



1080 Grande Allée West
P.O. Box 1907, Station Terminus
Quebec City, Quebec G1K 7M3

HIGH INTEREST TAX-FREE SAVINGS ACCOUNT APPLICATION

F17A-2**AUTOMATIC NP**

Reserved for use by Trust

Confirmation Number

**1- TYPE OF REGISTRATION FOR THE HIGH INTEREST TAX-FREE SAVINGS ACCOUNT (HEREAFTER THE "ACCOUNT")
ISSUED BY INDUSTRIAL ALLIANCE TRUST INC. (HEREAFTER THE "ISSUER")**

Tax-Free Savings Account (TFSA)

2- ISSUER'S AGENT

Industrial Alliance Insurance and Financial Services Inc. (hereafter the "Agent") acts as the Issuer's Agent to administer the account.

3- INFORMATION ABOUT THE ACCOUNT HOLDER (HEREAFTER THE "HOLDER")**(The Holder must be at least 18 years of age on the signature date of the Account application.)**

First name _____ Last name _____ Initials _____

Address _____
No. _____ Street _____ Apt. _____City _____ Province _____ Postal code _____
Y M DDate of birth _____ Social insurance no. (SIN) _____ Gender: ☐ M ☐ F Language: ☐ E ☐ F

Telephone: Home _____ Office _____ Extension _____

Account holder's employment: _____ Email address: _____

4- INTEREST RATE

The interest rate applicable to the amounts deposited in the Account is an annual rate. It can change at any time without notice. Interest is calculated according to the daily balance and is credited to the Account monthly.

5- STATEMENT/SIGNATURE (The Holder must read and consent to this section and sign it.)**I, the Holder:**

- Hereby confirm that I have requested that this Account application ("Application") and related contractual terms and conditions be drafted in the English language only; *Par les présentes, je confirme avoir demandé que la présente Demande d'ouverture de compte (« Demande ») et les dispositions prévues dans la présente demande soient rédigées en anglais seulement.*
- Agree to the collection, use and disclosure of my personal information by the Issuer in the ways and for the purposes identified in the "File and Personal Information" subsection of the Account Agreement – High Interest Tax-Free Savings Account ("Account Agreement").
- Declare that the information provided in writing or electronic format related to this Application is complete and accurate and constitutes the basis for the Issuer to open the Account.
- Agree to advise the Issuer of any change to the information provided in this Application.
- Give the Issuer the right to correct any mistake or omission concerning this Application through notice of change.
- Acknowledge that I have read the contractual provisions provided in this Application as well as those provided in the Account Agreement; acknowledge that I have received a copy and understand that these provisions form an integral part of the agreement concluded between the Issuer and myself and that I agree to comply with them.
- Acknowledge that I have read the "Fees – Industrial Alliance Trust Inc. deposit accounts" document, in which the fees that apply to the Account are determined.
- Request that the Issuer or the Agent advise me of any offer or possibility, including any credit possibility that may be of interest to me and for which I am eligible.
- Understand that following reception of the welcome letter confirming my account number, I must register for the online My Client Space service available on the Agent's website at www.ia.ca to obtain information about my account and to carry out transactions.
- Request that the Issuer file an election to register the Account as a Tax-Free Savings Account (TFSA) under the *Income Tax Act* (Canada) and any applicable provincial legislation.

X

Signature of Account Holder

X

Signature of witness

Signed at _____ on this _____ day of _____ 20 ____.

6- INFORMATION ABOUT THE AGENT AND NOTICE OF DISCLOSURE (This section must not be completed when the Holder completes the application without the help of an agent.)

Name of agent _____ Agent code _____ SU _____

Name of district or agency _____ Agency code _____

By signing below, I, the life insurance agent, confirm the following:

- that I am a duly authorized licensed agent
- the client identity and his/her date of birth, and I witness all signatures
- I have provided a disclosure statement to the Applicant which discloses:
 - the company or companies I represent and my relationship with them
 - that I receive compensation (such as commissions) for the sale of life insurance and savings products and may receive other compensation such as bonuses, invitations to conferences or other incentives, and
 - any conflicts of interest that I may have with respect to this transaction

X

Agent

Date (DD-MM-YYYY)

7- ISSUER'S SIGNATURE

Authorized signatures of Industrial Alliance Trust Inc.

Denis Ricard
PresidentCaroline Gilbert
Director, Compliance and Administration

F17A-2(16-03)

8- DEPOSIT AND PRE-AUTHORIZED CHEQUE PAYMENTS/ELECTRONIC FUNDS TRANSFER (PAC/EFT) AGREEMENT

Initial deposit (MANDATORY)

The initial deposit must be made by the Holder by drawing a PERSONALIZED cheque payable to Industrial Alliance Trust inc. In addition to consisting of the initial deposit and subject to instructions to the contrary, this cheque will be used to determine the Holder's bank account in which withdrawals from the Account will be transferred and deposits in the Account will come from. **The account will take effect on the date the first deposit is made.**

Pre-authorized cheque Payments/Electronic Funds Transfer (PAC/EFT) Agreement

In this PAC/EFT Agreement, each account owner is referred to as "I" and makes the following statements in respect to himself or herself.

- I authorize the Issuer of the account, Industrial Alliance Trust Inc. or the agent, Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution designated (or any other institution I may authorize at any time) to begin deductions as per my instructions for regular recurring payments and/or one-time payments from time to time, for payment of all premiums, deposits, instalments and charges mentioned in this Agreement.
- Regular payments will be debited according to the date and/or frequency I have chosen, whereas one-time payments from time to time can be debited from my account on any date. Regular and/or one-time payments will be debited in accordance with the banking information set out below.
- I agree that, for the purpose of this PAC/EFT Agreement, all PACs from my account will be treated as Personal.
- I waive the right to receive pre-notification of an increase or decrease in the amount to be debited or a change in the date and/or frequency of these payments.**
- I agree that the Company is not required to provide me with written notice of a change in a PAC amount that is made as a result of my request.
- If a PAC is dishonoured for any reason such as, but not limited to, insufficient funds ("NSF"), stop payment or account closed, the Company is authorized to re-submit the payment. **Any charges incurred by the Company as a result of the dishonored PAC will be added to the subsequent PAC.**
- I may cancel or modify this PAC/EFT Agreement at any time, subject to providing the Company thirty (30) days notice in writing. To obtain a sample cancellation form or for more information on my right to cancel the PAC/EFT Agreement, I may contact my financial institution or visit www.cdnpay.ca regarding Rule H1 – Pre-authorized debits (PADs).
- Any cancellation of this PAC/EFT Agreement will not affect my insurance contract(s) and/or contract(s) for financial services, so long as payment is provided by an alternate method.
- The Company will not assign this PAC Agreement without providing, any time prior to the next PAC/EFT, written notice to me of the assignment.**
- I have certain recourse rights if any PAC does not comply with this PAC Agreement. For example, I have the right to receive reimbursement for any PAC that is not authorized or is not consistent with this PAC Agreement. To obtain more information on my recourse rights, I should contact my financial institution or visit www.cdnpay.ca regarding Rule H1 – Pre-authorized debits (PADs).
- Before the Company debits the first PAC/EFT payment, it must receive all required documents, duly completed, and be allowed a reasonable period of time to complete its administrative processes.

General Information

Banking Information

Name of Account owner(s): _____

Account number (max. 12 digits) _____ Transit Number (5 digits) _____ Financial Institution Number (3 digits) _____

Banking information must be the same as of the bank account that the initial deposit comes from.

Withdrawal agreement: Variable

PAC/EFT category: ☐ Personal

Amount of initial deposit when opening the Account: _____ (\$1 Minimum required) (Attach a PERSONALIZED cheque payable to the order of the Holder.)

PAC amount: \$ _____ (Minimum \$25 per frequency)

Starting:

Y	Y	Y	Y	M	M	D	D
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 (If no date is indicated or if the indicated date is greater than 30 days from the signature of the PAC/EFT Agreement, the PAC will start on the frequency selected below following the signature date of this Agreement.)

Frequency: ☐ Monthly. Date of cheque: _____ (1 to 28) ☐ Weekly. Day: _____ (Monday to Friday)
☐ Every 2 weeks. Day: _____ (Monday to Friday) ☐ Bi-monthly (1st and 15th of each month)
☐ One-time payment (\$10,000 maximum)

Electronic funds transfer (EFT)

I authorize the Issuer of the Account, Industrial Alliance Trust Inc., or its Agent, Industrial Alliance Insurance and Financial Services Inc., to electronically transfer the requested withdrawals from the Account to my bank account, whose information is specified on the cheque used for the initial deposit in this Account Application. Industrial Alliance Trust Inc. and its agents have no responsibility with respect to these transfers and can require a personal endorsement on a cheque.

I hereby confirm that the banking information corresponds to my bank account and I declare that the answers and explanations provided in the Account Application, on any related form and during any related telephone interview are complete and true.

Signature (For a joint account, all required signatories must sign this PAC agreement.)

Date _____ **X** _____
Account owner's signature (as shown on bank record)

Date _____ **X** _____
Account owner's signature (if required)

Contact information:

Quebec

Industrial Alliance Insurance and Financial Services Inc.
Individual Savings and Retirement (IRS 2525)
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3
Telephone: 1-844-442-4636
Fax: 418-684-5161
Information: savings@ia.ca
Transactions: transactions@ia.ca

Toronto

Industrial Alliance Insurance and Financial Services Inc.
Toronto Service Centre
Individual Savings and Retirement (IRO 2519)
522 University Ave., Suite 400
Toronto ON M5G 1Y7
Telephone: 1-844-442-4636
Toll-free fax: 1-800-810-0197
Information: savings@ia.ca
Transactions: transactions2@ia.ca

Vancouver

Industrial Alliance Insurance and Financial Services Inc.
Vancouver Service Centre
Individual Savings and Retirement
2165 West Broadway, PO Box 5900, Suite 400
Vancouver, BC V6B 5H6
Telephone: 1-844-442-4636
Fax: 604-689-9682
Information: savings@ia.ca
Transactions: IAV-transactions@ia.ca