



# GIC-TYPE Products

Investment & Retirement



**Contract Provisions, Application form and T2033 Form for**  
▶ Tax-Free Savings Account

## Reach us

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UV Insurance is a business name and trademark of  
The Union Life Mutual Assurance Company.

[uvinsurance.ca](http://uvinsurance.ca)



# TFSA UNIFLEX - CONTRACT PROVISIONS

## GENERAL PROVISIONS

In this Contract, the terms *you*, *your* and *yours* mean the Holder and *we*, *our*, *us* and *the Company* mean UV Insurance.

### 1. CONTRACT

The Contract comprises the following:

- 1) This document and any other documents used to establish it, including the Application;
- 2) The transaction confirmation;
- 3) The Special Provisions of the Market Index Uniflex+, if this product was selected in the Application;
- 4) Any amendments required to comply with Canadian income tax legislation applicable to tax-free savings account;
- 5) Any amendments made after the date of the Application that are approved in writing and signed by our chairman of the board/president and CEO or one of our vice-presidents.

### 2. PROTECTION OF PERSONAL INFORMATION

To ensure the confidentiality of the personal information we collect about you, we will open a file for the purpose of providing you with investment services. Only persons who must know the information in this file to perform their jobs in the Company will have access to this file, as well as any other person or organization you authorize to access your file.

You have the right to examine your file and have it corrected if necessary. We may ask you to pay, in advance, reasonable costs per page for reproducing and sending the information requested. Please address any requests for access to or correction of your file as follows:

**UV Insurance**  
**P.O. BOX 696, Drummondville, QC JB2 6W9**

### 3. CURRENCY

All payments to or by the Company shall be made in Canadian currency.

### 4. MODIFICATION

The Company may not modify the provisions of this Contract without giving you 90 days' written notice, except when required by the *Income Tax Act* (Canada), applicable provincial laws or regulations.

The Company may modify this contract provided it remains compliant with applicable fiscal laws.

### 5. DEATH BENEFIT

You may designate the beneficiary of your choice and, subject to the applicable tax laws, change your beneficiary designation at any time. Your beneficiary designation may be revocable or irrevocable, as you choose. However, if you do not make a choice, the *Civil Code of Quebec* or the *Insurance Act* shall apply.

The Company assumes no responsibility for the validity of any change of beneficiary.

#### Uniflex

The death benefit is equal to the value of deposits plus interest accrued to the date of death.

#### Participating Uniflex

The death benefit is equal to the value of deposits plus interest accrued to the date of death.

### 10-Year Step-Up Uniflex

The death benefit is equal to the value of deposits plus interest accrued to the date of death.

### Market Index Uniflex+

The death benefit is equal to the market value of the underlying investment made by UV Insurance to guarantee the capital at maturity.

### Daily Interest Account (DIA)

The death benefit is equal to the value of deposits plus interest accrued to the date of death.

### 6. ANNUITY

When you retire, you may purchase a single or joint life annuity or any other type of annuity we offer at that time. You must make your selection in writing before payment of the annuity starts. If you do not make a choice, the Company shall pay a retirement income in the form of a single life annuity based on the life of the Holder with a five-year guarantee and annual payments calculated as follows:

$$\frac{\text{Annuity purchase price X 12}}{[25 + (11 \times \{110 - \text{Holder's age on the conversion date}\})]}$$

Other types of annuities are available. Depending on the type of annuity you select, annual payments will be actuarially adjusted based on the effective rate on the conversion date, the guarantee period and whether you have selected a joint or single life annuity.

Before the life annuity commencement date, you must provide proof of your age, and your Spouse's age in case of a joint life annuity. The Company may require proof that the Holder is living before making any life annuity payments. Retirement income payments may not be surrendered or transferred during the lifetime of the Holder or his/her Spouse, if any.

### 7. NONPARTICIPATING CONTRACT

The Contract does not entitle you to a share in Company surpluses and is thus a nonparticipating Contract.

### 8. TRANSFER OF OWNERSHIP OR ASSIGNMENT

The Company will not recognize any assignment or transfer of ownership of this contract unless the Company's head office is notified of it in writing. In addition, the Company assumes no responsibility as to the validity of any such transfer of ownership or assignment.

### 9. TRANSACTION CONFIRMATION

The Company shall issue a transaction confirmation within three weeks. To guarantee the validity of the entries in your file, please inform Head Office in case of any delay.

### 10. DEPOSITS

A fee shall be charged for any payment returned for insufficient funds. We reserve the right to modify this fee.

## PROVISIONS SPECIFIC TO GIC-TYPE PRODUCTS

### 1. DAILY INTEREST ACCOUNT

The Daily Interest Account pays interest at a rate fixed periodically by the Company. The interest rate may be modified without notice. Interest is calculated on the daily closing balance and paid on the Contract Anniversary.

### 2. SIMPLE INTEREST DEPOSITS

Simple interest deposits earn interest at a rate fixed for each deposit by the Company on the date the deposit is received. The rate is guaranteed for the full term of the investment. A new interest rate is offered at the end of the term. Minimum investment is \$500. Interest is credited to the Daily Interest Account.

### 3. COMPOUND INTEREST DEPOSITS

Compound interest deposits earn interest at a rate fixed for each deposit by the Company on the date the deposit is received. The rate is guaranteed for the full term of the investment. A new interest rate is offered at the end of the term. Minimum investment is \$500. Interest is compounded annually until the term of the investment.

### 4. AUTOMATIC RENEWAL

Barring notice otherwise from the Holder in the 10 business days following maturity, every investment will automatically renew at maturity for the same term.

### 5. DAILY INTEREST ACCOUNT CONVERSION

The Holder may elect in the Application, or in a subsequent written request, to automatically convert deposits in his or her Daily Interest Account to a compound interest investment with a term then offered by the Company when the Daily Interest Account balance reaches the minimum required for such investments. The Holder may revoke or modify his or her instructions at any time before the conversion date.

### 6. SURRENDER VALUE

#### Uniflex

The Company shall collect no fees (other than back-end load) on surrender of a deposit at maturity. In case of surrender of a deposit before maturity, the Company shall deduct an early surrender charge of 1% for every year or part of a year prior to maturity as well as a market value adjustment if the Company's current interest rate is superior to the interest rate of the deposit. The Company has 30 days to make any total or partial withdrawals.

#### Participating Uniflex

The Company shall collect no fees (other than back-end load) on surrender of a deposit at maturity. In case of surrender of a deposit before maturity, the Company shall deduct an early surrender charge of 1% for every year or part of a year prior to maturity as well as a market value adjustment if the Company's current interest rate is superior to the interest rate of the deposit. The Company has 30 days to make any total or partial withdrawals.

#### 10-Year Step-Up Uniflex

This product can only be surrendered on deposit anniversaries and there is no surrender charge (other than back-end charge).

#### Market Index Uniflex+

This product can only be surrendered at maturity.

### Daily Interest Account (DIA)

Withdrawals from this type of account are free of charge (other than back-end charge).

### 7. BACK-END CHARGE

In case of surrender or transfer of a GIC, a back-end charge may apply.

## PROVISIONS SPECIFIC TO THE TAX-FREE SAVINGS ACCOUNT

### 1. TERMS AND CONDITIONS

The Arrangement is a "qualifying arrangement" and meets the definition in subsection 146.2(1) of the *Income Tax Act* (Canada). Also, the Arrangement complies with the conditions in subsection 146.2(2) of the *Income Tax Act* (Canada).

The Arrangement is not considered a qualifying arrangement unless the Holder is at least 18 years of age when the Arrangement is entered into.

The Arrangement complies with prescribed conditions.

### 2. REGISTRATION

UV Insurance shall request registration of the Arrangement in accordance with the provisions of federal and provincial income tax laws, their regulations and amendments (hereinafter "applicable tax legislation").

### 3. ADMINISTRATION

The Arrangement is maintained for the exclusive benefit of the Holder.

### 4. DISTRIBUTIONS

The Arrangement permits distributions to be made to reduce the amount of tax otherwise payable by the Holder under section 207.02 or 207.03 of the *Income Tax Act* (Canada).

The Arrangement prohibits, while there is a Holder of the Arrangement, anyone that is not the Holder from having rights under the Arrangement relating to the amount and timing of distributions and the investing of funds.

### 5. TRANSFER

In compliance with reasonable demands that UV Insurance may make, the Arrangement provides that, at the direction of the Holder, UV Insurance shall transfer all or any part of the property held in connection with the Arrangement (or an amount equal to its value) to another tax-free savings account of the Holder.

### 6. CONTRIBUTIONS

The Holder may make payments (hereinafter "contributions") to the Arrangement. These contributions are made to UV Insurance and shall be retained or used according to the terms of the following Declaration.

The Arrangement prohibits anyone other than the Holder from making contributions under the Arrangement.

Each year, UV Insurance shall remit to the Holder a report of the Arrangement's transactions for the previous year.

UV Insurance shall not be obligated to verify the total amount of contributions made by the Holder during any taxation year and the Holder alone shall be liable for the fiscal consequences of any excess contributions.

## 7. INVESTMENTS

The contributions received by UV Insurance shall be invested, as directed by the Holder, in GIC-Type products offered at this time by the Company.

The Holder alone shall be responsible for determining if the assets held by the Arrangement constitute “qualified investments” in compliance with the *Income Tax Act* (Canada) and applicable provincial legislation.

If an investment was or becomes prohibited under applicable tax legislation, UV Insurance may liquidate or redeem the investment and retain the proceeds until new instructions are received.

The Holder recognizes that UV Insurance shall not incur any liability with regard to the investment choices that the Holder makes or for the consequences arising therefrom, even if UV Insurance had prior knowledge of the investment choices before they were executed.

In addition, UV Insurance shall not be responsible for any loss or depreciation in the value of the investments for the duration of the Arrangement or during the liquidation of all or part of the Arrangement assets.

## 8. TOTAL OR PARTIAL WITHDRAWALS

Amounts accrued in the Arrangement may be withdrawn, in whole or in part, subject to the provisions of applicable laws and compliance with reasonable demands UV Insurance may make.

## 9. DEATH OF HOLDER

In the event of the death of the Holder, UV Insurance shall remit the funds of the Arrangement to the beneficiary designated by the Holder or, in the absence of such a designation, to the Holder's estate, in a lump sum payment.

## 10. CONDITIONS

- ▶ Notwithstanding all other provisions hereof, UV Insurance shall not be held personally liable for any tax, interest charge or penalty that may be imposed on UV Insurance in connection with the Arrangement under applicable tax legislation (be it by way of assessment, reassessment or otherwise) or for any other charge collected from or imposed on the Arrangement by a government authority.
- ▶ UV Insurance shall not be liable for any act or omission in relation to the Arrangement, barring gross negligence on its part or that of its employees or mandataries.
- ▶ As long as the Arrangement is eligible for registration under the *Income Tax Act* (Canada), it shall constitute an irrevocable trust, and the property held by UV Insurance, cannot be withdrawn, transferred or assigned, in whole or in part, subject to the requirements of applicable tax legislation. It prohibits the trust from borrowing money or other property for the purposes of the Arrangement.
- ▶ This Arrangement shall not confer any advantage upon the Holder or any person with whom he is not dealing at arm's length, except for those advantages stipulated in paragraph 146(2)(c.4) of the *Income Tax Act* (Canada) and in equivalent provisions of any provincial legislation.
- ▶ UV Insurance makes no representation either confirming or denying the seizable nature of the funds constituting the Holder's Arrangement.

## 11. AMENDMENTS

When it deems appropriate, UV Insurance may amend the provisions of the Arrangement, on condition that the Arrangement remains compliant with legal requirements at all times. Such amendments shall take effect on the 30<sup>th</sup> day after a notice of amendment is mailed to the Holder.

## 12. NOTICE

Any notice given to UV Insurance hereunder shall be deemed to have been given on the day it is received by UV Insurance if sent by mail with sufficient postage to UV Insurance's head office. Any notice or statement that UV Insurance must forward to the Holder shall be mailed to the Holder at the address indicated in the Application for this Arrangement, or in any subsequent notice of change of address and shall be deemed to have been given on the third business day following the day of mailing.

# TFSa UNIFLEX - APPLICATION FORM

Contract Number

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## 1. DEPOSIT TYPE

Initial Deposit  Additional Deposit

## 2. HOLDER INFORMATION

Female  Male

Last Name and First Name  

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Address App.  

--	--

City Province  

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Postal Code Telephone (residence)  

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Telephone (work) Ext.  

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Social Insurance Number Date of Birth (dd/mm/yyyy)  

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E-mail  

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## 3. DESIGNATION OF GENERAL AGENT AND FINANCIAL ADVISOR

Name of General Agent  

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Name of Financial Advisor  

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General Agent's Code Financial Advisor's Code  

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## 4. 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  

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Position Held  

--

Source of Funds  

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## 5. BENEFICIARY ON THE DEATH OF THE HOLDER

**In Quebec, if you do not check revocable or irrevocable above, your designation is irrevocable if you have named your married or civil union spouse as beneficiary and revocable if you have named anyone else as your beneficiary.**

Last Name and First Name of the first beneficiary  

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Relationship Date of Birth (dd/mm/yyyy)  

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\_\_\_\_\_ %  Revocable  Irrevocable

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

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Relationship Date of Birth (dd/mm/yyyy)  

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\_\_\_\_\_ %  Revocable  Irrevocable

6. INVESTMENT

Cheque: \$ \_\_\_\_\_

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

T2033  TD2  T2151  Other: \_\_\_\_\_

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) %	<input type="checkbox"/> C
1-Year Participating Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
2-Year Participating Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
3-Year Participating Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
4-Year Participating Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
5-Year Participating Uniflex		%	<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
10-Year Step-Up Uniflex		(1 <sup>st</sup> year) %	<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
1-Year Participating Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
2-Year Participating Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
3-Year Participating Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
4-Year Participating Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
5-Year Participating Uniflex		<input type="checkbox"/> C <input type="checkbox"/> SA <input type="checkbox"/> SM
10-Year Step-Up Uniflex		<input type="checkbox"/> C
Market Index Uniflex+		

7. SURRENDER REQUEST

If you want to request the surrender of your contract or certificate, please fill out the Cash Value Request form (eqc031-3) on our website at [uvinsurance.ca](http://uvinsurance.ca), Investment & Retirement – Forms section.

8. PRE-AUTHORIZED DEBIT AUTHORIZATION

I hereby authorize my financial institution to debit my account and pay UV Insurance \$\_\_\_\_\_ per month.

Date of First Withdrawal (between the 1<sup>st</sup> and the 28<sup>th</sup> day of the month)

Grid for date of first withdrawal

Financial Institution

Grid for financial institution name

Account Number

Transit Number

Grid for account number

Grid for transit number

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

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 \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Holder

Signature of Financial Security Advisor



**AREA 1 – ANNUITANT**

Last name	First name and initials	Social insurance number
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Address	Telephone
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**Part A – Transfer from an  RRSP, a  RRIF or a  TFSA**

Individual plan or arrangement name: \_\_\_\_\_ Number: \_\_\_\_\_

Name of RRSP issuer, RRIF carrier or TFSA issuer	Address
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**Part B – Description of amount to be transferred**

Please transfer  all of the property,  the lump sum of \$ \_\_\_\_\_, or  de \_\_\_\_\_ payments of \$ \_\_\_\_\_ which represents all or part of the property of my unmatured RRSP, RRIF or TFSA identified in Part A.

In cash or  in kind.

**Part C – Identifying the RRSP, RRIF, TFSA or RPP the funds are being transferred to**

<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 <b>UV INSURANCE</b>	Address <b>P.O. BOX 696, DRUMMONDVILLE QC J2B6W9</b>
Date	Annuitant's Signature <b>x</b>
	Signature of irrevocable beneficiary (in any) <b>x</b>

**AREA 2 – TRANSFEREE**

- 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.
- The plan, fund or arrangement is registered under the *Income Tax Act* (Canada) or, otherwise, UV Insurance will apply for such registration according to Information Circulars 72-22 and 78-18.

Transferee's name <b>UV INSURANCE</b>	Date
Authorized person's signature <b>x</b>	Position or office

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

- 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.
- Is the transfer from a qualifying RRIF?  Yes  No  Does not apply
- Has the annuitant's spouse or common-law partner ever contributed amounts to the RRSP?  Yes  No  Does not apply
- Does the RRIF include amounts transferred from an RRSP to which the annuitant's spouse or common-law partner has contributed?  Yes  No  Does not apply

Spouse or common-law partner's last name	First name and initials	Social insurance number
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5. UV Insurance has to continue to administer \$ \_\_\_\_\_ as a locked-in amount, as required by the *Pension Benefits Standards Act* 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.

I certify that the information given on this form is correct and complete.  Does not apply

Transferor's name	Date
Authorized person's signature <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 <b>UV INSURANCE</b>	Date
Authorized person's signature <b>x</b>	Position or office

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