

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

1. Group plan – Non Registered Savings Plan: Beneva NRSP

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

2. Member Information

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

1. Used for taxation purposes only.

3. Annuitant

This section is to be completed only if the NRSP annuitant is not the member.

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

4. 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)	Fund's abbreviated 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).

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5. 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.

Primary Beneficiary(ies) Last name, first name	Relationship to the annuitant (Or in Quebec, relationship to the member)			%	Revocability of primary beneficiary		Date of birth (If a 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

* 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 receive the death benefit if all the 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 ³
	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
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6. Additional Instructions

7A. Requirements of Canada's Anti-Money Laundering and Terrorist Financing Regime

1. Indicate the detailed occupation including job title, field of activity, name of employer 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.)

2. What is the purpose and intended nature of the investment?

- ☐ Short-term savings ☐ Education ☐ Retirement savings ☐ Long-term investment ☐ Succession plan
☐ Frequent transactions ☐ Vacation fund ☐ Emergency funds ☐ Real estate purchase ☐ Other (specify): _____

3. Is the member acting on someone else's instructions, or is there a third party, other than the employer or the association, who will pay for the contract, or who will have use of or access to the value of the contract?

☐ No ☐ Yes ➔ If so, you must provide the information below on the third party:

Third party's last name

Third party's first name

Y | Y | Y | Y | M | M | D | D
Date of birth

Third party's address

Third party's telephone number

Detailed information about the third party's business or occupation, including job title, field of activity, name of employer, and employment status (e.g., employee, executive, owner, self-employed, etc.); if retired, provide the details on the last occupation prior to retirement.

Relationship between the third party and the member

If the third party is an entity:

Incorporation or registration number

Place of issue of its certificate of constitution

Telephone number of the entity

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

4. Politically exposed persons (PEPs) and heads of an international organisation (HIOs): to be completed if a lump-sum payment of \$100,000 or more is made:

Is the member, a close relative or a person closely associated with them for personal or business reasons a foreign politically exposed person (foreign PEP), a domestic politically exposed person (domestic PEP) (in Canada, this includes mayors and deputies) or the head of an international organization (HIO)?

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

Definitions

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

A **foreign PEP** is a person who, holds or has held one of the following offices or 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 **domestic PEP** is a person who, holds or has held within the last five years, a specific office or position 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 corporation that is wholly owned directly by His Majesty in right of Canada or a province; head of a government agency; judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; leader or president of a political party represented in a legislature; or mayor, reeve or other similar chief officer of a municipal or local government of a city, town, village, or rural or metropolitan municipality, regardless of the size of the population. A person ceases to be a domestic PEP five years after they have left office or five years after their death.

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. There is no requirement for an institution established by an international organization to operate internationally. It is possible that an institution that has been established by an international organization only operates domestically, or in one jurisdiction. A person ceases to be an HIO five years after they have left office or five years after their death.

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

- their spouse or common-law partner;
- their child;
- their mother or father;
- the mother or father of their spouse or common-law partner; and
- a child of their mother or father (sibling).

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 months or who are living in a conjugal relationship and have a child.

Stepfamilies do not fall under the definition of family members. There must be a formal adoption.

A **close Associate** can be an individual who is closely connected to a foreign PEP, a domestic PEP or a HIO for personal or business reasons. For example, a person who is joint on a policy where one of the holders may be a PEP or HIO, a person who makes a deposit of \$100,000 or more and the payee is a PEP or HIO, a business partner with, or who beneficially owns or controls a business with, a PEP or HIO, a person who is involved in a romantic relationship with a PEP or HIO, a person who is closely carrying out charitable works with a PEP or HIO.

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 account information to the Canada Revenue Agency (CRA).

Member Declaration of Tax Residence (self-certification):

Check off (✓) all answers that apply:

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

8. 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.

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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 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.

9. Agreement and Signatures

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

I declare that information provided in the Declaration of Tax Residence is accurate and complete. I will provide Beneva Inc. 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 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 Inc. or my advisor of any changes to this information. In such a case, the advisor will forward the updated information to Beneva Inc. 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

X

Member's signature (mandatory)

Y	Y	Y	Y	M	M	D	D
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Date

Beneva – Investment Client Services

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