

APPLICATION FOR MEMBERSHIP GROUP RETIREMENT SAVINGS PLAN

INSTRUCTIONS

- ✓ Please print
- ✓ Make sure this form is duly signed
- ✓ Please forward completed form to:

Rest of Canada

Desjardins Financial Security
Customer Service
Group Retirement Services
P.O. Box 4354, Station "A"
Toronto (Ontario)
M5W 3M7

Province of Quebec

Desjardins Financial Security
Customer Service
Group Retirement Services
C.P. 1355, Succ. Desjardins
Montréal (Québec)
H5B 1C4

Telephone: (514) 285-7717
1-800-968-3587

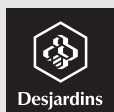
Fax
no charge: 1-877-350-8555

Notice Regarding Personal Information Files

All personal information that Desjardins Financial Security Life Assurance Company has or will have regarding you will be kept confidential in a file opened for the purpose of offering you insurance, annuities, credit and other related financial services. Access to your file will be restricted to employees of Desjardins Financial Security Life Assurance Company who must consult it in the course of their duties.

You may access your file and ask that the information it contains be corrected, provided you can demonstrate that this information is inaccurate, incomplete, ambiguous, out-of-date or unnecessary. You may consult your file on written request to the person in charge of protection of personal information at Desjardins Financial Security Life Assurance Company, 200, avenue des Commandeurs, Lévis, Québec, G6V 6R2.

Desjardins Financial Security Life Assurance Company may compile a list of its clients, including their name, address and telephone number, for the philanthropic or commercial prospecting purposes. However, you have the right to have your name removed from the list on written notice to the person in charge of protection of personal information at Desjardins Financial Security Life Assurance Company.



Desjardins
Financial Security™
life, health, retirement



Plan Information - To be completed by the Plan Sponsor			
Group no.	Account no.	Plan no.	Division no. (if applicable)
Reporting level no. (if applicable)	Plan Sponsor's name		

Applicant General Information - To be completed by the Plan Sponsor or Applicant			
Is this a spousal or common-law partner application? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "yes", the SPOUSE or common-law partner is to be considered the applicant)			
Applicant's name (last, first) (the applicant is the annuitant)			Tel.: Home: ()
Contributor's name (last, first) (Income tax receipts will be issued in this person's name)			Office: ()
			E-mail:
Contributor's Social Insurance Number	Applicant's Social Insurance Number	Language <input type="checkbox"/> English <input type="checkbox"/> French	
Applicant's date of birth	Employee's date of employment	Applicant's date of participation	
D M Y	D M Y	D M Y	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Sex of applicant: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Applicant's Province of residence		Applicant's Province of employment	
Applicant's address		City	Province
			Postal Code
Rate of contributions: _____% per pay or \$_____ <input type="checkbox"/> per pay <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> single deposit			

COMPLETE SECTION 1 OR 2

SECTION 1 - Beneficiary Designation - To be completed by the Applicant							
Beneficiary's name (last, first) _____							
Please indicate if the beneficiary is	<input type="checkbox"/> Revocable: designation of the beneficiary may be changed without his/her consent.						
	<input type="checkbox"/> Irrevocable: designation of the beneficiary may not be changed without his/her consent. In addition, if you designate your beneficiary as irrevocable, the beneficiary must consent in writing to all changes, e.g. withdrawals, transfers.						
Relationship to applicant _____	Beneficiary's Date of Birth (if spouse) <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>M</td><td>Y</td></tr></table>				D	M	Y
D	M	Y					
Any beneficiary designation is subject to existing laws in force. If the beneficiary dies before me, the death benefit is to be paid to:							
<input type="checkbox"/> my estate <input type="checkbox"/> contingent beneficiary (last, first) _____							
Relationship to applicant _____							
Notwithstanding the above, under some circumstances, the beneficiary may be designated by the plan provisions.							

SECTION 2 - Designation of Minor Beneficiary and Appointment of Trustee. (If you are a Quebec resident, Civil Code provisions apply. Please do not complete this section)							
Beneficiary's name (last, first) _____	Beneficiary's Date of Birth: <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>M</td><td>Y</td></tr></table>				D	M	Y
D	M	Y					
Trustee's name (last, first) _____							
I hereby designate the above named beneficiary. I understand that a beneficiary under the age of 18 cannot receive money and give a valid discharge or receipt to the payor. Therefore, I hereby appoint the above named as trustee to receive, in trust for the beneficiary, such moneys as the beneficiary may become entitled to under the terms of the plan issued by Desjardins Financial Security Life Assurance Company, and agree that the trustee's acceptance of such moneys will be full and valid discharge to Desjardins Financial Security Life Assurance Company. This appointment of trustee shall lapse on my written appointment of a replacing trustee or on the minor beneficiary's 18 th birthday, whichever occurs earlier.							
By signing below, the Trustee indicates his or her acceptance of this appointment.							
Signed at _____ this _____ day of _____ 20 _____							
Signature of Applicant _____	Signature of Trustee _____						
Trustee's Address _____	Postal Code _____						

Investment Direction - To be completed by the Applicant

Until further notice, Desjardins Financial Security Life Assurance Company is requested and authorized to invest the deposits made under this plan in accordance with the terms of the said plan, in the following manner: **select either options A or B.**

<p>Option A Please allocate my future contributions as follows: (only one choice)</p>	<p>Option B Please allocate my future contributions as follows:</p>
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You can select from one of the following pre-established portfolios by checking the box corresponding to your investor profile. To determine your portfolio, we suggest you complete the questionnaire available in "My Investor Profile" leaflet, by visiting our Website www.desjardinsfinancialsecurity.com/participant or by contacting our Call Centre at 1-800-968-3587.

You can select different funds that you can find in "My Investment Funds" leaflet or in our Website www.desjardinsfinancialsecurity.com/participant.

Security Portfolio

Fixed Income

Canadian Equity

Foreign Equity

Conservative Portfolio

Fixed Income

Canadian Equity

Foreign Equity

Balanced Portfolio

Fixed Income

Canadian Equity

Foreign Equity

Dynamic Portfolio

Fixed Income

Canadian Equity

Foreign Equity

Energetic Portfolio

Fixed Income

Canadian Equity

Foreign Equity

Aggressive Portfolio

Canadian Equity

Foreign Equity

Note: Your personal situation and economic conditions must be taken into account when making investment decisions. Because your goals are constantly evolving, we recommend going through the questionnaire about every three years or when important events (marriage, birth, disability, etc.) take place. Please consult your financial advisor, if needed.

INVESTMENT CATEGORIES AND FUNDS	CONTRIBUTIONS APPLICANT
Guaranteed Fund	
1 year	_____ %
3 years	_____ %
5 years	_____ %
Pooled Funds	
Fund No.	Fund's name
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
TOTAL =	<u>100%</u>

Canada Customs and Revenue Agency imposes a limit of 30% foreign securities in a retirement plan account. Any excess over the legal limit will be transferred by Desjardins Financial Security Life Assurance Company to an interim non-foreign fund. Please note that this limit may be modified further to legislative changes.

Reinvestment of Guaranteed Principal and Interest

When payable, matured principal and interest from Guaranteed Fund should be reinvested: *

Check **one** of the following:

for a term of the same duration

as per the above instructions

* Unless otherwise specified, matured and interest credits from Guaranteed Fund will be reinvested for a term of the same duration.



Plan administration authorization

I hereby request Desjardins Financial Security Life Assurance Company to apply for registration of my Retirement Savings Plan under the group plan in accordance with the Income Tax Act (Canada) and, when applicable, in accordance with the Taxation Act (Quebec).

I authorize the Plan Sponsor, as the agent acting on my behalf, to ensure the processing of all questions related to the administration of the plan, and I undertake to respect the provisions of the group retirement plan. I certify that the information contained herein is accurate.

I consent, if no "Investment Direction" has been indicated, that Desjardins Financial Security Life Assurance Company will invest one hundred percent (100%) of any funds contributed in a short-term investment.

It is understood that the value of the sums invested in unit value funds will vary according to the yield of the funds.

It is understood that any benefit paid under this plan will be settled in accordance with the provisions of the Income Tax Act (Canada) and, when applicable, in accordance with the Taxation Act (Quebec).

I certify that all of the above information is, to the best of my knowledge, true and complete.

Signed at _____ this _____ day of _____ 20 _____

 Signature of applicant

 Signature of spouse (if applicable)

 Witness (authorized Officer - Plan administrator)

Declaration and authorization with respect to the collection and communication of personal information to a third party

For the purpose of administering my plan and paying benefits, I hereby authorize the plan sponsor and my legal representative, registered mutual fund representative, estate, beneficiary, spouse and the financial institutions with which I conduct business to communicate all information that is deemed necessary and that is held regarding myself to Desjardins Financial Security Life Assurance Company.

Furthermore, I authorize Desjardins Financial Security Life Assurance Company to communicate the information that it holds regarding myself to the said third party, as mentioned in the previous paragraph.

I authorize Desjardins Financial Security Life Assurance Company to use or communicate my Social Insurance Number for income tax and administrative purposes.

A photocopy of this authorization is as valid as the original.

I acknowledge that I have read the notice regarding the establishment of a personal information file.

Signed at _____ this _____ day of _____ 20 _____

 Signature of applicant

 Signature of spouse (if applicable)