



Application/Instructions Form

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

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.

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				

### 2. PLAN DETAILS (Check only one plan per form)

LIRA and LIF accounts outside Quebec: Use form T053, which is for Pan-Canadian plans

- Non-registered plan**
- RSP** – Contributing contractholder OR  **RSP** – Spousal<sup>1</sup>
- RIF** – Contributing contractholder OR  **RIF** – Spousal<sup>1</sup>
- Locked-in Retirement Account (LIRA)**  Member or former member (pension plan)<sup>1</sup>  
 Purchaser (following death or marriage breakdown)<sup>2</sup>
- LIF**  Member or former member (pension plan)<sup>1</sup>  
 Purchaser (following death or marriage breakdown)<sup>2</sup>
- Immediate Annuity**
- Deferred Life Annuity** – Not available for spousal products
- Deferred Life Annuity-LIRA (QC)** – Not available for spousal products  Member or former member (pension plan)<sup>1</sup>  
 Purchaser (following death or marriage breakdown)<sup>2</sup>

1. Complete Spouse's Identification section  
 2. Attach a copy of the divorce decree or separation order or a copy of the death certificate

### 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 member or former member

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 member or former member contractholder has priority over a designated beneficiary.

**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					
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"/>	_____

## 5. 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

## 6. 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

**Document required:**

- Cheque specimen, since payments will be made by direct deposit

## 7. 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 annuity<sup>1</sup>  
 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 age<sup>1</sup>  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 \$ \_\_\_\_\_ (amount) is payable \_\_\_\_\_ (frequency) starting \_\_\_\_\_ (YYYY/MM/DD).

**Documents required:**

- Cheque specimen, since payments will be made by direct deposit
- Proof of the contractholder's age or that of the spouse (if calculation is based on the spouse's age): copy of birth certificate, driver's licence or passport

## 8. 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 RRSP)

**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 \$ _____

**Conversion of an existing plan with the Insurer** (e.g. converting an RRSP to a RRIF)

**Plan name or number:** \_\_\_\_\_

Check one option only:  Total – Closing of plan:  Yes  No **OR**  Partial – Indicate the account(s):

\_\_\_\_\_  
Account No. Account No. Account No. Account No. Account No.

**B2B Loan:** \$ \_\_\_\_\_  
Amount

## 9. INVESTMENT INSTRUCTIONS – DO NOT COMPLETE THIS SECTION IF CONVERTING AN EXISTING RRSP OR LIRA TO A RRIF OR LIF

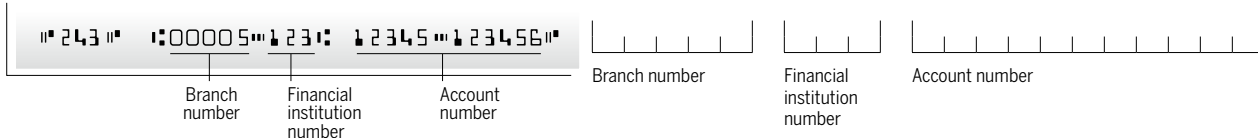
See rates sheet to learn more about available products.

Daily Interest Account (R) <sup>1</sup>	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, <sup>1</sup> NR)
	Cash deposit	EFT deposit			Frequency <sup>2</sup> (A, S, Q, M)	Payment <sup>3</sup> (DIA, DD)	

La Capitale investment accounts redeemable (R) <sup>1</sup>	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:



## 10. 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 will 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** will 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. 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.

**MANDATORY SECTION FOR NON-REGISTERED PLANS ONLY**

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

**12.1 Verification of contractholder identity – Mandatory when completing application form**

**12.1.1 The advisor is in the presence of the contractholder**

Health insurance cards cannot be used in the following provinces: Ontario, Manitoba and Prince Edward Island. In Quebec, health insurance cards cannot be required for identification purposes but if a contractholder chooses to present one, it can be accepted.

The advisor hereby certifies having verified the identity of \_\_\_\_\_ Contractholder's name

with the following document (with photo):

- Use original documents only**     Passport     Health insurance card  
 Driver's licence     Other piece of identification with photo issued by a federal or provincial authority

Document No. \_\_\_\_\_ Expiration date (if available): \_\_\_\_\_  
Year    Month    Day

Delivery authority \_\_\_\_\_ Province or country of issue \_\_\_\_\_

**12.1.2 The advisor is not in the presence of:** \_\_\_\_\_  
Contractholder's name

A cheque is required at all times for identity verification purposes. If the source of the funds is Preauthorized Debit (PAD), the first payment must be made by cheque.

**12.2 Third-party determination – Mandatory when completing application form**

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

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

Name of third party \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Year    Month    Day

Relationship to contractholder \_\_\_\_\_ Occupation or key activity \_\_\_\_\_

Address (No., Street, Apartment) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

**12.3 Verification of tax classification – Mandatory when completing application form**

**12.3.1. Foreign Account Tax Compliance Act (FATCA)**

Is the contractholder a U.S. citizen or a U.S. resident for U.S. tax purposes?  Yes  No

If so, indicate the contractholder's U.S. federal taxpayer identification number: \_\_\_\_\_  
Identification No.

**12.3.2. Common Standard for Reporting (CSR)**

Is the contractholder a non-resident of Canada or the United States for tax purposes?  Yes  No

If so, indicate the contractholder's country and foreign taxpayer identification number.

\_\_\_\_\_ Identification No.    \_\_\_\_\_ Country

## 12.4 Identification of Politically Exposed Persons and Heads of International Organizations – Mandatory when completing application or instruction form

Does the deposit include a lump sum payment of \$100,000 or more, regardless of the source of funds?  No  Yes

If so, please complete the sections below.

### 12.4.1 Foreign Politically Exposed Persons (Foreign PEP)

Does the contractholder or a member of his or her immediate family (see Section 12.4.4) hold or has previously held one of the following positions in a foreign government or on behalf of a foreign state?  No  Yes – If so, indicate the position, the foreign state in which the position is or was held, the family member in question and the source of funds (see Section 12.4.4) used for the transaction:

- |  |   |
|--|---|
| <input type="checkbox"/> Head of state or government   | <input type="checkbox"/> Military officer with the rank of general or higher                |
| <input type="checkbox"/> Member of a government executive council or of a legislative assembly | <input type="checkbox"/> President of a state-owned company or bank                         |
| <input type="checkbox"/> Deputy minister or holder of an equivalent rank                       | <input type="checkbox"/> Head of a government agency  |
| <input type="checkbox"/> Ambassador or ambassador's attaché or counsellor                      | <input type="checkbox"/> Judge  |
|  | <input type="checkbox"/> Leader or president of a political party in a legislative assembly |

Foreign state: \_\_\_\_\_

### 12.4.2 Domestic Politically Exposed Person (Domestic PEP)

Does the contractholder or a member of his or her immediate family (see Section 12.4.4) hold or has previously held in the last 5 (five) years one of the following positions with the federal government, a Canadian provincial government or a Canadian municipal administration or on behalf of any of the latter?  No  Yes – If so, indicate the position, the family member in question and the source of funds (see Section 12.4.4) used for the transaction:

- |  |   |
|--|---|
| <input type="checkbox"/> Governor General, Lieutenant Governor or head of government             | <input type="checkbox"/> President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province               |
| <input type="checkbox"/> Member of the Senate or the House of Commons or member of a legislature | <input type="checkbox"/> Head of a government agency  |
| <input type="checkbox"/> Deputy minister or holder of an equivalent rank                         | <input type="checkbox"/> Judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada                  |
| <input type="checkbox"/> Ambassador or ambassador's attaché or counsellor                        | <input type="checkbox"/> Leader or president of a political party represented in a legislature  |
| <input type="checkbox"/> Military officer with the rank of general or higher                     | <input type="checkbox"/> Mayor (head of a city, town, village, or rural or metropolitan municipality, regardless of the size of the population) |

### 12.4.3 Head of an international organization (HIO)

Does the contractholder or a member of his or her immediate family (see Section 12.4.4) hold one of the following positions?  No  Yes – If so, indicate the position, the immediate family member in question and the source of funds (see Section 12.4.4) used for the transaction:

- Head of an international organization established by the governments of states
- Head of an institution established by an international organization

### 12.4.4 Member of the family in question and source of funds

Must be completed if you answered Yes to Sections 12.4.1, 12.4.2 or 12.4.3.

Family member in question:

- Contractholder
- Immediate family member:

Relationship to contractholder	Domestic PEP	Foreign PEP	HIO	Name
Spouse or common-law partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brother, half-brother, sister, half-sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse's or common law partner's mother or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Source of funds:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Loan             | <input type="checkbox"/> Severance pay or bonus | <input type="checkbox"/> Estate          | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Personal savings | <input type="checkbox"/> Investment             | <input type="checkbox"/> Sale of company |  |



## 13. PREAUTHORIZED DEBIT (PAD) AGREEMENT

The payor can be different from the contractholder in the case of a spousal RRSP.

### 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.

Instalment Premium Deferred Life Annuity: monthly 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:

000005	1231	12345	123456			
Branch number	Financial institution number	Account 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](http://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](http://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.

 \_\_\_\_\_  
Signature of the payor

\_\_\_\_\_ 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: [fim@lacapitale.com](mailto:fim@lacapitale.com)

## 14. CONTRACTHOLDER'S DECLARATION AND APPLICATION FOR REGISTRATION

- I have verified the information contained in this form 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.

**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

- In the case of an RSP, a LIRA, a Deferred Life Annuity or Deferred Life Annuity-LIRA, I hereby request that the Insurer ask for registration of my plan as registered savings plan in accordance with 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 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

## 15. 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

**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:**

- Starting 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<sup>†</sup> 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)

<sup>†</sup> 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<sup>†</sup> 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<sup>†</sup> 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<sup>†</sup> 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) \_\_\_\_\_

<sup>†</sup> Fundserv is a business-to-business electronic network with world-class transaction processing applications, servicing the Canadian investment industry.