

In this document, care has been taken to eliminate sexual stereotyping when making gender references.

Section 1: Group plan – Tax Free Saving account: Beneva TFSA

<div><div></div><div></div><div></div><div></div></div>	Group No.	Group/Plan Name
		Name of employer or association

Section 2: Member Information

The member is the holder, a defined in the *Income Tax Act* (Canada). The annuitant must obligatorily be a physical person aged 18 or over.

Employee No.			
Last name		First name	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Social Insurance Number ¹
<div><div></div><div></div><div></div><div></div><div></div><div></div></div> Y Y Y Y M M D D		Date of birth	
Address (No.)	Street	Apt.	
Town/City		Province	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> Postal code
Telephone (home)	Telephone (office)	Extension	E-mail
			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Language preference: <input type="checkbox"/> French <input type="checkbox"/> English

1. Used for taxation purposes only.

Section 3: Investment Allocation for Payroll Deductions

If your group is responsible for determining allocations, do not complete this section as information will not be considered.

Beneva funds:		
Fund No. (See list of Beneva Funds)	Abbr. name	Allocation (%)
Total		%
Please enter the codes of all of the investment funds you want to allocate contributions to (See list of Beneva Funds.) Indicate the percentage applicable to each segregated fund. The percentages per contribution category must add up to 100%.		

In the absence of any investment instructions, the sums received will be invested in the Beneva Fiera Capital Money Market Fund.

Lump-sum Contributions and Transfers from Another Plan

In the absence of investment instructions for lump-sum contributions and transfers, such contributions will be invested in accordance with the established investment allocation defined above.

For preauthorized payments, complete the Pre-authorized Purchase Program (PPP) form (FRA683).

Section 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. If the spouse or common law spouse is named as the sole beneficiary, the contract will be extended and the beneficiary will become the successor holder. **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.

Primary Beneficiaries Last name, first name	Relationship to the annuitant (Or in Quebec, relationship to the member)			%	Revocability of primary beneficiary		Date of birth (If minor)
	Spouse*	Unmarried Spouse	Other		Rev.	Irrev.	
	<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.

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)	% ¹	Complete only if you designate continuing beneficiaries Last name, first name of primary beneficiary ²
	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. The sum of the percentages of each continuing beneficiary named to replace a primary beneficiary must total 100%.
2. 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

Section 5: Additional Instructions

Section 6: Notice regarding the protection of your personal information

Protecting your personal information is a priority for Beneva.¹ 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.

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.

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.

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.

Section 7: Authorization

I authorize the above-mentioned employer or association to act as "agent" for the plan in accordance with the meaning under the applicable contract 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 of this on my part.

I request that **Beneva Inc.** file an election with the Minister of National Revenue to register the qualifying arrangement as a TFSA under Section 146.2 of the *Income Tax Act*.

I acknowledge having read and understood the information provided to me concerning investment funds, the relative degree of risk, as well as the particular characteristics and advantages of each fund. I assume full responsibility for my investment choices. I recognize that certain Beneva Funds have an inherently higher degree of risk any therefore may be subject to significant variations in returns over short-term periods. I understand that I must restrict my investments in these funds to a maximum of 5% of the total value of my portfolio.

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.

I acknowledge that I have read the notice concerning the protection of personal information, and I have kept a copy of this application duly signed.

X

Member's signature (mandatory)

Y Y Y Y M M D D

Date



Issuer: Jean-François Chalifoux, Chief Executive Officer of Beneva

Beneva – Investment

Client Services

P.O. Box 10510, Station Sainte-Foy

Quebec QC G1V 0A3

Tel.: 1 877 841-8822

beneva.ca

Reserved for Beneva

Beneva – Client Services: 1 877 841-8822

Investment

Contract No.

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.

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