

1. Information About the Contractholder The Contractholder must be a resident of Canada.

Last name		First name	Social Insurance Number ¹
Address (No.) Street		Apt.	Date of birth
City		Province	Postal code
Telephone (home)	Telephone (office)	Extension	Email
		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Language: <input type="checkbox"/> English <input type="checkbox"/> French

2. Information About the Annuitant Please provide annuitant's birth certificate.

Employee No. (if applicable) ☐ Please complete if different of the Contractholder.

Last name		First name	Social Insurance Number ¹
Address (No.) Street		Apt.	Date of birth
City		Province	Postal code
Telephone (home)	Telephone (office)	Extension	Email
		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Language: <input type="checkbox"/> English <input type="checkbox"/> French

3. Information About the Spouse

In the case of a joint and survivor pension, please complete this section and provide the spouse's birth certificate.

Last name		First name	Social Insurance Number ¹
Date of birth		Email	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
		Language: <input type="checkbox"/> English <input type="checkbox"/> French	

4. Information About the Premium**Mandatory:** Attach a cheque specimen personalized to the contractholder's name marked "VOID." If the specimen is not personalized or personalized in a name other than the contractholder's name, complete Section 9.

Single Premium Amount: \$ _____ Premium Payment Date: _____

Premium Source:	<input type="checkbox"/> Non-Registered Plan (NRSP) ²	<input type="checkbox"/> Life Income Fund (LIF) ³	<input type="checkbox"/> Registered Retirement Savings Plan (RRSP)
	<input type="checkbox"/> Registered Pension Plan (RPP) ³	<input type="checkbox"/> Registered Retirement Income Fund (RRIF)	<input type="checkbox"/> Deferred Profit Sharing Plan (DPSP)
	<input type="checkbox"/> Locked-In Retirement Account ³	<input type="checkbox"/> Individual Pension Plan (IPP) ³	<input type="checkbox"/> Other (specify): _____

1. Used for taxation purposes only.

2. Complete Sections 6A and 6B.

3. The spouse must sign the "Waiver of Joint and Survivor Pension" form if the annuity chosen does not provide for at least 60% continuation of the annuity to the spouse.

5. Information About the Annuity

Information About the Annuity: Y Y Y Y M M D D

Payment frequency: ☐ Monthly ☐ Quarterly ☐ Every six months ☐ Annually

Amount of each payment: \$ _____

Type of annuity: ☐ Life Annuity guaranteed for _____ payment(s)

☐ Joint and Survivor Pension with reduction upon death of annuitant guaranteed for _____ payment(s)

☐ Payments continue following annuitant's death at _____ %

☐ Joint and Survivor Pension with reduction upon the first death guaranteed for _____ payment(s)

☐ Payments continue after the first death at _____ %

☐ Term Annuity guaranteed for _____ payment(s)

Taxable portion (applicable only to non-registered funds): ☐ Prescribed OR ☐ Non-prescribed

Additional income taxes to be deducted (if any):

Provincial \$ _____ Federal \$ _____ (\$ only, additional to the minimum income taxes prescribed by law).

Complete sections 6a and 6b if non-registered premiums are used to fund the contract – natural persons (individuals)*

* If the contractholder is an entity (e.g.: corporation, association, partnership, trust, etc.), fill out form FRA1235 and provide the required documents.

6A. Requirements of Canada’s Anti-Money Laundering and Terrorist Financing Regime

1. Indicate the detailed occupation including job title, field of activity, name of employer and employment status; if retired, provide detailed information on the last occupation before retirement:

Detailed occupation of contractholder	Field of activity of contractholder
Name of contractholder's employer	Contractholder's employment status (e.g., employee, executive, owner, self-employed, etc.)

2. How do you verify the identity of the contractholder?

- ☐ In the presence of the contractholder, by verifying the original of a government-issued photo ID, authentic, valid and not expired ➔ If you check this box, Section 6A(3) Information about the contractholder must be completed.
- ☐ Dual process method (two authentic, valid and current documents from two different, reliable and independent sources) ➔ If you check this box, the form Dual process method for identity verification – individual (FRA1876) is mandatory.

3. Information about the contractholder:

Document with photo	Name as it appears on the document	Document number
Issuing jurisdiction	Y Y Y Y M M D D Expiration date of the document	

4. What is the purpose and intended nature of the investment?

- ☐ Retirement income ☐ Charitable donation ☐ Education expenses
- ☐ Operating funds ☐ Other (specify): _____

6A. Requirements of Canada’s Anti-Money Laundering and Terrorist Financing Regime (Cont’d)

5. Is the contractholder acting on the instructions of another person or entity, or is there a third party who will pay for the contract, or have use of or access to the value of the contract?

If there is another party involved in the annuity contract, such as an assistant to a person of full age, an executor, a representative under a protection mandate, a representative under a power of attorney, an annuitant who is a person other than the contractholder, a temporary representative of a person of full age, a bank accountholder other than the contractholder, a tutor to a person of full age, or a tutor to a minor, it is a third party.

☐ No ☐ Yes ➔ If so, the financial security advisor must provide the information below on the third party:

Third party's last name	Third party's first name	<table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> Date of birth	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
Third party's address		Third party's telephone number								
Detailed information about the third party's business or occupation, including job title, field of activity, name of employer, and employment status (e.g., employee, executive, owner, self-employed, etc.); if retired, provide the details on the last occupation prior to retirement.		Relationship between the third party and the contractholder								

If the third party is an entity:

Incorporation or registration number	Place of issue of its certificate of constitution	Telephone number of the entity
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If the information about the third party could not be obtained, please explain why:

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:

6. Politically exposed persons (PEPs) and heads of an international organization (HIOs): to be completed if a lump-sum of \$100,000 or more is paid:

Is the contractholder, a close relative or a person closely associated with them for personal or business reasons a foreign politically exposed person (foreign PEP), a domestic politically exposed person (domestic PEP) (domestic PEPs include mayors, reeves and members of parliament) or the head of an international organization (HIO)?

☐ No ☐ Yes ➔ If so, please fill out form FRA1234. (For definitions, please refer to the end of this form.)

6B. Declaration of Tax Residence (Self-Certification)

Indicate the contractholder’s declaration of tax residence. If this section is omitted or incomplete, we will send you the form FRA1737, *Declaration of Tax Residence (Self-Certification) – Individual*, which must be duly completed and signed. In the event that the declaration of tax residence is not obtained, Beneva Inc. (“Beneva”) may be required to report the account information to the Canada Revenue Agency (CRA).

Contractholder’s Declaration of Tax Residence (Self-Certification)

Check off (✓) all answers that apply:

☐ I am a tax resident of Canada.

☐ I am a tax resident of a jurisdiction other than Canada. ➔ If you check this box, you must complete and sign form FRA1737.

7. Beneficiaries Designation

In the event of the death of the annuitant, the death benefit is payable to the beneficiary(ies) mentioned here below, or, in the absence thereof, to my estate subject to applicable legislation.

If the premium comes from a locked-in plan, the amounts held in your name will be payable according to applicable legislation.

If you want the death benefit to be paid out in the form of an annuity, please complete form FRA1744.

7. Beneficiaries Designation (Cont'd)

Primary Beneficiaries

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.

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.

Should the beneficiary be named irrevocably, he will be required to consent to any future beneficiary designation modification and for any withdrawal of sums.

A minor child irrevocably designated cannot modify the irrevocable nature of the designation until he reaches majority.

Last name	First name	Relationship to annuitant (or in Quebec, relationship to the contractholder)			%	Revocability of primary beneficiary		Date of birth (if minor)
		Spouse	Un-married spouse	Other		Revocable	Irrevocable	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y Y Y Y M M D D
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y Y Y Y M M D D
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y Y Y Y M M D D
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Y Y Y Y M M D D

Continuing Beneficiaries or Contingent Beneficiaries (optional)

The designation of a contingent (subrogated in Quebec) or continuing beneficiary is always revocable.

Check only one box 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 receives the death benefit if all the primary beneficiaries are deceased.

Last name	First name	Date of birth (if minor)	%	Complete only if you designate a continuing beneficiary(ies)
				Last name, first name of 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 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.

8. Banking Information

Mandatory: If the cheque specimen is not personalized or personalized in a name other than the contractholder's name

Last name, first name of bank accountholder

Last name, first name of joint bank accountholder (if applicable)

Branch number

Institution number

Account number

9. Dealer/Advisor

Dealer's name (agency)

Advisor's name

FundSERV or Advisor Code
(if applicable):

Dealer

Advisor

or

Agency No.

Advisor No.

Reference account No. (if applicable)

10. 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 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:

Personal Information Protection Officer

Beneva
625 rue Jacques-Parizeau
Quebec QC 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.

Reserved for Beneva Financial Advisors

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

☐ I consent to the collection, use and disclosure of my personal information by Beneva as necessary 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 www.beneva.ca.

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.

Reserved for Beneva

Contract No.

11. Agreement and Signatures

Advisor's Declaration (signature of advisor is **mandatory**)

In the case where non-registered premiums are used to fund the annuity contract, I have verified the identity of the contractholder using a method permitted under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its regulations. In addition, when the contractholder notifies me of an update to their contact information, identification information, occupation (including job title, field of activity, name of employer and employment status) or the purpose and intended nature of the investment, I agree to inform Beneva Inc. without delay.

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.

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

Contractholder's Declaration (signature of contractholder is **mandatory**)

I hereby request Beneva Inc. (Beneva) to pay the annuity described in this application and I agree to pay the single premium specified herein.

I authorize Beneva to verify my identity, when required by law, using an independent and reliable identification product and/or any other means permissible under the law. I also acknowledge having read the notice concerning records and personal information and I have kept a copy of said duly signed notice.

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 relevant laws and regulations in effect.

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 Web site at www.cdnpay.ca.

I acknowledge that I have read the notice concerning the protection of personal information.

In the case where non-registered premiums are used to fund the annuity contract, I declare that the information provided on this form concerning my contact information, identification information, occupation (including job title, field of activity, name of employer and employment status) and the purpose and intended nature of the investment is accurate, complete and correctly indicated. I agree to promptly notify Beneva Inc. or my advisor of any changes to this information. In such a case, the advisor will forward the updated information to Beneva Inc. without delay.

I declare that information provided in the Declaration of Tax Residence is accurate and complete. I will provide Beneva Inc. with a new Declaration of Tax Residence within 30 days of any change in circumstances that causes the current declaration to be incomplete or inaccurate.

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

Signature of the contractholder (mandatory)

| Y | Y | Y | Y | M | M | D | D |
Date

X

Signature of the witness (mandatory)

| Y | Y | Y | Y | M | M | D | D |
Date

X

Signature of the advisor (mandatory)

| Y | Y | Y | Y | M | M | D | D |
Date

Reserved for Beneva

Contract No.

11. Agreement and Signatures (Cont'd)

Definitions

A **Politically Exposed Person (PEP)** can be a foreign PEP or a domestic PEP.

A **foreign PEP** is a person who, holds or has held one of the following offices or positions in or on behalf of a foreign state: head of state or head of government; member of the executive council of government or member of a legislature; deputy minister or equivalent rank; ambassador, or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a state-owned company or a state-owned bank; head of a government agency; judge of a supreme court, constitutional court or other court of last resort; or leader or president of a political party represented in a legislature. These persons are foreign PEPs regardless of citizenship, residence status or birth place. A person determined to be a foreign PEP, is forever a foreign PEP.

A **domestic PEP** is a person who, holds or has held within the last five years, a specific office or position in or on behalf of the Canadian federal government, a Canadian provincial or territorial government, or a Canadian municipal government: Governor General, lieutenant governor or head of government; member of the Senate or House of Commons or member of a legislature; deputy minister or equivalent rank; ambassador, or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a corporation that is wholly owned directly by His Majesty in right of Canada or a province; head of a government agency; judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; leader or president of a political party represented in a legislature; or mayor, reeve or other similar chief officer of a municipal or local government of a city, town, village, or rural or metropolitan municipality, regardless of the size of the population. A person ceases to be a domestic PEP five years after they have left office or five years after their death.

A **HIO** is a person who, holds, or has held within the last five years, one of the following positions: head of an international organization established by the governments of states; head of an institution established by an international organization; or head of an international sports organization. When we refer to the head of an international organization, the head of an institution established by an international organization or the head of an international sports organization, we are referring to the primary person who leads that organization; for example, a president or CEO. There is no requirement for an institution established by an international organization to operate internationally. It is possible that an institution that has been established by an international organization only operates domestically, or in one jurisdiction. A person ceases to be an HIO five years after they have left office or five years after their death.

Certain family members of a foreign PEP, domestic PEP or HIO must also be regarded as PEPs or HIOs. These family members are:

- their spouse or common-law partner;
- their child;
- their mother or father;
- the mother or father of their spouse or common-law partner; and
- a child of their mother or father (sibling).

For the purposes of the Canadian *Income Tax Act* ("ITA"), common-law partners are two individuals who have been living in a conjugal relationship for at least 12 months or who are living in a conjugal relationship and have a child.

Stepfamilies do not fall under the definition of family members. There must be a formal adoption.

A **close Associate** can be an individual who is closely connected to a foreign PEP, a domestic PEP or a HIO for personal or business reasons. For example, a person who is joint on a policy where one of the holders may be a PEP or HIO, a person who makes a deposit of \$100,000 or more and the payee is a PEP or HIO, a business partner with, or who beneficially owns or controls a business with, a PEP or HIO, a person who is involved in a romantic relationship with a PEP or HIO, a person who is closely carrying out charitable works with a PEP or HIO.