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 Customer service: 1-877-463-7627
 Option 1: Business Development Option 2: Operational Support
 Email: Transactions.Dealer@nbc.ca

1 APPLICANT/ACCOUNT HOLDER/ANNUITANT INFORMATION

Mr. Ms. Other

Account No. Language: French English

Account holder(s) Social Insurance No./Federal Business No. Quebec Enterprise No.

Account holder(s) (cont.) Date of birth (YYYY MM DD) E-mail address

Street No. Street Name Apt.

City Province Postal Code

Area Code Telephone No. (home) Area Code Telephone No. (work) Ext. Area Code Fax No.

2 ACCOUNT INFORMATION

Non-registered RRSP LIRA Locked-in RRSP

RRIF LIF RESP TFSA

FHSA FRVR REIR

Name of spouse (if contributions made by spouse)

3 INSTRUCTIONS CONCERNING REGISTERED PLAN

Source of deposit/Type of withdrawal (form to be completed)

New contribution Home Buyers' Plan (T1036) Transfer from a retirement savings plan (T2033)

Transfer of severance pay Lifelong Learning Plan (RC96) Transfer from a pension plan (T2151)

Taxed withdrawal Other:

Transfer from a registered retirement savings plan (T2033), indicate name or code of institution:

4 BANKING INFORMATION – Attach a specimen cheque

For purchases, redemptions, distributions, systematic investments and systematic withdrawals, I authorize National Bank Investments Inc. to debit and/or credit my account as stipulated below:

Name of Institution Institution No. Transit Account No.

Address of Branch

5 PAYMENT TERMS AND CONDITIONS

Payment amount

In accordance with the declaration of trust, the annuitant requests that Natcan Trust Company make the following payments:
(Complete section 7B to indicate the payment terms.)

Minimum amount

The annuitant requests the minimum amount to be determined according to: His/her age The age of his/her spouse, whose date of birth⁽¹⁾ is: YYYY MM DD

or Maximum amount (LIF and Locked-in RIF only) (The annuitant recognizes that this choice cannot be modified after the first RIF/LIF payment has been made.)

or Total Amount Per Selected Frequency \$⁽²⁾ GROSS NET

If the annuitant wants to change the payment amount, he/she must inform Natcan Trust Company of this new amount no later than January 1 of the year in which the change is to come into effect. The new amount will remain in effect until the annuitant notifies Natcan Trust Company of another change.

The annuitant agrees to provide, on request, proof of his/her age and, if applicable, of that of his/her spouse, as well as any other necessary information relating to the registration and administration of the Plan.

Payment terms and conditions

Payments are to start on: ⁽³⁾ Payment frequency: Annual Semi-annual Quarterly Monthly

(Please choose a date between the 5th and 31st of any month.) **Payments payable by:** Cheque Electronic deposit to account indicated in Section 4.

Income Tax (if additional taxes, please make a selection)

Taxes on the minimum amount

Additional taxes (in addition to mandatory taxes)

Total taxes (including mandatory taxes)⁽⁴⁾

_____ % or _____ \$ (Provincial) Minimum + Excess Excess

_____ % or _____ \$ (Federal)

(1) Does not apply to LIFs in New Brunswick.
 (2) For LIFs, the amount must be between the minimum and maximum amounts.
 (3) Payments must begin no later than December 31 of the year following the date on which the RIF/LIF comes into effect.
 (4) In the case the requested benefits exceed the minimum amount, the tax rate (%) must be equal or higher to the taxes prescribed by the law.

5 PAYMENT TERMS AND CONDITIONS (cont.)

TEMPORARY INCOME AND OTHER PAYMENTS

For Quebec, complete form "LIF Compliance Declarations (Quebec)" (15179-002)
 For Nova Scotia, Newfoundland and Labrador and Ontario, use the form prescribed by law.

ELECTION OF SPOUSE AS SUCCESSOR ANNUITANT (not applicable to LIFs/Locked-in RIFs/PRIFs)

When authorized by law, I hereby name my spouse as successor annuitant subject to the terms of the RIF, if he/she survives me. I reserve the right to revoke my decision as authorized by applicable laws. Note: In some provinces, a spouse can only be named as a successor annuitant via a will. If you do not wish to name your spouse as the RIF annuitant upon your death or if you choose to do so and your spouse pre-deceases you, the beneficiary designated in the plan will apply.

6 SYSTEMATIC INVESTMENT / SYSTEMATIC WITHDRAWAL / SYSTEMATIC TRANSFER

| | New | Cancellation | Modification | Systematic investment | Systematic withdrawal | Systematic transfer | Date of 1st payment (YYYY MM DD) | Amount (\$) | Frequency | Company code | Product No. | Distributions (non registered only) | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|-------------|-----------|--------------|-------------|-------------------------------------|-----------------------------|
| | | | | | | | | | | | | Reinvested | Paid* \$25 minimum per fund |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

You can change the amount or the frequency of the withdrawals or you can cancel the plan at anytime. For more information on your right to cancel authorization for automated debits, please contact your financial advisor. You hereby agree to hold National Bank Investments harmless in the event the revocation is not complied with except in the case of gross negligence on the part of NBI.

You have certain rights if a systematic investment debit is not in compliance with this systematic investment plan. For example, you are entitled to a refund for any debit that is not authorized or compatible with this systematic investment plan. For more information on your rights of recourse, please contact your financial advisor.

7 TRANSACTIONS

| A) PURCHASE | | | | | Distributions | | Purchase payable by: | B) PAYMENT TERMS | | |
|-------------|-------------|---|------------------------|--------------------------|--------------------------|--|---|------------------|-------------|------------------------------------|
| Fund No. | Amount (\$) | % | Initial sales charge % | Reinvested | Paid* | <input type="checkbox"/> Client's bank account (section 6) <input type="checkbox"/> By cheque | | Fund No. | Amount (\$) | Percentage applicable to payment % |
| 1. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | *If nothing is indicated or if distribution is less than \$25, income will automatically be reinvested. | | | |
| 2. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 3. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 4. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 5. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 6. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 7. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 8. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

*Not applicable to some investments. Please refer to the simplified prospectus for details.

100%

| C) REDEMPTION | | | | Full redemption | Redemption payable by: |
|---------------|-------------|---|--------------------------|--|------------------------|
| Fund No. | Amount (\$) | % | | | |
| 1. | | | <input type="checkbox"/> | <input type="checkbox"/> Deposit to bank account <input type="checkbox"/> Cheque delivered to applicant | |
| 2. | | | <input type="checkbox"/> | | |
| 3. | | | <input type="checkbox"/> | | |
| 4. | | | <input type="checkbox"/> | | |
| 5. | | | <input type="checkbox"/> | | |
| 6. | | | <input type="checkbox"/> | | |
| 7. | | | <input type="checkbox"/> | | |
| 8. | | | <input type="checkbox"/> | | |

| D) TRANSFER FROM: | | | | | | | TO: | |
|-------------------|----------|-------------|---|--------------------------|--------------------------|------------------------------------|-------------|----------|
| Account No. | Fund No. | Amount (\$) | % | Transfer in full | | Systematic transfer ⁽¹⁾ | Account No. | Fund No. |
| | | | | Fund | Account | | | |
| 1. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

⁽¹⁾ In Section 10 "Systematic Investment / Systematic Withdrawal / Systematic Transfer", select "Systematic transfer" and complete "Date of 1st payment" and "Frequency".

8 REPRESENTATIVE INFORMATION

| | | | |
|----------------------------------|---|-------------------------------|----------------------------------|
| First Name _____ | Dealer's Name _____ | | |
| Surname _____ | Dealer's No. _____ | Representative's No. _____ | Area Code Telephone No. _____ |
| Representative's E-mail _____ | Area Code Representative's Fax No. _____ | | |

I hereby declare that I have ascertained the identities of the persons whose signatures appear as account holder by examining the original documents provided in compliance with the standards established by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. I have made reasonable efforts to determine if the account holder is acting on behalf of a third party.

| | |
|----------------------------|--|
| Date (YYYY MM DD) _____ | Authorized Signature of Representative X _____ |
|----------------------------|--|

9 AUTHORIZATION *Please read carefully before signing*

I request that National Bank Investments Inc. ("NBII") purchase, redeem or exchange units/shares of the investment as indicated.

I understand that these transactions are made under the terms set out in the prospectus. I understand that mutual funds are not guaranteed and their values change frequently.

I understand that the benefits of the retirement income or other payments from this Plan will be subject to tax. All contributions paid into the Plan shall be invested by NBII upon my instructions according to the conditions of the Plan and kept in my account subject to the provisions of the Plan.

If I have authorized NBII to debit my bank account, I confirm that I have read and accepted the Terms and Conditions Governing Pre-Authorized Debit ("PAD") appended to this form, and that I waive, with respect to debits at fixed intervals i) the right to receive prior notice of the amount of any debit or of any change requested change to the amount or date of a debit and ii) any confirmation prior to the first debit.

| | | |
|----------------------------|--|---|
| Date (YYYY MM DD) _____ | Signature of Applicant/Annuitant X _____ | Signature of Co-Applicant (if applicable) X _____ |
|----------------------------|--|---|

Accepted by National Bank Investments Inc. as agent for Natcan Trust Company as Trustee (applicable to registered accounts only).

Authorized Signature
X _____ 

TERMS AND CONDITIONS GOVERNING PRE-AUTHORIZED DEBIT (“PAD”)

1. You warrant that the information provided in section of “Banking Information” of the Account Application is true and accurate.
2. You warrant that all persons whose signature is required to authorize bank account withdrawals have signed this authorization.
3. You acknowledge that this authorization is provided for the benefit of NBI and your processing financial institution in consideration of the agreement provided by your processing financial institution to process debits against your bank account as indicated in this document (the “bank account”) in accordance with Rule H1 of Payments Canada. This authorization applies to any personal or business preauthorized debit or funds transfer, as defined in Rule H1 of Payments Canada.
4. You agree to inform NBI of any changes in the information provided in this authorization at least thirty (30) days before the next pre-authorized debit.
5. You may revoke this authorization at any time by contacting your advisor at least thirty (30) days before the date you wish the present authorization to end. For more information regarding your right to cancel a pre-authorized debit authorization, please consult with your advisor or visit the website payments.ca. NBI may cease to issue pre-authorized debits in accordance with Rule H1 of Payments Canada at any time without notice. You agree to release NBI of all liability if the revocation is not respected.
6. The revocation of this authorization does not involve the termination of any other authorization existing between you and NBI.
7. You acknowledge that this agreement is deemed to have been given by you to your financial institution. Any means by which the authorization with NBI is transmitted shall constitute its transmission by you.
8. NBI can request a fund transfer or pre-authorized debit in your name at sporadic intervals to your bank account providing that NBI obtains your consent confirming your authorization for each debit or fund transfer.
9. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. For more information, contact your advisor or visit the website payments.ca.
10. NBI, National Bank of Canada and its subsidiaries shall have no liability or responsibility for any loss or damage suffered or incurred by you in connection with the debits contemplated by this authorization and direction including, without limitation, any loss of interest, penalty under any applicable taxation law or other losses or damages caused by, or resulting from complying with or any delay in complying with this authorization and direction.
11. You agree to indemnify and hold NBI, National Bank of Canada and its subsidiaries harmless, and to promptly pay NBI, National Bank of Canada and its subsidiaries on demand, for any loss, fees and expenses, including legal costs, it may suffer or incur by complying with this authorization.