

1. Type of Group plan (Choose one plan only)

Choose one plan only ➔ ☐ Registered Pension Plan: Beneva RPP¹ ☐ Individual Pension Plan: Beneva IPP¹

Group No.

Group/Plan name

Name of employer or association

1. Indicate the legislation applicable to the plan: \_\_\_\_\_

2. Member Information

☐ Single ☐ Married or Civil-union ☐ Un-married spouse

Employee No.

Last name

First name

Social Insurance Number¹

Y Y Y Y M M D D

Address (No.)

Street

Apt.

Date of birth

City

Province

Postal code

Telephone (home)

Telephone (work)

Extension

Email

Gender:

☐ Female ☐ Male

Language:

☐ English ☐ French

1. Used for taxation purposes only.

3. Spouse Information

Last name

First name

4. Employment Information (to be completed by the plan administrator)

Employment start date (mandatory):  Y Y Y Y M M D D Plan membership start date:  Y Y Y Y M M D D

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, complete form FRA1744.

**If there is a spouse at the time of death, the spouse will have precedence over all other beneficiaries, in accordance with applicable legislation, unless he/she waives this benefit in writing.**

| Primary Beneficiaries<br>Last name, first name | Relationship to the annuitant<br>(Or in Quebec, relationship to the member) |                          |       | % | Revocability of<br>primary beneficiary |                          | Date of birth<br>(If minor)                                                                                                               |
|------------------------------------------------|-----------------------------------------------------------------------------|--------------------------|-------|---|----------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
|                                                | Spouse*                                                                     | Un-married<br>Spouse     | Other |   | Revocable                              | Irrevocable              |                                                                                                                                           |
|                                                | <input type="checkbox"/>                                                    | <input type="checkbox"/> |       |   | <input type="checkbox"/>               | <input type="checkbox"/> | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Y Y Y Y M M D D |
|                                                | <input type="checkbox"/>                                                    | <input type="checkbox"/> |       |   | <input type="checkbox"/>               | <input type="checkbox"/> | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Y Y Y Y M M D D |
|                                                | <input type="checkbox"/>                                                    | <input type="checkbox"/> |       |   | <input type="checkbox"/>               | <input type="checkbox"/> | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> 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 has no rights unless all primary beneficiaries are deceased.

| Last name, first name | Date of birth<br>(if a minor)                                                                                                             | %¹,² | Complete only if you designate<br>continuing beneficiaries |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------|
|                       |                                                                                                                                           |      | Last name, first name of primary beneficiary³              |
|                       | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Y Y Y Y M M D D |      |                                                            |
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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

Investment

Client Services • Tel.: 1 877 841-8822

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Reserved for Beneva

Contract No.

Please provide a copy of the form to the member, a copy to the plan administrator and a copy to Beneva.  
Scanned documents received by Beneva may be used by Beneva in lieu of the original document.



9. Authorization

Required for all plans

I authorize the abovementioned 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.

In the case where investment allocation is not determined by the group, 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 and 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, and I have kept a copy of this application duly signed.

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

Date

**Beneva – Investment Client Services**  
P.O. Box 10510, Station Sainte-Foy, Quebec QC G1V 0A3  
Telephone: 1 877 841-8822  
**beneva.ca**