

- For Retirement Income Fund (RIF) and Life Income Fund (LIF), this form must be completed and enclosed with the Enrollment Form (FRA1270).
- To modify or terminate an this form must be received at our office 10 calendar days prior to the modification or termination date.

☐ Effective date ☐ Modification of an existing ☐ Termination

Effective date, modification date or termination date | Y | Y | Y | Y | M | M | D | D |

1. Identification of Group Plan

| | | | |
Group No.

Name of Group

Name of Employer or Association

2. Identification of Member

Last Name

First Name

| | | | | | | | | |
Contract No. (if available)

| Y | Y | Y | Y | M | M | D | D |
Date of Birth

3. Pre-Authorized Transaction Program

(Transaction is made only when complete instructions have been provided)

A Type of Transaction (check one type only):

- ☐ **Pre-authorized Redemption Program (PRP)** (Complete subsections 3B-3D and Section 4) Not available for RRSPs and LIRAs – If this is a RRIF, LIF, PRRIF or LRIF also complete the sub-section 3C.
- ☐ **Pre-authorized Transfer Program (PTP)** (Complete subsections 3B, 3D and 3E)

B Frequency (select one option only):

B1. Transfer (PTP)				B2. Redemption (PRP) ¹	
<input type="checkbox"/> Weekly ²	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-annually
<input type="checkbox"/> Every two weeks ²	<input type="checkbox"/> Every two month	<input type="checkbox"/> Semi-annually		<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually

1. For the PRP, select a date between the 1st and the 27th of the month.

2. For these frequencies, please select a business day.

Date of first transaction: | Y | Y | Y | Y | M | M | D | D | If no selection is made, in the case of RIF, LIF, PRRIF or LRIF the date will be the first business day of December of the year following receipt of the form. Otherwise, the date will be the first business day of the month following receipt of the form.

C RIF, LIF, PRRIF or LRIF gross payments (check one box only):

☐ Minimum ☐ Maximum (LIF or LRIF) ☐ Fixed: \$ _____ ☐ Other: \$ _____

D Redemption or Transfer “from”

Beneva Funds			Minimum \$100/Redemption
Fund No. (see list of Beneva Funds) Mandatory	Abbreviated Name	Amount (\$)*	
		Total:	\$

* For the minimum/maximum income payment from a RIF/LIF/PRRIF/LRIF, the allocation must be in %.

Beneva Guaranteed Investments		
Redeemable GIA		Minimum \$100/Redemption
GIA No.	Amount (\$)*	GIA maturity date
		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



Beneva Funds		Minimum \$100/Redemption
Fund No. (see list of Beneva Funds) Mandatory	Abbreviated Name	Amount (\$)*
Total:		\$

4. Banking Information

Last name, first name of bank accountholder <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Branch number Institution number Account number </div>	Last name, first name of joint bank accountholder (if applicable) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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5. Authorization and Rights to Reimbursement

- I authorize Beneva Inc. (Beneva) to debit my account according to my instructions, for pre-authorized and/or occasional or sporadic amounts or those specified in Section 2D and/or to deposit the fixed or variable amount based on the options selected in Sections 2C/2E, at the frequency selected in Section 2B.
- I authorize Beneva Inc. (Beneva) to change the amount to be debited from my account and/or to be deposited in my account at my request.
- I authorize Beneva Inc. (Beneva) 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. (Beneva) 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 debit to my account and/or to deposit into my account the previously specified amount. This authorization may be revoked at any time upon my written notice. This notice must be sent to Beneva 10 calendar days prior to the next scheduled debit payment and/or deposit.
- **I acknowledge receipt of a copy of this agreement and waive my right to receive any further notices in writing before the first pre-authorized debit payment and/or deposit, when a change is made at my request to the pre-authorized debit payment and/or deposit, when charges must be debited and when any change is made to the pre-authorized debit payment and/or deposit specified in Section 2.**

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 Web site at **www.payments.ca**.

X

Y Y Y Y M M D D
Date

6. Consent and Signatures

- If it is a PRP or a PTP, I acknowledge that my advisor explained the Back-load Sales Charges option to me and that I understand that redemption fees will apply if such redemptions occurs within six years of the purchase date.
- I authorize Beneva, when required by law, to ascertain my identity by means of a reliable and independent identification product and/or any other method provided for by law.
- I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this form whose integrity is ensured has the same legal value as the original.

X

Y Y Y Y M M D D
Date

X

Y Y Y Y M M D D
Date



FRA1407A (2024-08)