

This form must be use in the following situations:

• When the bank accountholder is not the investor

• When the cheque specimen is not personalized

• To update the Banking Information

1: Information About the Investor

This information must be similar to the information provided in the application form.

<div>Y Y Y Y M M D D</div>	<div>Y Y Y Y M M D D</div>	<div>Y Y Y Y M M D D</div>
Last name	First name	Date of Birth
<div>Last name of the co-investor (if applicable)</div>		<div>First name</div>

2: Banking Information

<div>Last name and first name of the bank accountholder</div>	<div>Last name and first name of the joint bank accountholder (if applicable)</div>
<div>Branch number</div>	<div>Institution number</div>
<div>Account number</div>	

3: Third-Party Determination Mandatory for Non-Registered Saving Plan (NRSP)

Is there a third party to this contract, a third party who will pay for the contract, or have the use of the value of the contract or will have access to it?

☐ No

☐ Yes

→ If so, the financial security advisor must provide the information below:

<div>Y Y Y Y M M D D</div>	<div>Y Y Y Y M M D D</div>	<div>Y Y Y Y M M D D</div>
Third Party's Last Name	Third Party's First Name	Date of Birth
<div>Address</div>		
<div>Nature of Third Party's Principal Business or Detailed Occupation</div>	<div>Relationship Between the Third Party and the Investor</div>	
<div>If the third party is a corporation or other entity:</div>	<div>Incorporation Number</div>	<div>Place of Issuance of its Certificate of Constitution</div>
<div>If the information about the third party could not be obtained, please explain why:</div>		

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

4: Authorizations and Signatures

Authorization

I authorize the financial institution to debit my account 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 or deposit.

I authorize Beneva Inc. to debit my account according to my instructions, for pre-authorized or occasional or sporadic amounts or those specified in Section 6 of form FRA641//FRA1251/T097/T087 (or Section 2D of form FRA1394/IND036) or to deposit the fixed or variable amount based on the options selected in Sections 8C/8E of form FRA641/T087, 8C/8D of form FRA1251, 8C/8F of form T097 or Section 2C/2E of form FRA1394/IND036, at the frequency selected in Section 8B of form FRA641/FRA1251/T097/T087 or Section 2B of form FRA1394/IND036.

I authorize Beneva Inc. to change the amount to be debited from my account or to be deposited in my account at my request.

I authorize Beneva Inc. to charge and debit any fees 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 relevant laws and regulations in effect.

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 or deposit, when a change is made at my request to the pre-authorized debit payment or deposit, when charges must be debited and when any change is made to the pre-authorized debit payment or deposit specified in Sections 6 and 8 of form FRA641/FRA1251/T097/T087 or in Section 2 of form FRA1394/IND036.

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.

By signing, the bank accountholder and the joint bank accountholder (if applicable) acknowledge having read and accepted the Authorization and the Rights to Reimbursement statements. The investor's signature and the co-investor's signature (if applicable) are also required.

<div>X</div>	<div>X</div>	<div>Y Y Y Y M M D D</div>
Signature of Investor	Signature of co-Investor (if applicable)	Date
<div>X</div>	<div>Y Y Y Y M M D D</div>	<div>Y Y Y Y M M D D</div>
Signature of Bank Accountholder	Print name	Date
<div>X</div>	<div>Y Y Y Y M M D D</div>	<div>Y Y Y Y M M D D</div>
Signature of Joint Bank Accountholder (If applicable)	Print name	Date
<div>X</div>	<div>Y Y Y Y M M D D</div>	<div>Y Y Y Y M M D D</div>
Signature of Advisor (If section 3 has been completed)	Print name	Date

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at www.beneva.ca.