

- For modification or termination of an Pre-authorized Purchase Program (PPP), we must receive this form 10 days before the date of modification or termination.
- Please complete one form per contract.
- Send the form to the address indicated above.

☐ Effective date ☐ Modification ☐ 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

| | | | | | | | | |  
Contract No.

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

Last name

First name

## 3. Pre-authorized Transaction Program

(The amounts are transferred only when complete instructions have been provided)

### A Frequency (Select one option only)

☐ Weekly\* ☐ Every two weeks\* ☐ Monthly ☐ Every two months ☐ Quarterly ☐ Every six months ☐ Annually ☐ Lump sum

| Y | Y | Y | Y | M | M | D | D | → Please indicate the date of the first withdrawal.

**If no selection is made, the date will be the first business day of the month following receipt of this form.**

\* If you choose "Weekly" or "Every two weeks", please select a business day.

### B Amount of Withdrawal

Enter the amount to withdraw from the account indicated below: \$ \_\_\_\_\_ (Minimum \$40)

### C Allocation of Investments

☐ Use the same investment allocation as my payroll deductions.

Or

☐ Set up new investment instructions for my Pre-authorized Purchase Program (PPP).

**In the following table, indicate the percentage (%) applicable to each fund or GIA selected.**

Note: If investment amounts are less than permitted, they will be invested in a savings account bearing interest.

#### Beneva Funds

Fund No.:

(see list of Beneva Funds)

Mandatory

Abbreviated name

%

Minimum \$40 → Total: \$ \_\_\_\_\_

#### Beneva Guaranteed Investments (GIA)

Term (1 to 120 months)

%

Redeemable (Y or N)

months

months

months

Total: \$ \_\_\_\_\_ ← Minimum \$40

**Note: GIA is purchased when accumulated amount reaches \$400.**

Interest: compound interest

Redeemable: Y = yes; N = no

In the absence of any choice, the GIA will be redeemable.

Reserved for Beneva

| | | | | | | | | |  
Contract No.

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## 4. Bank Information for Pre-authorized Debit

**A** Complete this section and enclose a personalized cheque specimen marked "VOID".

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

\_\_\_\_\_  
Last name, first name of bank account holder

\_\_\_\_\_  
Last name, first name of joint bank account holder (if applicable)

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Branch number

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Institution  
number

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Account number

### B Authorization and Rights to Reimbursement

**The signature of the bank account holder and the joint bank account holder are required, where applicable.**

- 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 to debit 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.**

#### 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 website at [www.cdnpay.ca](http://www.cdnpay.ca).

By signing, I acknowledge having read and accepted the Authorization and the Rights to Reimbursement. The signature of the bank account holder and the joint bank account holder (where applicable) are required.

**X**

\_\_\_\_\_  
Bank account holder's signature<sup>1</sup>

\_\_\_\_\_  
Date

1. If the bank account holder is not the investor, please complete section 2F. For NRSP, please fill out form FRA1869.

## 5. Agreement and Signatures

### Investor's Declaration (signature of investor is mandatory)

- I authorize Beneva to proceed with a Pre-authorized Transaction Program in accordance with the instructions provided in this form.
- 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 occur 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**

\_\_\_\_\_  
Investor's signature (mandatory)

\_\_\_\_\_  
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](http://www.beneva.ca).

Reserved for Beneva

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Contract No.

**Investment**  
Client Services • Tel.: 1 877 841-8822  
[beneva.ca](http://beneva.ca)

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