



## 1. Group Plan – Deferred Salary Leave Plan

Group No.	Group/Plan name
	Name of employer or association

## 2. Member Information

Employee No.							
Last name		First name		Social Insurance Number <sup>1</sup>			
Address (No.)		Street		Apt.		Date of birth	
City		Province		Postal code			
Telephone (home)	Telephone (work)	Ext.	Email	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Language: <input type="checkbox"/> English <input type="checkbox"/> French			

### 3. Periods of Participation and Leave

Start date of participation:  End date of participation:

Start date of leave:  Duration of leave:

## 4. Beneficiary Designation

In the event of death, I hereby assign any death benefit payable under the terms of my contract to the beneficiary(ies) mentioned here below or, in the absence of a beneficiary designation, to my estate, subject to applicable legislation. **Should no choice be made, the beneficiary designation is revocable, except in Quebec, where the designation of a married or civil union spouse as beneficiary is automatically irrevocable, unless the “revocable” box has been checked.** The designation of a contingent or continuing beneficiary is always revocable.

In accordance with applicable legislation, a Member may make, alter or revoke a designation of beneficiary. Should the beneficiary designation be irrevocable, the consent of the beneficiary will be required for any future beneficiary designation modification and for any partial or total withdrawal of the sums accrued in the contract. Should a minor child be irrevocably designated, the irrevocable nature of this designation cannot be modified until the child reaches majority and thus becomes able to give his consent by signing the required form. If you want the death benefit to be paid out in the form of an annuity, please complete form FRA1744.

In the case of a LIRA or a LIF, if a spouse exists at the time of death, the spouse will be recognized as the legal beneficiary of this contract, in accordance with applicable legislation and rules, unless he or she waives those rights in writing.

Primary Beneficiaries Last name, first name	Relationship to the annuitant (Or in Quebec, relationship to the investor)			%	Revocability of primary beneficiary		Date of birth (If minor)
	Spouse*	Unmarried Spouse	Other		Revocable	Irrevocable	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D

\* Spouse or civil union partner ➡ Civil unions are considered the same as marriage when contracted in compliance with prescribed rules before a competent officiant and registered with the provincial authorities

Contract No. \_\_\_\_\_

**Investment**  
Client services • Tel.: 1 877 841-8822  
beneva.ca

Please provide a copy of the form to the member, a copy to the plan administrator and a copy to Beneva.  
Scanned documents received by Beneva may be used by Beneva in lieu of the original document.

Continuing Beneficiaries or Contingent Beneficiaries (optional)

Check only one beneficiary type and complete the appended table.

Continuing Beneficiaries

Upon the death of a primary beneficiary, the associated continuing beneficiary replaces him or her.  
A continuing beneficiary may replace one or several primary beneficiaries.

Contingent Beneficiaries (Subrogated in Quebec)

A contingent beneficiary has no rights unless all primary beneficiaries are deceased.

Last name, first name	Date of birth (if a minor)	%	Complete only if you designate continuing beneficiaries
			Last name, first name of primary beneficiary <sup>3</sup>
	Y Y Y Y M M D D		
	Y Y Y Y M M D D		
	Y Y Y Y M M D D		
	Y Y Y Y M M D D		

1. Continuing Beneficiary: The sum of the percentage of each continuing beneficiary named to replace a primary beneficiary must total 100%.  
2. Contingent Beneficiary: The total percentage for all contingent beneficiary must total 100%.  
3. If you designate one or more contingent beneficiaries and have entered the information in this section, it will not be considered.

Information about the Trustee (does not apply in Quebec)

Complete this section only if the beneficiary is a minor. A trustee must be appointed to receive payment on behalf of a designated beneficiary who is a minor until the beneficiary reaches the age of maturity. In Quebec, payment will be made in the name of the minor beneficiary and sent to the beneficiary's parent(s) or legal guardian.

Name of trustee

Relationship to trustee

5. Additional Instructions

6. Notice Regarding the Protection of Your Personal Information

Protecting your personal information is a priority for Beneva.<sup>1</sup> For this reason, we want to inform you that we collect, use and disclose your personal information only with your consent, unless otherwise permitted by law, and only for the time necessary to:

- identify you
- establish and update your profile, needs and objectives
- evaluate your applications and eligibility for our products and services
- provide you with advice related to your situation
- administer your contracts as well as your products or services (e.g.: pricing, underwriting, enrolment, claims processing, etc.)
- comply with legal and regulatory requirements (e.g.: preventing, detecting or deterring violations, cyber threats, fraud, etc.)
- obtain your feedback on our products and services
- provide you with personalized offers and advice about our products and services (refer to your right to withdraw consent) based on your preferences and in compliance with the rules governing electronic and telephone communications conduct studies and research, including the design and application of statistical models, some of which may allow for creating or inferring new information about you

How does Beneva collect your personal information?

We may collect your personal information over the telephone, in person, and through the use of our forms and our digital platforms.

Who does Beneva share your personal information with?

For the purposes described above, and only in connection with your products and services, we share your personal information with our affiliates and distribution networks and with third parties, some of which may be located outside of Quebec and Canada.

These third parties may include:

- other financial institutions, such as insurers and reinsurers
- other organizations or entities that have information about you, including insurance, fraud or claims information
- intermediaries
- credit assessment agencies
- government departments, agencies or regulatory authorities
- employers
- claims-related service providers, such as healthcare professionals and auto repair shops
- other agents and service providers (technology services, printing and mailing services, etc.)

Please note that in all cases, we ensure that they respect the protection of your personal information.

### What are your rights regarding access and rectification?

You may access your personal information or request the correction of incomplete or inaccurate information. Send us a request to the following address:

#### Personal Information Protection Officer

Beneva  
625 rue Jacques-Parizeau  
Quebec QC G1R 2G5  
ResponsablePRP@beneva.ca.

For more information about our personal information protection practices, please refer to the complete version of our Personal Information Protection Statement at [www.beneva.ca](http://www.beneva.ca).

Your consent for the collection, use and disclosure of your personal information is necessary in order to provide the product or service requested or offered. You have the right to withdraw your consent, but Beneva will not be able to continue providing you with its products or services.

1. The term "Beneva" refers to Beneva Inc., its affiliates and their mutual insurance companies and distribution networks. Affiliates of Beneva Inc. designates La Capitale Financial Security Insurance Company, Beneva Investment Services Inc., Beneva Insurance Company Inc., L'Unique General Insurance Inc. and Unica Insurance Inc.

## 7. Authorization

### Required for all plans

I authorize the above-mentioned employer or association to act as my agent for the plan, and I authorize my employer to deduct from my salary, where applicable, the prescribed contributions to the plan. This authorization remains valid until written revocation on my part.

I acknowledge having read and understood the terms and conditions of the plan and I hereby apply for membership in the plan. Any information provided constitutes an affirmation if this on my part.

I authorize Beneva Inc. to verify my identity, when required by law, using an independent and reliable piece of identification and/or any other means permissible under the law.

I acknowledge that I have read the notice concerning the protection of personal information.

I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this application form whose integrity is ensured has the same legal value as the original.

**X**

Member's signature (mandatory)

Y	Y	Y	Y	M	M	D	D
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Date

### Beneva – Investment

#### Client services

P.O. Box 10510, Station Sainte-Foy, Quebec (Quebec) G1V 4H6  
Tel.: 1 877 841-8822  
[beneva.ca](http://beneva.ca)

Reserved for Beneva

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Contract No.

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