

This document is an integral part of:

- Application number \_\_\_\_\_ signed on this date       **External transfer** (Complete the section below)
- Contract number \_\_\_\_\_       **Renewal or internal transfer** (Complete the section below)

### External transfer

1. I, hereby, request that Desjardins Financial Security Life Assurance Company (hereafter referred to as the "Company") **guarantees the rate in force today**, as announced by the Company **for a period of 45 days**.
2. I have given definite and irrevocable instructions for the funds in the amount of approximately \$ \_\_\_\_\_ held by another financial institution to be transferred to the Company. Here are the details:

**Guaranteed Interest Fund** (\$500 minimum deposit)

Amount	Term	Interest rate	Type of interest
\$			<input type="checkbox"/> Simple <input type="checkbox"/> Compound
\$			<input type="checkbox"/> Simple <input type="checkbox"/> Compound

**Non-Redeemable Guaranteed Interest Fund** (\$500 minimum deposit for the Term Investment Contract and \$10,000 minimum deposit for the Savings Contract. Non applicable to RRIF, LIF and TFSA.)

Amount	Term	Interest rate	Type of interest
\$			<input type="checkbox"/> Compound
\$			<input type="checkbox"/> Compound

3. I understand that I will receive the rate in force today regardless of any fluctuation in the Company's rate within the next 45 days.
4. I, nevertheless, agree that if the funds should be received by the Company after this 45-day period, I will receive the rate in force as announced by the Company **on the date the above-mentioned estimated amount is received at the Company**.

### Renewal or internal transfer

5. I, hereby, request that Desjardins Financial Security Life Assurance Company (hereafter referred to as the "Company") **guarantees the rate in force today**, as announced by the Company.

Deposit due date	Term	Effective interest rate	Type of interest
			<input type="checkbox"/> Simple <input type="checkbox"/> Compound
			<input type="checkbox"/> Simple <input type="checkbox"/> Compound
			<input type="checkbox"/> Simple <input type="checkbox"/> Compound

6. I agree that I will receive the rate in force today regardless of any fluctuation in the Company's rate within the maturity date of the deposit.

### Signatures

- X** \_\_\_\_\_  
Annuitant signature      Date (YYYY-MM-DD)
- X** \_\_\_\_\_  
Policyowner signature (if different from the annuitant)      Date (YYYY-MM-DD)
- X** \_\_\_\_\_  
Representative signature      Representative code