal cheques

The LAF does not include:

- Setting up a Preauthorized Debit (PAD) Agreement
- Changing bank information (including any combined transactions such as a withdrawal or debit with a change to bank information)

Waiver: I waive the right to receive notice of the amount and date of the PAD as well as any change to the amount and the date of the PAD.

Your advisor is not, however, authorized to process discretionary operations on your behalf, i.e. give instructions 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.

1. I acknowledge that the Insurer, upon receiving the original copy of this LAF, is authorized to process the operations requested on my behalf. I acknowledge that I am responsible for all fees associated with these operations. 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.
2. 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.
3. 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.
4. This LAF annuls and replaces any other LAF that I previously signed with regard to the savings annuity contract covered by this LAF.
5. The Insurer may, at its sole discretion, refuse to accept or process operations in virtue of this LAF.
6. In the event that the advisor mentioned in this LAF places business through the Fundserv[†] platform, I acknowledge and agree that the instructions required to perform the available operations listed in Section 5 of this LAF will be given directly to the managing general agent (MGA) under whose responsibility the advisor is operating and that the MGA will carry out the operations. I also acknowledge and agree that all the conditions set out in this LAF apply to the operations.
7. This LAF may not be transferred to another advisor without obtaining prior written authorization to do so.
8. I acknowledge that I have read and understood the terms of this LAF and I accept them.

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

X _____
Contributing spouse's signature

6. ADVISOR'S DECLARATION

I acknowledge that I have read this LAF and the Authorization described in Sections 4 and 5 to the contractholder and contributing spouse, if applicable. I agree to uphold the terms and conditions of the LAF and the authorization as set out above and to act in compliance with them. In the event that I place business through the Fundserv[†] platform, I acknowledge that all the conditions set out in this LAF and Authorization apply to the instructions given directly to my MGA, and I agree to meet these conditions. At no time may this LAF be assigned to another advisor without first obtaining written authorization from the contractholder and spouse, if applicable.

I further agree to indemnify the contractholder, the contributing spouse, if applicable, and La Capitale in the event of any claims, liability, harm or fees, including legal fees, that may result from instructions submitted by ourselves or through the Fundserv[†] platform that were not authorized by the contractholder or the contributing spouse, or did not comply with their instructions.

Advisor's name (please print) _____ Code _____

X _____
Advisor's signature _____ Date (YYYY/MM/DD) _____

[†] Fundserv is a business-to-business electronic network with world-class transaction processing applications, servicing the Canadian investment industry.