

F17A-2

High Interest
TFSA
Account
Application

INVESTMENT
FUNDS



F17A-2(20-07) PDF

Tax-Free Savings Account Application

(High Interest)



IMPORTANT

Please include:

- Copy of cheque for the deposit
- Void cheque for electronic transfers (if applicable)



HIGH INTEREST TAX-FREE SAVINGS ACCOUNT APPLICATION

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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, Date of birth, Social insurance no. (SIN), Gender, Language, Telephone (Home, Office, Extension), 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;
• 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 "Fee Schedule for iA Trust Products" 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.

Normand Gervais, President; Frédéric Villeneuve, General Manager





HIGH INTEREST TAX-FREE SAVINGS ACCOUNT APPLICATION

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 Industrial Alliance Trust Inc.)

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

Starting: (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

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 Account owner's signature (as shown on bank record)

Date Account owner's signature (if required)



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High Interest TFSA Account Application

iA Trust Inc. is a subsidiary of iA Financial Group offering the Group's companies and distribution networks trust products and services that complement their operations.

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Send this duly completed application and required documents to:

Industrial Alliance Trust Inc.
IRS2525
1080 Grande Allee West
PO Box 1907, Station Terminus
Quebec City, QC G1K 7M3
Telephone: 418-780-5928
Fax: 418-684-5161
Email: savings@iatrust.ca

INVESTED IN YOU.

iA Trust is a trademark and business name under which **Industrial Alliance Trust Inc.** operates.

iatrust.ca

Protecting your deposits

Canada Deposit Insurance Corporation (CDIC) is a federal Crown corporation that protects your deposits for up to \$100,000 per insured category at financial institutions that are CDIC members. Coverage is free and automatic – you don't have to sign up.

What's covered?

- Savings and chequing accounts
- Guaranteed Investment Certificates (GICs) and other term deposits
- Foreign Currency Deposits

What's not covered?

- Mutual funds, stocks, and bonds
- Exchange Traded Funds (ETFs)



Not every deposit you make at your financial institution is eligible for CDIC protection. Visit www.cdic.ca to learn more.

Add up your coverage!

We protect deposits in CDIC members to help with your savings goals. If you deposit money in **savings accounts, chequing accounts or GICs and other term deposits**, it is protected for up to \$100,000.



You	+	\$100,000 <small>(in your name alone)</small>
You and another	+	\$100,000 <small>(joint total)</small>
Your savings in trust	+	\$100,000 <small>(for each beneficiary, includes RESPs)</small>
Your tax-free savings	+	\$100,000 <small>(TFSA)</small>
Your retirement savings	+	\$100,000 <small>(RRSP)</small>
Your retirement income	+	\$100,000 <small>(RRIF)</small>
Your property taxes	+	\$100,000 <small>(for mortgaged properties)</small>

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Your total protection in each CDIC member

What happens if a CDIC member fails?

Your money belongs in your hands. CDIC works hard to protect your savings and your access to financial services. If your institution closes, we will provide access to your insured funds (including interest) within days. It's automatic – we will contact you.

What you can do

- Know what is covered and what is not
- Keep your contact information up-to-date at your financial institution
- Make sure your broker or financial advisor knows about CDIC's rules for deposit protection

Want to know more?

CDIC is a federal Crown corporation, and is fully funded by CDIC members.

Visit our website
cdic.ca

Call us
1-800-461-2342

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