



# TSFA – Tax-Free Savings Account

Investment & Retirement

Additional deposit form



**Additional deposit form and T2033 Form for**  
► Tax-Free Savings Account

# TFSA UNIFLEX - ADDITIONAL DEPOSIT FORM

## 1. HOLDER INFORMATION

☐ Female ☐ Male

Last Name and First Name

☐ I confirm that the information on file is accurate.

☐ The information currently on file is inaccurate. Here is the information to be modified:

Address

App.

City

Province

Postal Code

Telephone (residence)

Telephone (work)

Ext.

Social Insurance Number

Date of Birth (yyyy/mm/dd)

E-mail

## 2. DESIGNATION OF GENERAL AGENT AND FINANCIAL ADVISOR

☐ I confirm that the information currently on file is still correct.

If not, **please complete this section 2.**

Name of General Agent

Name of Financial Advisor

General Agent's Code

Financial Advisor's Code

Contract Number

## 3. POLITICALLY EXPOSED FOREIGN PERSONS

This Section must be completed in case of a lump sum payment of \$100,000 or more.

Have you personally or a member of your family held a senior-level position in a foreign government or organization (political party, army, court of law or state-owned company)?

☐ Yes ☐ No

If yes, please provide the following information:

Last Name and First Name

Position Held

Source of Funds

## 4. BENEFICIARY ON THE DEATH OF THE HOLDER

If you wish to change your beneficiary designation, please complete the Change of beneficiary form (EQC013) found on our website at [uvinsurance.ca](http://uvinsurance.ca), Investment & Retirement - Forms section.

Last Name and First Name of the first beneficiary

Relationship

Date of Birth (yyyy/mm/dd)

\_\_\_\_\_ %

☐ Revocable ☐ Irrevocable

Last Name and First Name of the second beneficiary (if any)

Relationship

Date of Birth (yyyy/mm/dd)

\_\_\_\_\_ %

☐ Revocable ☐ Irrevocable

5. INVESTMENT

☐ **Cheque:** \$ \_\_\_\_\_

☐ **Unique Pre-authorized Debit:** \$ \_\_\_\_\_

**Transfer:** ☐ **internal** ☐ **external** \_\_\_\_\_ **(approx.)**    **Name of Delivering Institution:** \_\_\_\_\_

☐ T2033   ☐ T2151   ☐ **Other:** \_\_\_\_\_

☐ **I confirm that the transfer form has been sent to the delivering institution.**

| Name of Product              | Allocation (\$ or %) | Interest Rate               | Compound (C), Simple ann. (SA) / monthly (SM) |                             |                             |
|------------------------------|----------------------|-----------------------------|---|-----------------------------|-----------------------------|
| 1-Year Uniflex               |                      | %                           | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 2-Year Uniflex               |                      | %                           | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 3-Year Uniflex               |                      | %                           | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 4-Year Uniflex               |                      | %                           | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 5-Year Uniflex               |                      | %                           | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 10-Year Uniflex              |                      | (1 <sup>st</sup> year)<br>% | <input type="checkbox"/> C                    |                             |                             |
| 10-Year Step-Up Uniflex      |                      | (1 <sup>st</sup> year)<br>% | <input type="checkbox"/> C                    |                             |                             |
| Market Index Uniflex+        |                      |                             |   |                             |                             |
| Daily Interest Account (DIA) |                      |                             |   |                             |                             |

☐ **Pre-authorized Debit :** monthly payment of \$ \_\_\_\_\_ (min. = \$25/month)

**Automatic Conversion :** whenever the balance of the daily interest account reaches \$ \_\_\_\_\_ (minimum = \$500), it will be invested in the products specified below at current rates.

| Name of Product         | Allocation (\$ or %) | Compound (C), Simple ann. (SA) / monthly (SM) |                             |                             |
|-------------------------|----------------------|---|-----------------------------|-----------------------------|
| 1-Year Uniflex          |                      | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 2-Year Uniflex          |                      | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 3-Year Uniflex          |                      | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 4-Year Uniflex          |                      | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 5-Year Uniflex          |                      | <input type="checkbox"/> C                    | <input type="checkbox"/> SA | <input type="checkbox"/> SM |
| 10-Year Uniflex         |                      | <input type="checkbox"/> C                    |                             |                             |
| 10-Year Step-Up Uniflex |                      | <input type="checkbox"/> C                    |                             |                             |
| Market Index Uniflex+   |                      |   |                             |                             |

## 6. SURRENDER REQUEST

If you want to request the surrender of your contract or certificate, please fill out the Cash Value Request form (EQC031) on our website at [uvinsurance.ca](https://www.uvinsurance.ca), Investment & Retirement – Forms section.

## 7. DIRECT DEPOSIT AUTHORIZATION OR PRE-AUTHORIZED DEBIT

☐ Pre-authorized Debit

I hereby authorize my financial institution to debit my account and pay UV Insurance an amount of \$ \_\_\_\_\_ ☐ per month or ☐ unique PAD.

## Date of first PAD or of unique PAD

(between the 1<sup>st</sup> and the 28<sup>th</sup> day of the month / yyyy/mm/dd)

| Response | Percentage |
|----------|------------|
| Yes      | 75%        |
| No       | 25%        |

☐ **Direct Deposit Authorization**

I hereby authorize UV Insurance to deposit amounts owed to me in my account. I agree to reimburse any amount paid in excess of amounts I am entitled to, and I authorize my financial institution to refund any such amount to UV Insurance.

Financial Institution

Transit n°                      Institution n°

Transit n°                      Institution n°

| Year | Percentage |
|------|------------|
| 1990 | 85%        |
| 1995 | 90%        |
| 2000 | 88%        |
| 2005 | 92%        |
| 2010 | 95%        |

— — — — —

Account n°

**Please attach a specimen cheque from the financial institution specified above.  
If several signatures are required, please include these.**

**X**

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Signature(s)

## X

Signature(s)

## 9. DECLARATION

The transaction represented by this Application is between the Holder and UV Insurance. The Financial Security Advisor submitting the Application is an authorized representative of UV Insurance and will receive compensation from UV Insurance upon completion of this transaction. The Holder is not obligated to transact any other business with the Financial Security Advisor, UV Insurance or any other organization as a condition of this Application.

I authorize UV Insurance to use, for administrative purpose only, the information included in this Application, including my social insurance number. I have read and agree to the provisions of the Contract, including the provision about files and personal information. I also understand the general conditions of the investments I have selected. I declare that, to the best of my knowledge, I shall not become insolvent by proceeding with this transaction and that there are no reasonable grounds to believe that I am in precarious financial position. I hereby declare that the information provided in this Application and in all additional documentation is true, complete and accurately indicated and shall constitute the basis of any contract issued as a result of this Application. **I request that UV Insurance file with the Minister of National Revenue an election to register the qualifying arrangement as a tax-free savings account under section 146.2 of the Income Tax Act (Canada).**

**FINANCIAL SECURITY ADVISOR:** I confirm that the information received to complete sections 2 and 8 of this Application was verified through official and original documents.

Signed at \_\_\_\_\_ date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Signature of Holder

Signature of Financial Security Advisor

**AREA 1 – ANNUITANT**

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| Last name  |                                   | First name and initials                                 | Social insurance number                                   |
| Address  |                                   | Telephone   |   |
| <b>Part A – Transfer from an <input type="checkbox"/> RRSP, a <input type="checkbox"/> RRIF or a <input type="checkbox"/> TFSA</b><br>Individual plan or arrangement name: _____ Number: _____   |                                   |   |   |
| Name of RRSP issuer, RRIF carrier or TFSA issuer   |                                   | Address   |   |
| <b>Part B – Description of amount to be transferred</b><br>Please transfer <input type="checkbox"/> all of the property, <input type="checkbox"/> the lump sum of \$ _____, or <input type="checkbox"/> de _____ payments of \$ _____ which represents all or part of the property of my unmatured RRSP, RRIF or TFSA identified in Part A.<br><input type="checkbox"/> In cash or <input type="checkbox"/> in kind. |                                   |   |   |
| <b>Part C – Identifying the RRSP, RRIF, TFSA or RPP the funds are being transferred to</b>   |                                   |   |   |
| <input type="checkbox"/> Please transfer the above-mentioned RRSP property to my RRSP.   |                                   | Individual plan number and name                         |   |
| <input type="checkbox"/> Please transfer the above-mentioned RRSP or RRIF property to my RRIF.   |                                   | Individual fund number and name                         |   |
| <input type="checkbox"/> Please transfer the above-mentioned TFSA property to my TFSA.   |                                   | Arrangement number and name                             |   |
| <input type="checkbox"/> Please ensure that the transfer of the above-mentioned RRSP or RRIF property is credited to my account as a member of this registered pension plan (RPP).   |                                   | Canadian Revenue Agency's registration number, and name |   |
| Name of RRSP issuer, RRIF carrier, TFSA issuer or RPP administrator<br><b>UV INSURANCE</b>   |                                   | Address<br><b>PO BOX 696, DRUMMONDVILLE QC J2B 6W9</b>  |   |
| Date   | Annuitant's Signature<br><b>x</b> |   | Signature of irrevocable beneficiary (in any)<br><b>x</b> |

**AREA 2 – TRANSFEREE**

|  |                    |
|--|--------------------|
| 1. UV Insurance agrees to the above request for a direct transfer of property. Upon reception of the property, UV Insurance will credit it to the annuitant or member under the plan, fund or arrangement identified in Part C of Area 1. If the plan, fund or arrangement is an RRSP, a RRIF or a TFSA that conforms to a specimen, it will conform with the specimen identified as: _____ (Specimen number and name). UV Insurance will check the plan, fund or arrangement identification in Part C of Area 1, and add or correct information as necessary.<br>2. The plan, fund or arrangement is registered under the <i>Income Tax Act</i> (Canada) or, otherwise, UV Insurance will apply for such registration according to Information Circulars 72-22 and 78-18. |                    |
| Transferee's name<br><b>UV INSURANCE</b>   | Date               |
| Authorized person's signature<br><b>x</b>  | Position or office |

**AREA 3 – TRANSFEROR (DO NOT ISSUE A T4RSP OR T4RIF SLIP FOR THE AMOUNT TRANSFERRED.)**

|  |                         |                         |
|--|-------------------------|-------------------------|
| 1. We have transferred \$ _____ from the RRSP, RRIF or TFSA identified in Part A of Area 1 to UV Insurance. If RRIF property is transferred to another RRIF or an RPP, we have paid or will pay the annuitant the minimum amount for the year.<br>2. Is the transfer from a qualifying RRIF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply<br>3. Has the annuitant's spouse or common-law partner ever contributed amounts to the RRSP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply<br>4. Does the RRIF include amounts transferred from an RRSP to which the annuitant's spouse or common-law partner has contributed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply |                         |                         |
| Spouse or common-law partner's last name   | First name and initials | Social insurance number |
| 5. UV Insurance has to continue to administer \$ _____ as a locked-in amount, as required by the <i>Pension Benefits Standards Act</i> or a provincial act (specify the act) _____. For some provinces, you can transfer pension funds and locked-in RRSP funds to a locked-in RRIF.<br>I certify that the information given on this form is correct and complete. <input type="checkbox"/> Does not apply   |                         |                         |
| Transferor's name  |                         | Date                    |
| Authorized person's signature<br><b>x</b>  | Position or office      |                         |

**AREA 4 – RECEIPT BY UV INSURANCE (DO NOT ISSUE AN OFFICIAL RECEIPT FOR THE AMOUNT TRANSFERRED.)**

|   |                    |
|---|--------------------|
| We have received \$ _____ for transfer and administration according to Area 1 and, if applicable, Area 3. |                    |
| Transferee's name<br><b>UV INSURANCE</b>  | Date               |
| Authorized person's signature<br><b>x</b>   | Position or office |