

☐ New contract ☐ Modification/addition Contract No.:

If requesting a modification or an addition to an existing FHSA contract, please indicate the plan or contract number and complete only the sections to modify. Your contract information in other sections will remain unchanged.

In this document, any term referring to individuals encompasses all genders.

1. Contractholder (annuitant) – The Contractholder must be a qualifying individual

To be considered a qualifying individual eligible to open an FHSA, you must meet the following requirements:

- ☐ Reside in Canada
- ☐ Be at least 18 years old¹ at the time of opening and no more than 71 years old on December 31 of the current year.
- ☐ Not having, at any time during this calendar year or in the previous four calendar years, lived in a qualifying home (or what would be a qualifying home if located in Canada) as your principal place of residence, of which you were the owner or co-owner, or of which your spouse or common-law partner was the owner or co-owner.

Have you ever opened an FHSA? ☐ Yes, please specify the year of the first opening: ☐ No

Last name		First name		Social insurance number ²	
Address (No.)		Street		Apt.	
City		Province		Postal code	
Telephone (cell)		Telephone (other)		Ext.	
Email		Sex: ☐ Female ☐ Male		Language: ☐ English ☐ French	

1. The minimum age varies by province or territory | 2. Used for taxation purposes only.

2. Other Parties to the Contract

The other party must sign in Section 10: Authorizations and Signatures – Contractholder and Other Parties.

- ☐ Representative under a power of attorney (provide a copy of the power of attorney)
- ☐ Representative under a protection mandate (provide a copy of the protection mandate and homologation judgment)
- ☐ Assistant to an adult³
- ☐ Temporary representative of an adult³
- ☐ Tutor to a person of full age³

Last name		First name		Date of birth	
Address (No.) ⁴		Street		Apt.	
City		Province		Postal code	
Sex: ☐ Female ☐ Male					

3. Provide a copy of the legal documents. | 4. Contract information is always mailed to the Contractholder's address.



3. Contingent Contractholder (subrogated in Quebec)

Only the spouse may be designated. Upon the Contractholder's death, if the survivor is a qualifying individual, the contract remains in force and no death benefit is payable. The Contractholder's survivor acquires all of the Contractholder's rights as the Contractholder of the arrangement, and the unconditional right to revoke any revocable beneficiary designation made. Designation of Contingent Contractholder is optional.

Last name		First name		Y Y Y Y M M D D	
Address (No.), Street (if different from the contractholder's)		Apt.		Date of birth	
City		Province		Postal code	
Telephone (cell)	Telephone (other)	Ext.	Email	Sex:	☐ Female ☐ Male
				Language:	☐ English ☐ French

4. Estate Planning

A contingent Contractholder cannot be designated as a primary, continuing or contingent beneficiary (subrogated in Quebec). If you wish for the death benefit to be paid as an annuity, please complete form FRA1744.

☐ Estate (Go directly to Section 5) OR ☐ Beneficiary designation (Complete the rest of Section 4.)

4.1 Primary Beneficiary(ies)

Should no choice be made, the beneficiary designation is revocable, except in Quebec, where the designation of the married or civil union spouse as beneficiary is irrevocable, unless the "revocable" box has been checked.

If an irrevocable beneficiary is designated, they will be required to consent to any future modification to a beneficiary designation as well as any withdrawals of sums.

Last name	First name	Relationship to annuitant (in Quebec, relationship to Contractholder)			%	Revocability of primary beneficiary		Date of birth (if a minor)
		Spouse	Common-law partner	Other		Revocable	Irrevocable	
		☐	☐			☐	☐	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

4.2 Continuing Beneficiary(ies) or Contingent Beneficiary(ies) (optional)

If an entity (company, trust, estate, etc.) has been designated in the Primary Beneficiaries section, it is not possible to designate one or more continuing beneficiaries OR associate one or more contingent beneficiaries. Select only one type of beneficiary and complete the table.

☐ Continuing beneficiary(ies)

Upon the death of a primary beneficiary, the associated continuing beneficiary replaces them.

A continuing beneficiary may replace one or several primary beneficiaries.

☐ Contingent beneficiary(ies) (subrogated in Quebec)

A contingent beneficiary receives the death benefit if all the primary beneficiaries are deceased.

Last name	First name	Date of birth (if a minor)	Y Y Y Y M M D D	%	To be completed only if you are designating a continuing beneficiary(ies)
					Last name, first name of associated 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		

1. Continuing beneficiary: The total percentage of continuing beneficiaries associated to the same primary beneficiary must total 100%. | 2. Contingent beneficiary: The total percentage for all contingent beneficiaries 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.

4.3 Trustee Information (not applicable in Quebec)

Complete this section only if the beneficiary is a minor. In this situation, a trustee must be appointed to receive all payments until the designated beneficiary reaches the age of majority. In Quebec, the payment will be made out to the minor beneficiary but sent to the beneficiary's parent(s) or legal guardian.

Full name of trustee	Relation to trustee
----------------------	---------------------



5. Source of Monies

☐ 5.1 Transfer from another institution (attach the appropriate transfer form with a copy of the statement, also complete Section 6)

Approximate amount	Maturity date of investment	Name of financial institution
\$	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	

☐ 5.2 Pre-authorized Debit (PAD) (also complete sections 6 and 7)

Total amount: \$_____ and/or \$_____
Single amount Periodic amount

Purchase frequency (PAD): ☐ Weekly¹ ☐ Every two weeks¹ ☐ Monthly ☐ Every two months
☐ Quarterly ☐ Semi-annually ☐ Annually ☐ One-time

Date of first debit: Y Y Y Y M M D D and/or Y Y Y Y M M D D
One-time debit Periodic debit

1. For these frequencies, please select a business day.

Exclusive to the Beneva Financial Advisors firm

☐ 5.3 Payroll Deduction (also complete Section 6)

Periodic amount: \$_____ ☐ Immediate income tax deduction

Date of the first payroll deduction: Y Y Y Y M M D D If no date is indicated, it will start as soon as possible.

Institution code

Employee number

Employer's address

Province

Postal code

I authorize my employer to deduct from my salary and to remit to Beneva or its agent the sum of the amounts payable to it, for any contract for which I have agreed to be the payer.

It is understood that, by doing so, my employer assumes no responsibility towards anyone.

X

Payer's signature (mandatory)

Date



5. Source of Monies (cont.)

☐ 5.4 Pre-Authorized Transfer Program (PTP) between Beneva contracts (also complete Section 6)

Transfer frequency: ☐ Monthly ☐ Annually
☐ One-time: ☒ Total or ☐ Partial, please specify in sub-sections 5.4.1 to 5.4.4

Date of first transfer:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 and/or

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

One-time transfer Periodic transfer

Between Beneva contracts: _____
Source contract Source contract No.

Source of amounts for the pre-authorized transfer:

5.4.1 Beneva Investment Accounts -Choose the guarantee-

Name	Code ¹	Transfer amount (minimum \$100/transfer)
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____

1. The complete list of codes is available in document IND249.

5.4.2 Beneva Guaranteed Interest Accounts (Beneva GIAs) and Beneva Equity Index GIA

Investment code	At maturity or upon receipt	Transfer amount (minimum \$100/transfer)
	☐ Maturity or ☐ Receipt	☐ Total or \$ _____
	☐ Maturity or ☐ Receipt	☐ Total or \$ _____
	☐ Maturity or ☐ Receipt	☐ Total or \$ _____
	☐ Maturity or ☐ Receipt	☐ Total or \$ _____
	☐ Maturity or ☐ Receipt	☐ Total or \$ _____

5.4.3 Daily Interest Account: ☐ Total or \$ _____

5.4.4 Other Beneva Investments

Name	Code	Transfer amount (minimum \$100/transfer)
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____
		☐ Total or \$ _____



MANDATORY: Choose the guarantee that applies to this contract: -Choose the guarantee-

6.1 Redeemable Beneva Investment Accounts (R)¹

[illegible]

Amount: ☐ \$ or ☐ %			
Periodic deposit	One-time deposit	Transfer deposit	Pre-authorized Transfer (PTP)

Name of GIA	Amount: ☐ \$ or ☐ % – \$400 minimum per GIA		Maturity date (YYYY/MM/DD) or term	Compound Interest (C)	Redeemable or Non-redeemable (R ¹ , NR)
	One-time deposit	Transfer deposit			
				C	
				C	
				C	
				C	
				C	

Name of GIA	Amount: ☐ \$ or ☐ % – \$400 minimum per GIA		Term	Index	Guarantee at maturity
	One-time deposit	Transfer deposit			

7. Banking Information

- First and last name of the bank account holder

First and last name of joint bank account holder (if applicable)

Branch number Institution number Account number

8. Personal Information Protection Notice

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.

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:

Chief Privacy Officer

Beneva

2525 boulevard Laurier

Québec QC G1V 2L2

cpo@beneva.ca

For more information about our personal information protection practices, please refer to the complete version of our Privacy Statement at beneva.ca/en/legal-notes-confidentiality/personal-information-protection.

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.

Exclusive to the Beneva Financial Advisors firm

Consent to receive personalized product offers and advice on products and services (optional)

- ☐ I consent to the necessary collection, use and disclosure of my personal information by Beneva to service providers as well as websites and applications belonging to third parties to receive personalized offers and advice on products or services.

I understand that I may withdraw my consent by calling 1 844 781-0860 or visiting beneva.ca.

1. The term "Beneva" refers to Beneva Inc., its affiliates, their mutuals and distribution networks. Affiliates of Beneva Inc. designate Beneva Investment Services Inc., Beneva Insurance Company Inc., L'Unique General Insurance Inc. and Unica Insurance Inc.



9. Contractholder's Authorization

For all types of contracts

I authorize the advisor in charge of my file to provide the necessary instructions to Beneva Inc. ("the Insurer") to proceed with the following operations in my savings annuity contract(s).

However, the advisor will only be able to proceed after I have given them my specific instructions, and the Insurer will not need to obtain written proof of my instructions to the advisor:

- Perform an inter-account transfer for all types of investments
- Change the allocation of investments made by pre-authorized debit (PAD)
- Make withdrawals/redemptions (partial or total)
- Change any type of investment before or at maturity
- Change the Contractholder's home address
- Cancel or modify a debit date, debit frequency or amount for a pre-authorized debit (PAD)
- Make a one-time debit when the investor's written consent to initiate a pre-authorized debit (PAD) has already been obtained, provided the debit is made from the same bank account used for the PAD

Exclusions

- Start periodic pre-authorized debit (PAD) if banking information is not already on file;
- Change banking information (including any combined transactions such as a withdrawal or a debit accompanied by changes to the banking information).

I understand that this authorization is optional

- Upon enrolment, I can refuse to grant this authorization by checking the box below.
- I may revoke this authorization at any time by calling Customer Service at 1 877 841-8822.

The advisor is strictly prohibited at all times from performing discretionary transactions on your behalf, meaning providing any instructions whatsoever without first obtaining your specific authorization for each instruction.

☐ I refuse to authorize transactions to be carried out on my behalf in my account.

My signature will be required for all transactions.

(If I change my mind in the future, I may grant or revoke this authorization by completing form T035).

In all circumstances, if you have designated an irrevocable beneficiary, we will be required to obtain their signature for each withdrawal/redemption request.



10. Authorizations and Signatures – Contractholder and Other Parties

Contractholder's declaration (Contractholder's signature is mandatory)

I certify that I am eligible as a qualifying individual, and I agree to notify Beneva Inc. if I cease to reside in Canada.

I hereby undertake to provide Beneva with all required instructions before the end of my maximum FHSA participation period. Otherwise, I appoint Beneva Inc. as my representative to establish an RRSP or RRIF on my behalf, including any necessary signatures and choices.

I acknowledge receipt, as Contractholder, of a copy of the document entitled investment accounts Facts for each of the investment account selected, a copy of this completed form, the Annuity Contract (including the *Key Facts*) and any applicable amendment, under which I wish to make investments, and I understand the general terms and conditions of the investment vehicles I have selected.

I also acknowledge that my advisor instructed me to refer to investment accounts Facts for information about the investment account selected. I also acknowledge receiving the duly completed analysis of my financial needs when required by regulations.

I understand that when transferring investments between two contracts of different guarantees or plans, for the purpose of calculating guarantees, transferred amounts are treated as redemptions in the originating contract and as new contributions in the destination contract.

In the case of purchasing an Equity Index GIA, I confirm that I have been informed of all the product features, including the indexed and fixed participation rates.

I declare that I have read the terms of the contract.

I request that Beneva Inc. file an election with the Minister of National Revenue to register the qualifying arrangement as an FHSA under section 146.6 of the *Income Tax Act* (Canada). I understand that I may be liable for certain tax consequences arising in connection with a non-compliant qualifying arrangement.

The Canada Revenue Agency will provide to Beneva Inc. my information necessary to administer and enforce the FHSA.

I authorize Beneva Inc. to verify my identity, when required by law, using an independent and reliable piece of identification and/or any other means permissible under the law. I acknowledge that I have read the notice concerning the protection of personal information and have kept a copy of this duly signed application form.

I acknowledge having read the present declaration and the general information on this application form, having understood its terms and conditions and have had the opportunity to seek advice.

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.

Signed at _____		Province _____
City _____		
X		Y Y Y Y M M D D
Contractholder's signature (mandatory)	Name (please print) _____	Date _____
X		Y Y Y Y M M D D
Other signature (where applicable)	Name (please print) _____	Date _____

Debit Authorization and Rights to Reimbursement (the signature of the bank account holder is mandatory)

Debit authorization

I authorize Beneva Inc. to debit my account, according to my instructions, for pre-authorized and/or occasional or sporadic amounts or those specified in Sections 5 and 6.

I authorize Beneva Inc. to change the amount to be debited and/or deposited into my account at my request.

I authorize Beneva Inc. 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. to withdraw from my bank account any 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 to 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 at least 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 other written notice before the first pre-authorized debit 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 5.

Rights to Reimbursement

I have certain rights of recourse if a debit does 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, I acknowledge that I have read and accepted the Authorization and the Rights to Reimbursement.

X		Y Y Y Y M M D D
Bank account holder's signature (mandatory)	Name (please print) _____	Date _____



11. Authorizations and signatures – Advisor

Advisor's declaration (advisor's signature is mandatory)

I accept the mandate that the Contractholder has entrusted me with and I agree to act at all times in accordance with the Contractholder's instructions.

I certify having given the Contractholder a copy of the document entitled investment accounts Facts for each of the investment accounts selected, a copy of this completed form, the Annuity Contract (including the *Key Facts*) and any of its amendments, where applicable, under which the Contractholder wishes to make investments and I have explained the terms and conditions of the Annuity Contract, plan and investment vehicles selected by the Contractholder.

I also confirm that, when required by law, I have given the duly completed assessment of the Contractholder's needs.

I have informed the Contractholder of names of the companies I represent, that I receive compensation for the sale of life insurance company products, of the possibility I may receive additional compensation in the form of bonuses, conference programs or other incentives, of any conflicts or potential conflicts of interest.

I certify that the Contractholder's signature was affixed by the Contractholder.

I certify that my signature, if affixed electronically, has the same legal value as my handwritten signature. Any reproduction of this application form provided its integrity is preserved has the same legal value as the original.

Dealer's name (agency)

Advisor's name

FundSERV or Advisor code:

--	--	--	--	--

Dealer

--	--	--	--	--	--	--

Advisor

or

--	--	--	--	--

Agency No.

--	--	--	--	--

Advisor No.

Reference market or affinity group (if applicable)

☐ I do not have an advisor code. This is my first application.

Signed at

City

Province

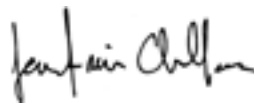
X

Advisor's signature (mandatory)

Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Issuer: Jean-François Chalifoux, President and Chief Executive Officer, Beneva



General Information and Instructions for Completing the Form

Section 1: Contractholder

In accordance with this contract, the Contractholder is the person entitled to a claim corresponding to the value of the investments held at Beneva. The Contractholder is also the annuity grantee, i.e. the person entitled to receive the annuity payments. Only a "natural person" (individual) may apply. The social insurance number is required by the Canada Revenue Agency.

Section 2: Other Parties to the Contract

In this section, enter the name and contact information of the representative under a power of attorney, representative under a protection mandate, assistant to a person of full age, temporary representative to a person of full age, tutor to a person of full age as applicable. The name and contact information of the person presumed incapable of making investment decisions or of the Contractholder who is being represented must be entered under Section 1. A copy of the legal act assigning the power of representation must be attached.

Section 3: Contingent Contractholder

This designation is optional.

Section 4: Estate Planning

If the Contractholder has not designated a contingent Contractholder or beneficiary, the benefit payable upon the death of the annuitant will be paid, if applicable, to the Contractholder's estate in accordance with the applicable legislation. Specific provisions are provided for in the contract to determine if the rights conferred under the annuity contract may be exempt from seizure due to a beneficiary designation, subject to all related applicable legislation.

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.

The designation of a contingent beneficiary (subrogated in Quebec) or continuing beneficiary is always revocable. For more information, please refer to the Annuity Contract.

An irrevocably designated minor cannot consent to the revocation of the irrevocable designation, and no withdrawals or redemptions can be made from the account until the minor reaches the age of majority.

Beneva assumes no responsibility as to the legality or validity of a beneficiary designation or of a change in beneficiary.

Section 5: Source of Monies

Indicate the source of monies and attach the appropriate forms, as applicable.

Section 6: Investment Instructions

Select the investment vehicle(s) you want to invest in. For more details regarding Beneva Investment Accounts and Beneva Guaranteed Investments, please refer to the Annuity Contract. Purchases of Beneva Guaranteed Investments cannot be made through FundSERV.

For the GIA, if instructions are incomplete, or if amounts are less than the minimum permitted, the amounts will be invested in a daily interest investment vehicle.

Description of terms

- Investment account: **The first digit of the Investment account code indicates the guarantee selected, the second represents the sales option and the three last ones correspond to the Investment account number. In the absence of choice for the first two digits, the 75/100 guarantee and the no-load sales option will be selected.** The list of Beneva Investment Accounts is in document IND249.
- Beneva GIA: C = compound interest
- R = redeemable; NR = non-redeemable (in the absence of choice, the Beneva Guaranteed Investment is redeemable).

Section 7: Banking Information

Indicate the bank account in which debits are to be made.

Section 8: Personal Information Protection Notice

Please read this section carefully.

Section 9: Contractholder's Authorization

The option in this section must be checked if the Contractholder does not wish to authorize the advisor to perform transactions on their behalf in the account.

Section 10: Authorizations and Signatures – Contractholder and Other Parties

Read this section carefully, as well as the declarations, authorization and rights to reimbursement. Then sign, indicate the city and province where the application form is being signed, and date the form. The signature of the Contractholder and the signature of the bank account holder are mandatory. If either signature is missing or if the province where the form was signed is not indicated, the monies will not be invested.

Section 11: Authorizations and signatures – Advisor

This section must always be completed. Read this section carefully as well as the declarations. Then sign, indicate the city and province where the application form is being signed, and date the form. The advisor's signature is mandatory. If the signature is missing or if the province where the form was signed is not indicated, the monies will not be invested.