

Fund Names	Eligible Funds for the GLWB – Version 2	HELIOS CONTRACT					
		Series 5-C Back End Load 6 Year		Series 5-B Low Load 3 Year		Series 5-A Negotiable Fee Option	
		75/75	75/100 i	75/75	75/100 i	75/75	75/100 i
Addenda Capital Inc.							
DFS GIF – Canadian Bond – Addenda	✓	\$705	M705	\$700	M700	\$709	M709
AllianceBernstein L.P.							
DFS GIF – Global Equity – AllianceBernstein		\$775	M775	\$770	M770	\$779	M779
DFS GIF – International Equity – AllianceBernstein		\$405	M405	\$400	M400	\$409	M409
DFS GIF – European Equity – AllianceBernstein		\$655	M655	\$650	M650	\$659	M659
Bissett Investment Management							
DFS GIF – Canadian Balanced – Bissett	✓	\$755	M755	\$750	M750	\$759	M759
DFS GIF – Dividend Income – Bissett		\$715	M715	\$710	M710	\$719	M719
DFS GIF – Canadian Equity – Bissett		\$725	M725	\$720	M720	\$729	M729
DFS GIF – Small Cap – Bissett		\$735	M735	\$730	M730	\$739	M739
CI Investments Inc.							
DFS GIF – Canadian Balanced – CI Signature	✓	\$265	M265	\$260	M260	\$269	M269
Fiera Capital Inc.							
DFS GIF – Money Market	✓	\$555	M555	\$550	M550	\$559	M559
DFS GIF – Income – Fiera	✓	\$525	M525	\$520	M520	\$529	M529
DFS GIF – Canadian Balanced – Fiera	✓	\$495	M495	\$490	M490	\$499	M499
DFS GIF – Canadian Dividend – Fiera		\$485	M485	\$480	M480	\$489	M489
DFS GIF – Canadian Equity – Fiera		\$465	M465	\$460	M460	\$469	M469
DFS GIF – North American Small Company – Fiera		\$425	M425	\$420	M420	\$429	M429
Fidelity Investments Canada ULC							
DFS GIF – Canadian Balanced – Fidelity	✓	\$245	M245	\$240	M240	\$249	M249
DFS GIF – Global – Fidelity		\$225	M225	\$220	M220	\$229	M229
DFS GIF – Canadian Equity – Fidelity True North®		\$255	M255	\$250	M250	\$259	M259
Jarislowsky Fraser Limited							
DFS GIF – Global Balanced – Jarislowsky Fraser	✓	\$205	M205	\$200	M200	\$209	M209
DFS GIF – Canadian Equity – Jarislowsky Fraser		\$235	M235	\$230	M230	\$239	M239
McLean Budden Limited							
DFS GIF – Balanced Growth – McLean Budden	✓	\$815	M815	\$810	M810	\$819	M819
DFS GIF – Canadian Equity Growth – McLean Budden		\$835	M835	\$830	M830	\$839	M839
DFS GIF – American Equity – McLean Budden		\$845	M845	\$840	M840	\$849	M849
Multi-managers							
DFS GIF – Global High Income – Multi-managers		\$445	M445	\$440	M440	\$449	M449
Northwest & Ethical Investments L.P.							
DFS GIF – Growth and Income – Northwest	✓	\$585	M585	\$580	M580	\$589	M589
DFS GIF – Balanced – Ethical	✓	\$275	M275	\$270	M270	\$279	M279
DFS GIF – Specialty Growth – Northwest		\$575	M575	\$570	M570	\$579	M579
DFS GIF – Specialty Equity – Northwest		\$595	M595	\$590	M590	\$599	M599
Portfolio of Funds							
DFS GIF – Diversified Income – Quotential	✓	\$355	M355	\$350	M350	\$359	M359
DFS GIF – Balanced Income – Quotential	✓	\$345	M345	\$340	M340	\$349	M349
DFS GIF – Balanced Growth – Quotential	✓	\$365	M365	\$360	M360	\$369	M369
DFS GIF – Global Growth – Northwest Select	✓	\$535	M535	\$530	M530	\$539	M539
DFS GIF – Growth – Quotential		\$335	M335	\$330	M330	\$339	M339
DFS GIF – Ultimate Equity – Multi-managers		\$545	M545	\$540	M540	\$549	M549
UBS Global Asset Management (Canada) Co.							
DFS GIF – American Equity – UBS		\$435	M435	\$430	M430	\$439	M439

For Head Office Use Only

	INITIALS	DATE
INPUT BY		
VERIFIED BY		
SECOND CHECK BY		

Guaranteed Investment Funds (GIF)

Desjardins Financial Security Use Only

Client Number: _____

Co-Applicant Number: _____

Plan Number: _____

Contract Application
Helios
1. Contract Type

Choose one Contract Type

- | | | |
|--|--|--|
| <input type="checkbox"/> Non Registered Plan | <input type="checkbox"/> Registered Savings Plan (RSP) | <input type="checkbox"/> Spousal RSP |
| <input type="checkbox"/> Registered Income Fund (RIF) | <input type="checkbox"/> Spousal RIF | <input type="checkbox"/> Locked-In RSP |
| <input type="checkbox"/> Locked-In Retirement Account (LIRA) | <input type="checkbox"/> Life Income Fund (LIF) – attach appropriate endorsements, spousal waivers, schedules and transfer documents | |

Choose one Account Type

 Account Type: Client Name Intermediary/Nominee (Name): _____ Account No. _____

2. Source of Funds

- | | |
|--|----------|
| <input type="checkbox"/> Personal Cheque | \$ _____ |
| <input type="checkbox"/> Transfer from a Desjardins Financial Security product | \$ _____ |
| <input type="checkbox"/> Transfer from another financial institution | \$ _____ |
| Name of Institution _____ | |
| \$ _____ | |
| Name of Institution _____ | |
| \$ _____ | |
| Name of Institution _____ | |

3. Owner Information

The **Applicant** is the person or legal entity who owns the Contract.
 If the **Applicant** is a **Corporation** or **Organization**, please complete **Form 08295E Required Additional Information on a Corporation or Organization**, which is available at www.webi.dsf-dfs.com.

Title: Mr. Mrs. Miss Ms. Dr. Sex: M F Language Preference: English French

Applicant Surname _____	First Name _____	Initial _____	Birth Date <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Organization Name _____	Occupation (Required by Federal Law) _____										
Address _____	Residence Telephone Number _____										
City _____	Province _____	Postal Code _____	Business Telephone Number _____								
Social Insurance Number _____	Business/Trust No. (organization only) _____	Provincial Business No. (if applicable) _____									

Resident Non-Resident Country: _____

Does this Application replace any other life insurance/annuity policy now in force? No Yes Give details and Policy No. _____

Verification of Identity: The undersigned agent or representative certifies that (s)he has verified the identity of the Applicant, as required by Federal Law, by examining one of the following forms of identification. (Please provide document number):

Driver's Licence Number: _____

Passport Number: _____

Birth Certificate Number: _____

Provincial Health Card: _____
(prohibited in Ontario, Manitoba and PEI)

Place of Issue or Jurisdiction of Identity document: _____
(mandatory)

Financial Reports: The financial reports are available on our Web site at www.desjardinsfinancialsecurity.com. If you would like a copy mailed to you, please indicate.

- Please send me a copy of the annual audited Financial Reports of the Funds.
- Please send me the unaudited semi-annual Financial Reports of the Funds. These instructions may be changed at any time.

- Joint Ownership with Rights of Survivorship** (Not Available in Quebec) OR
- Tenants in Common**

Is the relationship of the Applicant and Co-Applicant that of spouse or common-law partner? (for Quebec plans only). No Yes

Indicate if you would like to receive financial reports. If no selection is made, these will not be sent to you.

For a non-registered Contract, if you choose a **Joint Ownership With Rights of Survivorship** or **Tenants in Common** plan, and an Annuitant is not named in Section 5, the Death Benefit will be paid on the death of the survivor. If an Annuitant is named in Section 5, the Death Benefit will be paid on the death of the Annuitant.

Co-Applicant's Surname _____	First Name _____	Initial _____	Birth Date <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Social Insurance Number _____
D	D	M	M	Y	Y	Y	Y					
<input type="checkbox"/> In Trust												
Beneficial Owner's Surname _____	First Name _____	Initial _____	Birth Date <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Social Insurance Number _____
D	D	M	M	Y	Y	Y	Y					

The **Spousal Contributor** is the spouse who makes contributions to a spousal RSP plan and receives the contribution receipt. For all registered plans, the Annuitant will always be the Owner of the Contract.

RSP Spousal Contributions

Spousal Contributor's Surname _____ First Name _____ Initial _____

Birth Date

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

 Social Insurance Number _____

RIF Spousal Contribution (Complete if payment is to be based on spouse's age or if RIF contains spousal money.)

For purpose of this calculation of payment, I opt to elect my spouse as the Life to be used in computing amounts to be paid out.

Spouse's Surname _____ First Name _____ Initial _____

Birth Date

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

 Social Insurance Number _____

4. Subrogated Owner Upon Death of the Applicant or Co-Applicant (available in Quebec only)

For a non-registered Contract, you may name a Subrogated Owner if a Co-Applicant is designated in Section 3.

We appoint the surviving Applicant/Co-Applicant indicated in Section 3 as the Subrogated Owner. Upon the death of the Applicant/Co-Applicant, we understand that all rights provided under the Contract will be transferred to such Subrogated Owner.

5. Annuitant (Life Assured) Information

Complete if Annuitant is other than Applicant(s). The **Annuitant** is the person in the event of whose death the Death Benefit is payable.

Surname _____ First Name _____ Initial _____

Birth Date

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

Relationship to Applicant _____ Social Insurance Number _____

6. Beneficiary Upon Death of Annuitant

The person(s) you name here will receive the Death Benefit on the death of the last surviving Annuitant.

If you designate a Beneficiary as irrevocable, all transactions and plan changes will require the Beneficiary's written authorization.

All Beneficiaries are revocable unless otherwise specified. For Quebec contracts, where your married or civil union spouse is appointed as the Beneficiary, indicate that the Beneficiary is REVOCABLE , failing which, the appointment of your spouse as Beneficiary is irrevocable.

Surname _____ First Name _____ Initial _____ Relationship _____

For RIF/LIF Plans, if the Beneficiary is the spouse, upon the Annuitant's death:

continue annuity payments OR payout proceeds in a lump sum

7. Optional Guarantee

Please ensure that Funds invested in the Contract are available for the GLWB.

Under the GLWB, a withdrawal made before the Annuitant turns 50 is considered a GLWB Excess Payment.

If you withdraw more than the GLWB Maximum Amount, adjustments may be made to the GLWB Protected Value. Refer to the Contract and Information Folder for more information.

The gross amount is the net amount plus applicable taxes and/or fees.

For a RIF or LIF plan, you must withdraw an amount which equals or exceeds the RIF or LIF Minimum. For a LIF plan, this amount cannot exceed the LIF Maximum.

Guaranteed Lifetime Withdrawal Benefit (GLWB) – Version 2

Please add the **Guaranteed Lifetime Withdrawal Benefit (GLWB) – Version 2** to my/our Contract. I/We understand that additional charges will apply as set out in the Contract and Information Folder.

Please defer withdrawals until further notice. (Not applicable for RIF/LIF Plans)

Withdraw: GLWB – Version 2 Maximum Amount OR

\$ _____ per interval per calendar year (this is the amount you will receive in each year regardless of when your Contract is opened).

Gross OR Net (default is Net if no selection is made)

RIF/LIF Minimum Amount

LIF Maximum Amount

Start withdrawals on: The date the GLWB – Version 2 is added to my Contract OR

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

Payment Frequency – Annually Semi-Annually Quarterly Monthly Semi-Monthly Bi-Weekly Weekly

Please provide a specimen cheque

8. Core Guarantees and Investment Information

List the fund number(s) for the Funds you have chosen. A fund number denotes the Fund, Fee Option and Core Guarantee.

The minimum initial investment is \$500 per fund. The minimum PAC is \$50 per fund and \$25 per Fund for a Contract in trust for a minor.

If you have chosen a **GLWB**, in Section 7, please include the allocations in percentages for the Funds from which you are withdrawing. Total must equal 100%.

If you have chosen a PAC, please complete the attached Pre-Authorized Debit Agreement Payor's PAD Authorization form.

Fund Number	DSC (✓) OR Sales Charge	Deposit Amount	GLWB - Version 2 %	Amount	PAC <input type="checkbox"/> DSC or Sales Charge _____ %		SWP Amount or %	Wire Order Number
					Interval	Due Date		
		% \$	%	\$		D D M M Y Y Y Y		
		% \$	%	\$		D D M M Y Y Y Y		
		% \$	%	\$		D D M M Y Y Y Y		
		% \$	%	\$		D D M M Y Y Y Y		
		% \$	%	\$		D D M M Y Y Y Y		

PAC Intervals: A-Annually SA-Semi Annually Q-Quarterly M-Monthly SM-Semi Monthly BW Bi-Weekly W-Weekly (Due Date must be between the 1st and the 28th day of the month.)

For PAC a Specimen Cheque must be attached.

9. Systematic Withdrawal Program (SWP)

If you have completed Section 7, do not complete this section.

The gross amount is the net amount plus taxes withheld and fees.

For a RIF or LIF plan, you must withdraw an amount which equals or exceeds the RIF or LIF Minimum.

For a LIF Plan, this amount cannot exceed the LIF Maximum.

Frequency and Payment Date – Annually Semi-Annually Quarterly Monthly Semi-Monthly Bi-Weekly Weekly

These payments will be deposited directly into your bank account. Commencement Date: **Please provide a Specimen Cheque**

For Non Registered Plans

I/We choose: \$ _____ per interval. Indicate if Gross OR Net (default is Net if no selection is made)
 Annual Fee Waiver Amount

For RIF/LIF Plans

I/We choose: RIF/LIF Minimum Amount LIF Maximum Amount
 \$ _____ per annum. Indicate if Gross OR Net (default is Net if no selection is made)
 Annual Fee Waiver Amount

10. Representative Information

By signing here, the Representative confirms that (s)he is appropriately licensed, has disclosed any conflicts of interests and has thoroughly examined the Owner's needs for product suitability. The Representative also confirms that (s)he will receive compensation, if this Application is accepted by Desjardins Financial Security and may receive additional compensation in the future in the form of bonuses, trailers and conferences. The Representative also confirms that (s)he has examined the original and valid identity verification documentation and that (s)he has completed and attached the "Third Party Determination Form" if (s)he has reasonable grounds to suspect the Owner is acting on behalf of a third party.

11. Acknowledgement

The Contract and Information Folder contains important information and should be read before investing.

I/We acknowledge having received and read the document titled "Desjardins Financial Security Guaranteed Investment Funds Plan – Helios Contract and Information Folder" which contains all provisions relating to the Desjardins Financial Security Guaranteed Investment Funds Plan – Helios Contract, investment information, financial highlights as well as the Fund Facts for each of the Desjardins Financial Security Guaranteed Investment Funds (DFS GIF). I/We acknowledge having received a proper description of the product, the relevant Fund Facts and a clear explanation of what is and is not guaranteed under this Contract.

Signed at _____ Date _____

Applicant Signature _____ Co-Applicant Signature (if applicable) _____ Witness Signature _____

12. Your Signature

By signing below, you acknowledge that you have read and understood the Agreement and Direction on the reverse.

Signed at _____ Date _____

Applicant Signature _____ Co-Applicant Signature (if applicable) _____ Spousal Signature (for applicable LIFs) _____

Witness Signature _____

**PRE-AUTHORIZED DEBIT AGREEMENT
PAYOR'S PAD AUTHORIZATION****1. Account Holder Name
and Account Number**

Account Holder(s) Surname	First Name	Telephone Number
Address		
City	Province	Postal Code
Name of the Financial Institution where the Account is located		Number of institution
Transit number	Account Number (with check digit)	

**2. Authorization of
Withdrawal**

I authorize Desjardins Financial Security (DFS) to make pre-authorized debits (PAD) from my account with the financial institution indicated above, at the following interval:

Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Semi-Annually Annually

Each withdrawal will correspond to a fixed amount of \$_____ to be deposited into my Guaranteed Investment Fund Contract which together constitutes a personal/individual PAD.

Waiver:

I agree to waive any written notice before the first debit is made or when any change is made to the above debit.

Change or cancellation:

I shall inform DFS, in a timely manner, of any changes to this Agreement.

I may revoke my authorization at any time, with a notice of 10 days. To obtain a copy of my cancellation form or for more information on my right to cancel a PAD Agreement, I may consult with my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca. I agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.

I confirm that all the people whose signatures are necessary for the operation of the account mentioned above have signed this authorization.

3. Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may consult with my financial institution or visit www.cdnpay.ca.

I understand that these types of requests are to be made to my financial institution following the procedure it will provide me.

**4. Consent for
Disclosure of
Information**

I agree that the information in my application for pre-authorized debit authorization will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.

**5. Signature of Account
Holder(s)**

Signature of Account Holder	Date
Signature of a Second Account Holder <i>(Only if two signatures are required)</i>	Date

Important: Attach a personal cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please advise the payee organization.

AGREEMENT AND DIRECTION

I/We hereby apply to purchase a Contract under the Desjardins Financial Security Guaranteed Investment Funds Plan – Helios, on the terms and conditions contained in the current Desjardins Financial Security Guaranteed Investment Funds Plan – Helios Contract and agree to pay such fees as are therein described.

This Application is subject to acceptance by Desjardins Financial Security Life Assurance Company (DFS). Each additional Deposit amount shall be subject to such acceptance.

I/We declare that all statements and answers made by me/us in connection with this Application are fully complete and true.

I/We agree that the Contract and all related documents shall be drafted in English. Je consens (Nous consentons) à ce que le contrat et tous les documents y afférents soient en anglais.

I/We declare that the Deposits made now or in the future under this Contract will not be made for a third party. I/We agree to inform DFS if any future Deposits are made under this Contract for a third party.

Systematic Withdrawal Program

If surrenders are in excess of net capital appreciation they may eventually result in the total surrender of your Contract.

Registered Plans

When a Registered Plan is selected, DFS is requested to apply for registration of this plan/fund as a Retirement Savings Plan or a Retirement Income Fund under the *Income Tax Act* (Canada) and, if applicable, under the *Quebec Income Tax Act*.

Registered Plans are subject to restrictions pursuant to section 146 or 146.3 of the *Income Tax Act* (Canada) and, if applicable, under the *Quebec Income Tax Act*. I understand that, as a consequence of registering this Contract, all payments made by DFS will be subject to tax as provided in such Act(s).

Personal Information Management

DFS handles the personal information relating to you in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer, Desjardins Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis (Québec) G6V 6R2

For residents of all Canadian provinces, excluding British Columbia:

DFS may send information on its promotions or offer new products to those whose names appear on its client list. DFS may also provide its client list to another component of the Desjardins Group for the same purposes. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

For residents of British Columbia:

DFS cannot use or communicate information contained in your file for commercial purposes without first receiving your written consent.