

## 1 CONTRACTHOLDER'S PERSONAL INFORMATION

or

Client number

Contract number

Contractholder's last name

Contractholder's first name

## 2 PAYOR'S PERSONAL INFORMATION (IF OTHER THAN THE CONTRACTHOLDER FOR SPOUSAL RRSPs ONLY)

Last name of payor

First name of payor

Client number or date of birth: \_\_\_\_\_

If the payor is different from the contractholder, the payor's declaration section must be signed.

## 3 PLAN DETAILS (CHECK ONLY ONE PLAN)

- Non registered    RRSP – Contributing contractholder    RRSP – Spousal    TFSA

## 4 PERIODIC PAYMENTS

- Change the current periodic payment amount – New periodic payment amount: \$ \_\_\_\_\_

This new payment amount will be invested in the same way as your current payment amount. Please complete the investment instructions section if you wish to change the fund allocation.

- Keep the same periodic payment amount, but change the periodic investments. Please complete the investment instructions section.

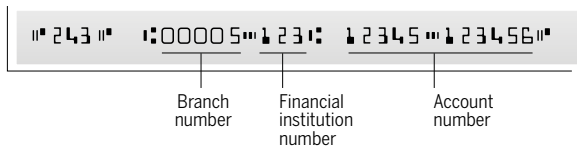
- Terminate the current periodic payments

- Change the frequency – Check one option only:

- Monthly – One time per month, on the \_\_\_\_\_ of each month   **OR**    Every 14 days, as of \_\_\_\_\_
- Year      Month      Day

- Change the payment date – Indicate the date: \_\_\_\_\_
- Day

- Enclose a cheque specimen or complete according to the example below **(the LAF cannot be used to make changes to your bank information):**



Branch number

Financial institution number

Account number

Branch number

Financial institution number

Account number

**5 INVESTMENT INSTRUCTIONS**

Leave this section blank if you are terminating a periodic payment or changing the payment date or frequency.

| Investment name                               | Code | % invested – 100% of the periodic payment must be invested |
|-----------------------------------------------|------|------------------------------------------------------------|
| La Capitale investment account R <sup>1</sup> |      |                                                            |
|                                               |      | %                                                          |
|                                               |      | %                                                          |
|                                               |      |                                                            |
|                                               |      |                                                            |
|                                               |      |                                                            |
|                                               |      | %                                                          |
|                                               |      | %                                                          |
|                                               |      | %                                                          |
| Daily interest account R <sup>1</sup>         | N/A  | %                                                          |
| <b>Total investment</b>                       |      | <b>100%</b>                                                |

1. Redeemable investment subject to the applicable fees and penalties.

**6 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 request 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.

**7 CONTRACTHOLDER'S DECLARATIONS**

I am requesting the change, termination or retention of my periodic payment, as indicated in the periodic payments section.

Regarding periodic payment: I have verified the information contained in this form and certify it to be true and complete.

Regarding a La Capitale investment account instruction: I acknowledge that I have read and understood the Important notice section.

Regarding a TFSA: I acknowledge that I am responsible for any taxes payable for amounts exceeding my contribution room.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



Signature of contractholder

**8 ADVISOR'S DECLARATION**

I declare that I obtained prior specific authorization (Limited Authorization Form – LAF) from the contractholder for this instruction form and that I informed the contractholder of any applicable fees and penalties.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.



Signature of advisor

Advisor code

**9 PAYOR'S DECLARATION**

I accept the periodic payment change or termination, as requested by the contractholder.

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.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.



Signature of payor