

FundSERV advisor

1. CONTRACTHOLDER'S PERSONAL INFORMATION

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

Last name First name

2. INVESTMENT INSTRUCTION

Total annual investment: \$ _____

	Redeemable La Capitale Investment Accounts (R) ¹	Code		Account Distribution	
		For purchase fees (200 series), enter the fee percentage			
<p>\$500 minimum per account</p> <p>\$100 minimum per subsequent deposit</p> <p>For registered products only</p>			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%
			%	\$	%

1. Redeemable investment subject to the applicable fees and penalties

3. IMPORTANT:

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 fees and redemption fees, as applicable.

4. 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: \$ _____ – **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:

000005	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.

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.

 _____
Signature of the payor


_____ Date (YYYY/MM/DD)

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

5. CONTRACTHOLDER'S DECLARATIONS

- I have verified the information contained in this application and certify it to be true and complete.
- I acknowledge that I have read and understood the Important Notice section.


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

 _____
Signature of contractholder

_____ Name of contractholder (please print)

_____ Name of financial security advisor (please print)

_____ Advisor code _____ Telephone _____

 _____
Signature of financial security advisor

_____ Email address