



LaCapitale
Civil Service Insurer

Application/Instructions Form

TFSA Savings Annuity

New client? Yes **If so**, complete the Contractholder's Identification section
 No **If not**, Client No.: _____
 FundSERV advisor

1. CONTRACTHOLDER'S IDENTIFICATION

To be completed only if the contractholder is a new client, or if there are one or more changes to this information.

Gender: M F

Last Name _____ First Name _____ Occupation _____

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

I am a Quebec public service employee with the institution mentioned below. _____ Employee No. _____

My spouse _____ is a Quebec public service employee with the institution mentioned below. _____ Employee No. _____

Employer's name _____

Employer's address _____

2. BENEFICIARY DESIGNATION

Revocable and irrevocable beneficiaries: A beneficiary designation is revocable unless otherwise indicated. However, in Quebec, if the named beneficiary is the person to whom the contractholder is married or civilly united, this designation is considered irrevocable unless the contractholder indicates that he or 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. A minor irrevocable beneficiary cannot consent to a change or transaction, and the minor irrevocable beneficiary's parents and legal guardian are also unable to sign a document in that regard on his or her behalf.

Minor beneficiary: Outside Quebec, if a minor is the designated beneficiary, it is recommended that a trustee also be designated. By naming a trustee, the benefit is payable to the trustee who will hold it in trust for the minor beneficiary until he or she is of legal age (not applicable in Quebec). Any amount payable to a beneficiary who has reached age of majority is payable directly to this person. In Quebec, the minor beneficiary's legal guardian will receive the payable benefit unless an official trustee has been named.

Contingent beneficiary: If a beneficiary predeceases the contractholder, any benefits will be payable to the contingent beneficiary.

Estate or Designation

BENEFICIARY					
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"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
CONTINGENT BENEFICIARY					
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. SOURCE OF FUNDS

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

- Single payment
- Recurring payments

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

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

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

Transfer from one La Capitale account to another La Capitale account (e.g. from a non-registered plan to an TFSA)

Source of funds: _____
Plan name or number

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 \$ _____

B2B Loan: \$ _____
Amount

4. INVESTMENT INSTRUCTIONS

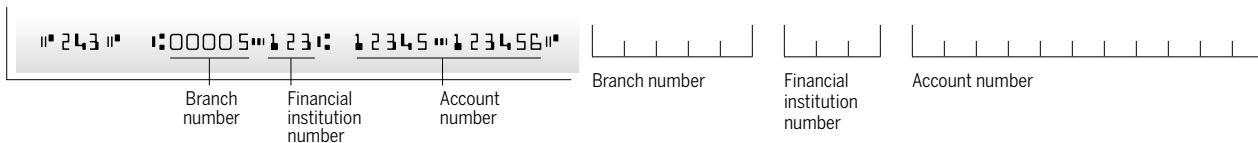
See rates sheet to learn more about available products.

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

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

La Capitale investment accounts redeemable (R) ¹	Code For purchase fees (200 series), enter the fee percentage		Amount (\$, %) – \$500 minimum per account, \$100 minimum per subsequent deposit		
		%	Periodic deposit	Cash deposit	EFT deposit
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			

1. Redeemable investment subject to the applicable fees and penalties
2. Annual, semi-annual, quarterly, monthly
3. DIA = Daily Interest Account, DD = Direct Deposit – Please fill out the following fields according to the example below:



5. IMPORTANT NOTICE

Amounts invested in La Capitale investment accounts are not guaranteed, except in the event of the death of the contractholder. Any investment in these accounts is made with the Insurer and does not confer any entitlement to the reference fund securities. Amounts invested in these accounts are invested in the Insurer's general funds. The Insurer subdivides the amounts invested into units. These units, which are not securities, are issued solely for the purpose of making it easier to track future fluctuations in the value of your investment. The Insurer establishes the initial value of the units granted to you at the time of your investment. Any returns generated by these accounts are tied to the performance of a market index or reference fund, less any applicable management fees. Market index or reference fund performance fluctuates depending on the market value of the securities that make up the fund. Depending on the market index or reference fund performance, the account balances may, therefore, increase or decrease on a daily basis and may even fall below the amounts invested, if the rate of return, after deduction of management fees, is negative. If the market index or reference fund becomes unavailable or the Insurer ceases to use it as a market index or reference fund, for any reason whatsoever, the latter reserves the right to replace it with another market index or reference fund it deems similar 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 or processed by the FundSERV operating system, provided that it is received **before 4:00 p.m.** EST and it is completed in full, duly signed and submitted with any required amounts. Any form that is received **after 4:00 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 the applicable redemption and transfer fees.

6. 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.

- The time limit is the period between the signature of the contract and the 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.
- 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.

7. PREAUTHORIZED DEBIT (PAD) AGREEMENT

The contractholder must be the same person as the payor.

Payor's contact information

Gender: M F

Last name _____ First name _____ Occupation _____

Address (No., street, apartment) _____ City _____ Province _____ Country _____ Postal code _____

Home tel. _____ Work tel. _____ Ext. _____ Email address _____

Language preference: English French

SINGLE PAYMENT: \$ _____
Amount of payment

RECURRING PAYMENTS: \$ _____
Amount of recurring payments





– Frequency of recurring payments: Check one option only.

Every two weeks (14 days) starting on _____

Once a month, the _____ of each month.

Type of PAD: Personal

BANK ACCOUNT INFORMATION – Complete according to the example below:

			
Branch number	Branch number	Financial institution number	Account number

WAIVER: I waive my right to receive advance notice of the amount and the date of the PAD and of any change to the amount and the date.

MODIFICATION: You must notify the Insurer of any modification to this PAD agreement at least 10 days before the date of the next preauthorized payment.

CANCELLATION: This agreement may be cancelled upon receipt by the Insurer of 10 days' written notice prior to the scheduled date of the next PAD. To obtain a PAD cancellation form, or for more information about your right to cancel this agreement, contact your financial institution or visit www.cdnpay.ca.

RECOURSE AND REIMBURSEMENT: 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 debit that is not authorized or is not consistent with this PAD agreement. To obtain more information about your recourse rights, contact your financial institution or visit www.cdnpay.ca.

AUTHORIZATION

I authorize the Insurer or its mandatary to debit the fixed monthly amounts required for payment due to the Insurer from the account indicated on the enclosed cheque specimen or from the account identified above.

 _____ Date (YYYY/MM/DD) _____

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

8. CONTRACTHOLDER'S DECLARATION AND APPLICATION FOR REGISTRATION

- I have verified the information contained in this form and certify it to be true and complete.
- I acknowledge that I have read and understood the Important Notice section.
- I am applying for a TFSA Savings Annuity contract based on this information and I acknowledge that I am responsible for any taxes payable for amounts exceeding my TFSA contribution room.

Limited Authorization Form (LAF) (This section is only to be completed if the interested parties have previously signed this form for another plan.)

- I hereby declare that I have signed a Limited Authorization Form (LAF) for existing plan No. 50 _____, authorizing the financial security advisor involved in this application to submit certain transactions to the Insurer on my behalf. In indicating the name of this plan, I request that this Limited Authorization Form (LAF) be also applied to the plan established under this application.

Registration request

- I agree that the insurer shall file an election with the Minister of National Revenue to register this contract as a Tax-Free Savings Account under the provisions of Tax Legislation.

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

X

Signature of contractholder

Name of contractholder (please print)

X

Signature of financial security advisor

Name of financial security advisor (please print)

Email

Telephone

9. 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

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 _____.

X

Contractholder's signature

X

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.