

**1. Information About the Contractholder** The Contractholder must be a resident of Canada.

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

**2. Information About the Annuitant** Please provide annuitant's birth certificate.

Employee No. (if applicable) ☐ Please complete if different from the Contractholder.

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

**3. Information About the Spouse**

In the case of a joint and survivor pension, please complete this section and provide the spouse's birth certificate.

Last name		First name	Social Insurance Number <sup>1</sup>	
Date of birth		Email	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
				Language: <input type="checkbox"/> English <input type="checkbox"/> French

**4. Information About the Premium**

Premium source:

☐ Single direct debit**Mandatory:** Attach a cheque specimen personalized to the contractholder's name marked "VOID." If the specimen is not personalized or personalized in a name other than the contractholder's name, complete Section 6.**OR**☐ Beneva Contract:  Group No. if applicable: **OR**☐ External transfer:  Institution  attach the transfer form with a copy of the statement☐ Non-Registered Plan (NRSP)<sup>2</sup>☐ Registered Pension Plan (RPP)<sup>3</sup>☐ Locked-In Retirement Account (LIRA)<sup>3</sup>☐ Life Income Fund (LIF)<sup>3</sup>☐ Registered Retirement Income Fund (RRIF)☐ Individual Pension Plan (IPP)<sup>3</sup>☐ Registered Retirement Savings Plan (RRSP)☐ Deferred Profit Sharing Plan (DPSP)☐ Other (specify): Single Premium Amount: \$  **OR** ☐ TotalPremium Payment Date: 

1. Used for taxation purposes only.

2. Complete Sections 7A and 7B.

3. The spouse must sign the "Spousal waiver of joint and survivor pension" form if the annuity chosen does not provide for at least 60% continuation of the annuity to the spouse.



Date of first annuity payment: | Y | Y | Y | Y | M | M | D | D |

Payment frequency: ☐ Monthly ☐ Quarterly ☐ Every six months ☐ Annually

Type of annuity: ☐ Life Annuity guaranteed for \_\_\_\_\_ payment(s)

☐ Joint and Survivor Pension with reduction upon death of annuitant guaranteed for \_\_\_\_\_ payment(s)

☐ Payments continue following annuitant's death at \_\_\_\_\_ %

☐ Joint and Survivor Pension with reduction upon the first death guaranteed for \_\_\_\_\_ payment(s)

☐ Payments continue after the first death at \_\_\_\_\_ %

☐ Term Annuity guaranteed for \_\_\_\_\_ payment(s)

Taxable portion (applicable only to non-registered funds): ☐ Prescribed OR ☐ Non-prescribed

Additional income taxes to be deducted (if any):

Provincial \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_ (\$ only, additional to the minimum income taxes prescribed by law).

☐ The account from which the premium is deducted is different from the annuity deposit account → attach the form Authorization and rights to reimbursement | FRA1869 for the premium withdrawal.

**Mandatory:** If the cheque specimen is not personalized or personalized in a name other than the contractholder's name

Last name, first name of bank accountholder

Last name, first name of joint bank accountholder (if applicable)

Age Group	Number of People
0-4	10
5-9	5
10-14	5
15-19	10
20-24	5
25-29	5
30-34	10
35-39	10
40-44	5
45-49	5
50-54	5
55-59	5
60-64	5
65-69	5
70-74	5
75+	5

Branch number

Institution  
number

Account number

\* If the contractholder is an entity (e.g.: corporation, association, partnership, trust, etc.), complete form FRA1235 and provide the required documents.

1) Indicate the detailed occupation including job title, field of activity, name of employer, employer's address and employment status; if retired, provide detailed information on the last occupation before retirement:

Detailed occupation of contractholder

Field of activity of contractholder

Name of contractholder's employer

Contractholder's employment status (e.g., employee, executive, owner, self-employed, etc.)

Address of the contractholder's employer

**2) How do you verify the identity of the contractholder?**

☐ **In the physical presence of the contractholder**, by verifying the original of a government-issued **photo ID, authentic, valid and not expired** → If you check this box, Section 7A(3) below must be completed.

☐ **By videoconference or remotely**, by referring to authentic, valid and up-to-date information from two different, independent and reliable sources → If you check this box, the form *Dual-process method for identity verification – individual* (FRA1876) is mandatory.

**3) Information on the photo identification document examined in the contractholder's physical presence:**

Document with photo

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Name as it appears on the document

Document number

Issuing jurisdiction

| Y | Y | Y | Y | M | M | D | D |

Expiration date of the document									

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## 7A. Requirements of Canada's Anti-Money Laundering and Anti-Terrorist Financing Regime (Cont'd)

### 4) What is the purpose and intended nature of the investment?

- ☐ Retirement income   ☐ Charitable donation   ☐ Education expenses  
☐ Operating funds   ☐ Other (specify): \_\_\_\_\_

### 5) Determination of the presence of a third party

A third party is a person or entity other than the contractholder. To determine if a third party is involved, answer the following questions:

#### Is the contractholder acting on behalf of a third party, or receiving instructions from a third party?

- ☐ Yes → Complete the "Third party identification" section below.  
☐ No  
☐ It is impossible to determine whether the contractholder is acting on behalf of a third party, but I have reason to believe that this is the case. → Complete the "Third party identification" section below.

#### Is the person or entity making the premium payment different from the contractholder?

- ☐ Yes → Complete the "Third party identification" section below.  
☐ No

#### Will a third party use or have access to the value of the annuity?

The third party could be: an assistant to a person of full age, an executor, a representative under a protection mandate, a representative under a power of attorney, an annuitant who is a person other than the contractholder, a temporary representative of a person of full age, a bank accountholder other than the contractholder, a tutor to a person of full age, or a tutor to a minor.

- ☐ Yes → Complete the "Third party identification" section below.  
☐ No

#### Third party identification

_____	_____	Y   Y   Y   Y   M   M   D   D
Third party's last name	Third party's first name	Third party's date of birth

_____	_____
Third party's address	Third party's telephone number

Third party's main activity or detailed occupation, including job title, field of activity, employer's name, employer's address and employment status (e.g., employee, self-employed); if retired, enter details of last occupation before retirement

If the third party is an entity: \_\_\_\_\_  
Incorporation or registration number                      Place of issue of its certificate of constitution

If the information about the third party could not be obtained, please explain why:

If you are not certain that the client is acting on behalf of a third party but have reasonable grounds to suspect the existence of a third party, please provide details:

### 6) Politically exposed persons (PEPs) and heads of an international organization (HIOs): to be completed if a lump-sum of \$100,000 or more is paid:

Is the contractholder, a close relative or a person closely associated with them for personal or business reasons a domestic politically exposed person (domestic PEP), a foreign politically exposed person (foreign PEP) or the head of an international organization (HIO)? (For definitions, please refer to the end of this form.)

- ☐ No   ☐ Yes → If so, please fill out form FRA1234.

## 7B. Declaration of Tax Residence (Self-Certification)

Indicate the contractholder's declaration of tax residence. If this section is omitted or incomplete, we will send you the form FRA1737, *Declaration of Tax Residence (Self-Certification) – Individual*, which must be duly completed and signed. In the event that the declaration of tax residence is not obtained, Beneva Inc. ("Beneva") may be required to report the annuity information to the Canada Revenue Agency (CRA).

#### Contractholder's Declaration of Tax Residence (Self-Certification)

Check off (✓) all answers that apply:

- ☐ I am a tax resident of Canada.  
☐ I am a tax resident of a jurisdiction other than Canada. → If you check this box, you must complete and sign form FRA1737.

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8. Beneficiaries Designation

In the event of the death of the annuitant, the death benefit is payable to the beneficiary(ies) mentioned here below, or, in the absence thereof, to my estate subject to applicable legislation.  
If the premium comes from a locked-in plan, the amounts held in your name will be payable according to applicable legislation.  
If you want the death benefit to be paid out in the form of an annuity, please complete form FRA1744.

Primary Beneficiaries

Should no choice be made, the beneficiary designation is revocable, except in Quebec, where the designation of the married or civil union spouse as beneficiary is irrevocable, unless the “revocable” box has been checked.  
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.  
Should the beneficiary be named irrevocably, he will be required to consent to any future beneficiary designation modification and for any withdrawal of sums.  
A minor child irrevocably designated cannot modify the irrevocable nature of the designation until he reaches majority.

Last name	First name	Relationship to annuitant (or in Quebec, relationship to the contractholder)			%	Revocability of primary beneficiary		Date of birth (if minor)
		Spouse	Un-married 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
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y   Y   Y   Y   M   M   D   D

Continuing Beneficiaries or Contingent Beneficiaries (optional)

The designation of a contingent (subrogated in Quebec) or continuing beneficiary is always revocable.  
Check only one box 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 receives the death benefit if all the primary beneficiaries are deceased.

Last name	First name	Date of birth (if minor)	% <sup>1, 2</sup>	Complete only if you designate a continuing beneficiary(ies)
				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		

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.

9. 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

## 9. Notice regarding the protection of your personal information (Cont'd)

### 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  
2525, boulevard Laurier  
Quebec QC G1V 2L2  
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.

### Exclusive to the Beneva Financial Advisors firm

#### Consent to receive personalized product offers and advice on products and services (optional)

☐ I consent to the collection, use and disclosure of my personal information by Beneva as necessary to receive personalized offers and advice on products or services.

I understand that I may withdraw my consent by calling 1 844 781-0860 or visiting [www.beneva.ca](http://www.beneva.ca).

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

## 10. Debit Authorization and Rights to Reimbursement (the signature of the bank accountholder is mandatory)

### Debit authorization

I authorize Beneva Inc. to debit my account according to my instructions, for a single amount as specified in Section 4 and/or to deposit the fixed amount based on the options and the frequency selected in Section 5.

I authorize Beneva Inc. to invoice me and debit any charges from my account if the pre-authorized debit payment cannot be processed as stipulated in this agreement.

I authorize Beneva Inc. to withdraw from my bank account all benefits that may have been paid by mistake or to which I am not entitled under the contract or under the associated laws and regulations in effect.

I authorize the financial institution to debit to my account and/or to deposit into my account the previously specified amount. In case of change of banking information, a notice must be sent to Beneva 10 calendar days prior to the next scheduled deposit.

I acknowledge receipt of a copy of this agreement and waive my right to receive any notice in writing before the single debit payment and/or pre-authorized deposit.

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## 10. Debit Authorization and Rights to Reimbursement (the signature of the bank accountholder is mandatory) (Cont'd)

### Rights to Reimbursement

I have certain rights to recourse should a debit not comply with this agreement. For example, I am entitled to receive a reimbursement of all unauthorized debit payments or those that are not in compliance with this authorization. For more information about my rights to reimbursement, on how to obtain a sample cancellation form or any other information on my right to cancel a pre-authorized payment agreement, I may contact my financial institution or visit the CPA's at [www.payments.ca](http://www.payments.ca).

By signing, I acknowledge having read and accepted the Authorization and the Rights to Reimbursement.

X

Bank accountholder's signature (mandatory)

Please print name

Y Y Y Y M M D D

Date

## 11. Agreement and Signatures

### Contractholder's Declaration (signature of contractholder is mandatory)

I hereby request Beneva Inc. (Beneva) to pay the annuity described in this application and I agree to pay the single premium specified herein.

In the case of non-registered funds, I authorize Beneva to verify my identity using an independent and reliable identification product and/or any other method provided for by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations. I furthermore declare that the information provided on this form concerning my contact information, identification information, occupation (including job title, field of activity, name of employer and employment status) and the purpose and intended nature of the investment is accurate, complete and correctly indicated. I agree to promptly notify Beneva or my advisor of any changes to this information. In such a case, the advisor will forward the updated information to Beneva without delay.

I declare that information provided in Section 7B, "Declaration of Tax Residence (Self-Certification)", is accurate and complete. I will provide Beneva with a new Declaration of Tax Residence within 30 days of any change in circumstances that causes the current declaration to be incomplete or inaccurate.

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

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

Signature of the contractholder (mandatory)

Y Y Y Y M M D D

Date

X

Signature of the witness (mandatory)

Y Y Y Y M M D D

Date

### Advisor's Declaration (signature of advisor is mandatory)

In the case of non-registered funds, I have verified the identity of the contractholder using a method permitted under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations. In addition, when the contractholder notifies me of an update to their contact information, identification information, occupation (including job title, field of activity, name of employer and employment status) or the purpose and intended nature of the investment, I agree to inform Beneva without delay.

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 certify that the contractholder's signature was affixed by the contractholder.

Dealer's name (agency)

Advisor's name

FundSERV or Advisor Code  
(if applicable):

Dealer

Advisor

or

Agency No.

Advisor No.

Reference market or affinity group (if applicable)

X

Signature of the advisor (mandatory)

Y Y Y Y M M D D

Date

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## 12. Definitions

A **Politically Exposed Person (PEP)** can be a domestic PEP or a foreign PEP.

A **domestic PEP** is a person who, holds or has held within the last five years, one of the following positions in or on behalf of the Canadian federal government, a Canadian provincial or territorial government or a Canadian municipal government: Governor General, lieutenant governor or head of government; member of the Senate or House of Commons or member of a legislature; deputy minister or equivalent rank; ambassador, or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a state-owned company or a state-owned bank; head of a government agency; judge of a supreme court, constitutional court or other court of last resort; or leader or president of a political party represented in a legislature. A person ceases to be a domestic PEP at the earliest of the following dates: 1) five years after he or she has left office; or 2) five years after his or her death.

A **foreign PEP** is a person who holds or has held one of the following positions in or on behalf of a foreign state: head of state or head of government; member of the executive council of government or member of a legislature; deputy minister or equivalent rank; ambassador, or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a state-owned company or a state-owned bank; head of a government agency; judge of a supreme court, constitutional court or other court of last resort; or leader or president of a political party represented in a legislature. These persons are foreign PEPs regardless of citizenship, residence status or birth place. A person determined to be a foreign PEP is forever a foreign PEP.

A **HIO** is a person who holds or has held within the last five years, one of the following positions: head of an international organization established by the governments of states; head of an institution established by an international organization; or head of an international sports organization. When we refer to the head of an international organization, the head of an institution established by an international organization or the head of an international sports organization, we are referring to the primary person who leads that organization; for example, a president or CEO. The activities of an institution set up by an international organization are not necessarily international in scope; they may be limited to a single country or territory. A person ceases to be a HIO at the earliest of the following dates: 1) five years after he or she has left office; or 2) five years after his or her death.

**Certain family members** of a foreign PEP, domestic PEP or HIO must also be regarded as PEPs or HIOs. These family members are:

- The spouse or common-law partner;
- The biological or adopted child(ren);
- The mother(s) or father(s);
- The mother(s) or father(s) of the spouse or common-law partner (mother-in-law or father-in-law);
- The sister(s) or brother(s).

Blended families do not fall under the definition of family members. There must be an official adoption.

For the purposes of the Canadian *Income Tax Act* ("ITA"), common-law partners are two individuals who have been living in a conjugal relationship for at least 12 continuous months, or who are living in a conjugal relationship and have a child together.

Family members of a foreign PEP are considered family members for life, even in the event of divorce, for example.

Family members of a domestic PEP or HIO cease to be a family member at the earliest of the following dates: 1) five years after the domestic PEP or HIO has left office; or 2) five years after the death of the domestic PEP or HIO.

A **close associate** is a person who is connected to a PEP or HIO for personal or business reasons. This person is therefore considered politically exposed. Examples include:

- A person who is a business partner with, or who directly or indirectly jointly owns a business with a PEP or HIO;
- A person involved in a romantic relationship with a PEP or HIO;
- A person who is a prominent member of the same political party or union as a PEP or HIO;
- A person who serves as a member of the same board of directors as a PEP or HIO;
- A person who carries out charitable works with a PEP or HIO;
- A person who has a joint insurance policy with a PEP or HIO.

Once you have determined that a person is a close associate of a PEP or HIO, that person remains a close associate until the earliest of the following dates: 1) the PEP or HIO leaves office; or 2) the relationship between the PEP or HIO and the close associate is terminated.

