

Reserved for Beneva

Contract No.

# Membership Application Form for Group Plan (RPP, IPP)

Beneva Inc., P.O. Box 10510, Station Sainte-Foy, Quebec QC G1V 0A3

1. Type of Group plan (Choose of	one plan	only)							
Choose one plan only → ☐ Registered Pe	nsion Plan: <b>E</b>	Beneva RPP	<sup>1</sup> □ lı	ndividual Pensio	n Plan:	Beneva IPP¹			
Group No. Group/Plan name									
Name of employer or ass	ociation								
Indicate the legislation applicable to the plan:									
2. Member Information									
Employee No.	ngle 🗌 Mar	ried or Civil-	union	☐ Un-married sp	ouse				
Last name		Firs	t name					Social	I Insurance Number <sup>1</sup>
Address (No.) Street						Apt.		Date o	of birth
City				Province	e				Postal code
Telephone (home) Telephone (wo	rk)	Extensi	on	 Email			Gen Land	der: quage:	☐ Female ☐ Male ☐ English ☐ French
Used for taxation purposes only.	,							,uage.	
3. Spouse Information									
Last name				First name					
	to bo oo	mplotod	by #		siniati	rator)			
4. Employment Information (	to be co	прієтеа	by ti	le plan aun	11111511	aloi)			
Employment start date (mandatory): Y   Y   Y	Y Y M N	/ D D	Plan me	embership start da	ate: Y	YYY	M M D D		
5. Beneficiary Designation									
In accordance with applicable legislation, a Mem of the beneficiary will be required for any future to minor child be irrevocably designated, the irrevocance to be signing the required form.  If you want the death benefit to be paid out in the lift there is a spouse at the time of death, the swaives this benefit in writing.	peneficiary de cable nature e form of an a pouse will h	esignation mo of this design annuity, comp ave precedo lationship t lebec, relation	odification can blete formence over to the au conship to	on and for any part annot be modified m FRA1744. rer all other benef	tial or to until the	tal withdrawal e child reaches s, in accordan Revoca	of the sums ac majority and th	crued in nus beco	the contract. Should a omes able to give his gislation, unless he/she
Primary Beneficiaries Last name, first name	Spouse*	Un-mar Spou		Other	%	Revocable	Irrevocable		Date of birth (If minor)
								YY	Y Y M M D D
								Y Y	Y Y M M D D
								YY	Y Y M M D D
*Spouse or civil union partner Civil unions are considered th  Continuing Beneficiaries or Contingent Bene Check only one beneficiary type and complete to  Continuing Beneficiaries Upon the death of a primary beneficiary, the A continuing beneficiary may replace one or  Contingent Beneficiaries (Subrogated in A contingent beneficiary has no rights unless	eficiaries (op the appended associated of several prim Quebec)	otional) d table. continuing be ary beneficia	eneficiar aries.	ry replaces him or		ompetent officiant an	d registered with the	provincial a	uthorities.
, toonangon bononolary had no ngitto amoo				Complete only if you designate					
Last name, first name		(		ate of birth (if a minor)	% <sup>1, 2</sup>	continuing beneficiaries Last name, first name of pri			beneficiary³
			YYY	Y Y M M D D Y Y M M D D					
				Y					
1. Continuing Beneficiary: The sum of the percentage of each cont 2. Contingent Beneficiary: The total percentage for all contingent b 3. If you designate one or more contingent beneficiaries and have en Information about the Trustee (does not app Complete this section only if the beneficiary is a the beneficiary reaches the age of maturity. In Cor legal quardian.	eneficiary must tot tered the informati Iy in Quebe a minor. A trus	al 100%. on in this section, <b>c)</b> stee must be	a primary b it will not be appoin	peneficiary must total 1009 e considered. Inted to receive pay	ment o				
Name of trustee					R	elationship to t	rustee		Investment

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.

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## 6. Investment Allocation for Payroll Deductions

If your group is responsible for determining allocations, do not complete this section as information will not be considered.

Profile (if offered by your group): Invest 100% of the allocations in the Profile: \_\_\_\_\_\_\_\_(Indicate the Profile selected)

OR

Beneva Funds:			
Fund No. (See list of Beneva Funds)	Abbr. name		Allocation (%)
		(A) Subtotal	%

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).

## 7. Additional Instructions

## 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 health care 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.

#### 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 Québec (Québec) 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 www.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.

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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#### 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

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