

Fund Names	Available for GLWB – Version 2 (GLWB and GMWB – switches only)	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	100/100 r (available for switches only)	75/75	75/100 i	100/100 r (available for switches only)	75/75	75/100 i	100/100 r (available for switches only)
<b>Addenda Capital Inc.</b>										
DFS GIF – Canadian Bond – Addenda	✓	\$705	M705	L705	\$700	M700	L700	\$709	M709	L709
<b>AllianceBernstein L.P.</b>										
DFS GIF – Global Equity – AllianceBernstein		\$775	M775	L775	\$770	M770	L770	\$779	M779	L779
DFS GIF – International Equity – AllianceBernstein		\$405	M405	L405	\$400	M400	L400	\$409	M409	L409
DFS GIF – European Equity – AllianceBernstein		\$655	M655	L655	\$650	M650	L650	\$659	M659	L659
<b>Bissett Investment Management</b>										
DFS GIF – Canadian Balanced – Bissett	✓	\$755	M755	L755	\$750	M750	L750	\$759	M759	L759
DFS GIF – Dividend Income – Bissett		\$715	M715	L715	\$710	M710	L710	\$719	M719	L719
DFS GIF – Canadian Equity – Bissett		\$725	M725	L725	\$720	M720	L720	\$729	M729	L729
DFS GIF – Small Cap – Bissett		\$735	M735	L735	\$730	M730	L730	\$739	M739	L739
<b>CI Investments Inc.</b>										
DFS GIF – Canadian Balanced – CI Signature	(GLWB – Version 2 only)	\$265	M265	–	\$260	M260	–	\$269	M269	–
<b>Fiera Capital Inc.</b>										
DFS GIF – Money Market	✓	\$555	M555	L555	\$550	M550	L550	\$559	M559	L559
DFS GIF – Income – Fiera	✓	\$525	M525	L525	\$520	M520	L520	\$529	M529	L529
DFS GIF – Canadian Balanced – Fiera	✓	\$495	M495	L495	\$490	M490	L490	\$499	M499	L499
DFS GIF – Canadian Dividend – Fiera		\$485	M485	L485	\$480	M480	L480	\$489	M489	L489
DFS GIF – Canadian Equity – Fiera		\$465	M465	L465	\$460	M460	L460	\$469	M469	L469
DFS GIF – North American Small Company – Fiera		\$425	M425	L425	\$420	M420	L420	\$429	M429	L429
<b>Fidelity Investments Canada ULC</b>										
DFS GIF – Canadian Balanced – Fidelity	✓	\$245	M245	L245	\$240	M240	L240	\$249	M249	L249
DFS GIF – Global – Fidelity		\$225	M225	L225	\$220	M220	L220	\$229	M229	L229
DFS GIF – Canadian Equity – Fidelity True North®		\$255	M255	L255	\$250	M250	L250	\$259	M259	L259
<b>Jarislowsky Fraser Limited</b>										
DFS GIF – Global Balanced – Jarislowsky Fraser	✓	\$205	M205	L205	\$200	M200	L200	\$209	M209	L209
DFS GIF – Canadian Equity – Jarislowsky Fraser		\$235	M235	L235	\$230	M230	L230	\$239	M239	L239
<b>McLean Budden Limited</b>										
DFS GIF – Balanced Growth – McLean Budden	✓	\$815	M815	L815	\$810	M810	L810	\$819	M819	L819
DFS GIF – Canadian Equity Growth – McLean Budden		\$835	M835	L835	\$830	M830	L830	\$839	M839	L839
DFS GIF – American Equity – McLean Budden		\$845	M845	L845	\$840	M840	L840	\$849	M849	L849
<b>Multi-managers</b>										
DFS GIF – Global High Income – Multi-managers		\$445	M445	L445	\$440	M440	L440	\$449	M449	L449
<b>Northwest &amp; Ethical Investments L.P.</b>										
DFS GIF – Growth and Income – Northwest	✓	\$585	M585	L585	\$580	M580	L580	\$589	M589	L589
DFS GIF – Balanced – Ethical	(GLWB – Version 2 only)	\$275	M275	–	\$270	M270	–	\$279	M279	–
DFS GIF – Specialty Growth – Northwest		\$575	M575	L575	\$570	M570	L570	\$579	M579	L579
DFS GIF – Specialty Equity – Northwest		\$595	M595	L595	\$590	M590	L590	\$599	M599	L599
<b>Portfolio of Funds</b>										
DFS GIF – Diversified Income – Quotential	✓	\$355	M355	L355	\$350	M350	L350	\$359	M359	L359
DFS GIF – Balanced Income – Quotential	✓	\$345	M345	L345	\$340	M340	L340	\$349	M349	L349
DFS GIF – Balanced Growth – Quotential	✓	\$365	M365	L365	\$360	M360	L360	\$369	M369	L369
DFS GIF – Global Growth – Northwest Select*	✓	\$535	M535	L535	\$530	M530	L530	\$539	M539	L539
DFS GIF – Growth – Quotential		\$335	M335	L335	\$330	M330	L330	\$339	M339	L339
DFS GIF – Ultimate Equity – Multi-managers		\$545	M545	L545	\$540	M540	L540	\$549	M549	L549
<b>UBS Global Asset Management (Canada) Co.</b>										
DFS GIF – American Equity – UBS		\$435	M435	L435	\$430	M430	L430	\$439	M439	L439

Fidelity True North® is a registered trademark of FMR Corp.

\*Formerly the DFS GIF – Balanced Growth – Northwest Quadrant.

Fund Names	MILLENNIA III CONTRACT								
	1 <sup>st</sup> Edition		Classic		New Era				
	Series 1 Back End Load 5 Year	Series 1-A Negotiable Fee Option	Series 3 Back End Load 7 Year	Series 3-A Negotiable Fee Option	Series 1 Back End Load 5 Year	Series 1-A Negotiable Fee Option	Series 3-C Back End Load 5 Year	Series 3-B Low Load 3 Year	Series 3-A Negotiable Fee Option
<b>Addenda Capital Inc.</b>									
DFS GIF – Canadian Bond – Addenda			703	709C			705	700N	709N
<b>AllianceBernstein L.P.</b>									
DFS GIF – Global Equity – AllianceBernstein							775	770N	779N
DFS GIF – International Equity – AllianceBernstein	401	409F	403	409C	407	408A	405	400N	409N
DFS GIF – European Equity – AllianceBernstein			653	659C			655	650N	659N
<b>Bissett Investment Management</b>									
DFS GIF – Canadian Balanced – Bissett							755	750N	759N
DFS GIF – Dividend Income – Bissett			713	719C			715	710N	719N
DFS GIF – Canadian Equity – Bissett			723	729C			725	720N	729N
DFS GIF – Small Cap – Bissett			733	739C			735	730N	739N
<b>Fiera Capital Inc.</b>									
DFS GIF – Money Market	551	559F	553	559C	557	558A	555	550N	559N
DFS GIF – Income – Fiera	521	529F	523	529C	527	528A	525	520N	529N
DFS GIF – Canadian Balanced – Fiera	491	499F	493	499C	497	498A	495	490N	499N
DFS GIF – Canadian Dividend – Fiera	481	489F	483	489C	487	488A	485	480N	489N
DFS GIF – Canadian Equity – Fiera	461	469F	463	469C	467	468A	465	460N	469N
DFS GIF – North American Small Company – Fiera	421	429F	423	429C	427	428A	425	420N	429N
<b>Fidelity Investments Canada ULC</b>									
DFS GIF – Canadian Balanced – Fidelity							245	240N	249N
DFS GIF – Global – Fidelity							225	220N	229N
DFS GIF – Canadian Equity – Fidelity True North®							255	250N	259N
<b>Jarislowsky Fraser Limited</b>									
DFS GIF – Global Balanced – Jarislowsky Fraser			203	209C			205	200N	209N
DFS GIF – Canadian Equity – Jarislowsky Fraser							235	230N	239N
<b>McLean Budden Limited</b>									
DFS GIF – Balanced Growth – McLean Budden			813	819C			815	810N	819N
DFS GIF – Canadian Equity Growth – McLean Budden			833	839C			835	830N	839N
DFS GIF – American Equity – McLean Budden			843	849C			845	840N	849N
<b>Multi-managers</b>									
DFS GIF – Global High Income – Multi-managers							445	440N	449N
<b>Northwest &amp; Ethical Investments L.P.</b>									
DFS GIF – Growth and Income – Northwest							585	580N	589N
DFS GIF – Specialty Growth – Northwest							575	570N	579N
DFS GIF – Specialty Equity – Northwest							595	590N	599N
<b>Portfolio of Funds</b>									
DFS GIF – Diversified Income – Quotential							355	350N	359N
DFS GIF – Balanced Income – Quotential							345	340N	349N
DFS GIF – Balanced Growth – Quotential							365	360N	369N
DFS GIF – Global Growth – Northwest Select*							535	530N	539N
DFS GIF – Growth – Quotential							335	330N	339N
DFS GIF – Ultimate Equity – Multi-managers							545	540N	549N
<b>UBS Global Asset Management (Canada) Co.</b>									
DFS GIF – American Equity – UBS	431	439F	433	439C	437	438A	435	430N	439N

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\*Formerly the DFS GIF – Balanced Growth – Northwest Quadrant.

	INITIALS	DATE
INPUT BY		
VERIFIED BY		
SECOND CHECK BY		

## Statement of Direction

### Desjardins Financial Security Guaranteed Investment Funds

#### 1. Client Information

Client Surname/Organization	First Name	Initial	Client No.				
			<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
			Social Insurance Number				
			<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
			Social Insurance Number				
Co-owner Surname			First Name				
			Initial				
			Client No.				
			<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
			Social Insurance Number				
			Plan No.				

#### 2. Core Guarantee Change

*(Change is permitted a maximum of once per calendar year)*

- Please change the Core Guarantee on my/our Helios Contract to:
- 75/75       75/100 i (additional guarantee fees will be charged)

#### 3. Optional Guarantees (GMWB, GLWB or GLWB – Version 2) – Add or Change

##### Guaranteed Minimum Withdrawal Benefit (GMWB)

- Withdraw:  \_\_\_\_\_% of the GMWB Protected Value per calendar year 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: 

D	D	M	M	Y	Y	Y	Y
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*(Indicate the GMWB allocation in Section 4)*

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

Please provide a specimen cheque

- Please add the Exercise Date to my Contract.

Please change the date of withdrawal to: 

D	D	M	M	Y	Y	Y	Y
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- Please **delete** the GMWB Optional Guarantee from my/our Contract

##### Guaranteed Lifetime Withdrawal Benefit (GLWB or 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 Maximum Amount or 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
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*(Indicate the GLWB allocation in Section 4)*

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

Please provide a specimen cheque

Please change the date of withdrawal to: 

D	D	M	M	Y	Y	Y	Y
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- Please **delete** the GLWB or GLWB – Version 2 Optional Guarantee from my/our Contract

#### 4. Deposits, Systematic Plans and GMWB/GLWB Allocation

Plan Number	Fund Number	DSC (✓)	Sales Charge %	Deposit Amount \$	GMWB or GLWB %	PAC	Net	Gross	*SWP Annual Fee Waiver	Amount \$	Interval	Start	Change	Cancel	Systematic Plans				Wire Order Number					
															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	

PAC/SWP Interval: A-Annually SA-Semi Annually Q-Quarterly M-Monthly SM-Semi Monthly BW Bi-Weekly W-Weekly *If no interval is selected, default is monthly.*

\*SWP – Applies to Non-Registered, RRIF and LIF plans only. Default will be Net if no selection is made.

**For PAC/SWP a specimen cheque must be attached.**

#### 5. Source of Funds (Deposits)

- Personal Cheque \$ \_\_\_\_\_
- Transfer from a Desjardins Financial Security product \$ \_\_\_\_\_
- Transfer from another financial institution \$ \_\_\_\_\_
- Name of Institution \_\_\_\_\_
- Name of Institution \_\_\_\_\_
- Name of Institution \_\_\_\_\_

#### 6. Switch/Transfer

FROM: Plan Number	Fund Number	Total	Net \$	Partial %	Units	Annual Fee Waiver (✓)	Matured Units (✓)	TO: Plan Number (if existing)	Fund Number	Wire Order Number
				%						
				%						
				%						
				%						

If transferring to a new plan, the appropriate Contract Application must be completed and attached.

#### 7. Surrender

Plan Number	Fund Number	Total	*Net		Annual Fee Waiver (✓)	Matured Units (✓)	Partial		Units	Cheque Payable to:		Send Cheque to Branch		Wire Order Number
			Net \$	%			Amount \$	%		Client	Other	Yes	No	
							\$	%						
							\$	%						
							\$	%						
							\$	%						

Direct Deposit (A specimen cheque must be attached)

\*Default will be Net if no selection is made

Payee Name \_\_\_\_\_

Account Holder (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Reference/Account No. (if applicable) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

#### 8. Client Information Change

Name Change  
Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Attach supporting documentation, i.e., marriage certificate, proof of divorce

Address Change  
Address \_\_\_\_\_

Residence Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Phone \_\_\_\_\_

Birthdate Correction: 

D	D	M	M	Y	Y	Y	Y
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## 9. Beneficiary Designation Change

- I hereby appoint the person(s) named below as Beneficiary(s) of Plan Number \_\_\_\_\_ to receive any amounts which may be payable in the event of the death of the Annuitant (Life Assured). I reserve the right to change the Beneficiary(s) at any time.
- I hereby appoint the person(s) named below as Beneficiary(s) of **all plans** under Client Number \_\_\_\_\_ to receive any amounts which may be payable in the event of the death of the Annuitant (Life Assured). I reserve the right to change the Beneficiary at any time.

Beneficiary Surname	First Name	Initial	Relationship to Annuitant (Life Assured)	Percentage Payable
_____	_____	_____	_____	_____%
Beneficiary Surname	First Name	Initial	Relationship to Annuitant (Life Assured)	Percentage Payable
_____	_____	_____	_____	_____%
Beneficiary Surname	First Name	Initial	Relationship to Annuitant (Life Assured)	Percentage Payable
_____	_____	_____	_____	_____%

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

## 10. Contingent Beneficiary and Owner

- I hereby appoint the person named below as a contingent **Beneficiary** of Plan No. \_\_\_\_\_

Surname	First Name	Initial
_____	_____	_____
Relationship to Annuitant (Life Assured)		
_____		

- I hereby appoint the person named below as a contingent **Owner** of Plan No. \_\_\_\_\_

Surname	First Name	Initial
_____	_____	_____
Relationship to Annuitant (Life Assured)		
_____		

## 11. Agreement, Direction, Acknowledgement

I/We acknowledge that the above information is correct and request that the change(s) I/we have indicated be made.

I/We have read and agree to the terms and conditions outlined in the Agreement, Direction, Acknowledgement section printed on the reverse.

I/We acknowledge receipt of the current Information Folder describing the new Fund(s) to which Deposits are being made and their Fund Facts and agree to pay such fees as are therein described.

I/We acknowledge having received a proper explanation of the consequences of my requested transaction including any tax consequences that may arise from a switch, transfer or redemption.

Signed at	Date
_____	_____
Client Signature	Witness Signature
_____	_____
Co-Owner Signature	Irrevocable Beneficiary Signature (Required if an irrevocable Beneficiary has been appointed.)
_____	_____

## 12. Representative Information

Dealer Code	Branch Code	Rep. Code	Dealer Name (Service Provider)	Rep. Name or Trainee (Trainee applies to Quebec only)
_____	_____	_____	_____	_____

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 for Deposits into this Contract, (s)he will receive compensation 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 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.

Name of Training Supervisor (Quebec only)	Signature of Training Supervisor (Quebec only)	Signature of Rep. or Trainee
_____	_____	_____

Signature Guarantee: Signatures must be guaranteed by a proper officer of a Canadian Chartered Bank, Trust Company, Investment Dealer or Sales Representative.

Guaranteed by \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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**DIRECTION, ACKNOWLEDGEMENT**

**DEPOSITS UNDER EXISTING CONTRACTS**

I/We hereby apply for premium allocation to the Fund(s) indicated, on the terms and conditions contained in the Millennia III or Helios Contracts and agree to pay such fees as are therein described.

**SURRENDERS**

I/We hereby irrevocably direct you to make the surrender cheque payable as indicated on the front of this form.

**SYSTEMATIC WITHDRAWAL PLAN**

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

**INTERVALS: A-Annually SA-Semi Annually Q-Quarterly M-Monthly SM-Semi Monthly BW Bi-Weekly W-Weekly**

**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](http://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](http://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.**