



Daily/Guaranteed Interest Account Application

First Home Savings Account
(FHSA)

Savings and Retirement





As an Equitable contract Owner you will have instant access to your contract information through **Equitable Client Access!**

What is Equitable Client Access?

It is our secure online site that allows you to access your contract information, right at your fingertips. With Equitable Client Access you can:

- **View contract details including:**
 - investment allocation and current values
 - transaction history
 - pre-authorized payment information
 - maturity dates and interest rate details

- **Update your personal information including:**
 - address and contact information
 - banking information and pre-authorized payment withdrawal date
 - beneficiary

- **Access your statements, tax slips and letters**

- **And more!**

Register for Equitable Client Access one of two ways:

1. Include your email address on this application and Equitable will email you a registration link once your contract is active.
2. Once you receive your contract confirmation notice, visit client.equitable.ca and click on "Create Account".

Do you have questions, or would you like some assistance registering your account? Our Client Care Centre would be pleased to help. You can reach them at 1 800 668 4095.



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All sections are mandatory unless they are marked as “Optional” in the section title.

| | |
|-----------------------|-------------------|
| Name of Advisor | MGA Name |
| Advisor Code | Branch Number |
| Advisor Email Address | MGA Email Address |

Internal use only:
Contract number: _____

Electronic applications only:
Application number: _____

Application generated date: _____

1. PLAN TYPE

This application is for a Daily/Guaranteed Interest Account, registered as a First Home Savings Account (FHSA).

2. OWNER/ANNUITANT INFORMATION (THE FHSA HOLDER)

To be eligible to purchase a First Home Savings Account (FHSA), the Owner must be a Canadian resident, at least 18 years old, and a potential first-time home buyer. To qualify as a “first-time home buyer”, both the Owner and their spouse cannot have owned a qualifying home that they lived in as a principal residence in the year the account is opened, or in any of the four preceding calendar years.

Is the Owner eligible to purchase a First Home Savings Account (FHSA)?

Yes - the Owner certifies they are eligible as a qualifying individual No - do not proceed with the application

Mr. Mrs. Ms. Owner's Name (first, middle initial, last)

Sex: Male Female

Social Insurance Number (SIN) Expiry Date (if applicable)

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

Address (number, street and apartment)

City or Town

Province

Postal Code

Telephone Number

Date of Birth (yyyy/mm/dd)

Email Address

The email address is important!

Once the contract is active we will email the Owner a link to register for **Equitable Client Access**. This website allows them to view and manage their contract information.

Occupation (if retired or unemployed, indicate former occupation):

Job Title: _____

Duties: _____

FHSA identification number: _____ (internal only)



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3. SUCCESSOR ANNUITANT/SUCCESSOR OWNER (OPTIONAL SECTION)

On the death of the Annuitant, the contract will continue and therefore there is no death benefit until the death of the Successor Annuitant. Note: the applicable Owner has full contractual rights.

Mr. Mrs. Ms.

Successor Annuitant's name
(first, middle initial, last)

Relationship to Annuitant
(must be legally married or Common-Law Partner)

Sex: Male Female

Address (number, street and apartment) (if different from Annuitant)

City or Town

Province

Postal Code

Date of Birth (yyyy/mm/dd)

Social Insurance Number (SIN)

Expiry Date (if applicable)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

4. BENEFICIARY DESIGNATION

The person(s) you name here will receive a death benefit on the death of the last surviving Annuitant.

Power of Attorney: If the application is signed by a Power of Attorney, a beneficiary designation cannot be made.

Applicant/Owner residing in Quebec: Quebec law stipulates that designation of the Owner's spouse (married or civil union) is irrevocable, unless the Owner indicates the designation to be revocable by checking the following box:

I stipulate that any beneficiary designation of my spouse (married or civil union) is revocable.

| Primary Beneficiary name(s) | Date of birth if minor (yyyy/mm/dd) | Trustee applies | Relationship to Annuitant (in Quebec - relationship to Owner) | Email or phone number of beneficiary | Benefit shared equally (unless % specified) |
|--------------------------------|-------------------------------------|--------------------------|---|--------------------------------------|---|
| | | <input type="checkbox"/> | | | % |
| | | <input type="checkbox"/> | | | % |
| | | <input type="checkbox"/> | | | % |
| | | <input type="checkbox"/> | | | % |
| Contingent Beneficiary name(s) | Date of birth if minor (yyyy/mm/dd) | Trustee applies | Relationship to Annuitant (in Quebec - relationship to Owner) | Email or phone number of beneficiary | Benefit shared equally (unless % specified) |
| | | <input type="checkbox"/> | | | % |
| | | <input type="checkbox"/> | | | % |
| | | <input type="checkbox"/> | | | % |
| | | <input type="checkbox"/> | | | % |

Trustee for all minor beneficiary(ies) (not applicable in Quebec): Name: _____



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5. CONTRIBUTIONS (DEPOSIT(S) MUST BE MADE BY THE OWNER)

Note: Minimum initial deposit must be \$500 or \$50 ongoing Pre-Authorized Debit (“PAD”). There are limits on the amount of money that can be deposited each year and over a lifetime. To find out more, visit the [Canada Revenue Agency website](#) to make sure the deposit is within the allowed amount.

Cheque \$ _____

One-time PAD \$ _____ (complete section 6)

Ongoing PAD \$ _____ (complete section 6)

External Transfer \$ _____

↳ Transferring Company:

Complete the applicable Canada Revenue Agency transfer form (“Transfer from your RRSP to your FHSA” form # RC720 or “Transfer from your FHSA to FHSA” form # RC721). Send a copy to Equitable and the original to the relinquishing financial institution.

Internal Transfer (specify \$ or %): _____

↳ Equitable Contract Number: _____

↳ Partial internal transfers will be moved pro-rata unless otherwise specified in Special Instructions (section 11).

Online Banking \$ _____

↳ Once the application has been submitted, the payor can make a deposit using the application or contract number and their financial institution’s online banking service. For additional information and a list of banks set up with this service, visit equitable.ca/go/onlinebanking

6. PRE-AUTHORIZED DEBIT (“PAD”) (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 5)

One-Time PAD:

Amount: \$ _____

Withdrawal Date:

Withdraw the funds on the date that all application requirements are met, OR

Specify date (yyyy/mm/dd): _____ (subject to all requirements being met)

Deposit Allocation:

The deposit and reinvestment instructions will be setup as described in the Investment Instructions section.

Ongoing PAD:

Amount: \$ _____ PAD start date (yyyy/mm/dd): _____

Payment Frequency:

Monthly (1 - 28) Semi-monthly (1 & 15) Bi-weekly (every other week) on:

Monday Tuesday Wednesday Thursday Friday

Deposit Allocation:

Daily Interest Account (DIA) (must be selected if the deposit is less than \$500)

Guaranteed Interest Account (GIA) for a specified term of ___ years

Reinvestment instructions will be setup as described in the Investment Instructions section.



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6. PRE-AUTHORIZED DEBIT (“PAD”) (OPTIONAL SECTION UNLESS REQUESTED IN SECTION 5)

Bank information:

Provide a document that has the banking information and payor details printed on it. E.g. A void cheque, an initial cheque, or a bank letter of direction.

Transit Number: _____

:12345

0123

123456789

Bank Number: _____

Transit
Number

Bank
Number

Account
Number

Account Number: _____

The advisor must verify that the banking details provided match the banking details on the attached cheque/bank letter. If the banking information is incorrectly entered, the advisor will be responsible for paying Equitable the resulting fees.

Notes:

- Line of credit accounts or credit cards are not accepted.
- There may be a time delay between the date selected and the money being transferred out of the bank account.

Waivers

The payor directs and authorizes The Equitable Life Insurance Company of Canada (“Equitable”) and their financial institution to process withdrawals from their account, subject to the conditions listed here, for the purpose of collecting pre-authorized debits.

The payor waives the right to receive pre-notification of the first withdrawal, or a change in the date of the withdrawal as defined by the Payments Canada in Rule H1 at payments.ca.

Type of Service

For the purpose of this agreement, all pre-authorized debits from the payor’s account will be treated as personal withdrawals.

Cancellation

The payor has the right to cancel the pre-authorized debit at any time. The pre-authorized debit shall remain in effect until the payor notifies Equitable of the cancellation.

NOTE: To ensure cancellation of the next withdrawal, notice by way of telephone, letter, email or fax must be received at Equitable’s Head Office, 10 business days prior to the next withdrawal. The payor may contact their financial institution about their rights regarding cancellation. A sample cancellation form is available at payments.ca and may be completed and forwarded to their financial institution.

Contact Information

Equitable. One Westmount Road North P.O. Box 1603 Stn. Waterloo, Waterloo, ON N2J 4C7
TF 1 800 668 4095 F 519 883 7404 Email: savingsretirement@equitable.ca

Recourse & Reimbursement

The payor has certain recourse rights if any debit does not comply with this pre-authorized debit agreement. They have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on recourse rights, the payor may contact their financial institution or visit payments.ca.



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7. INVESTMENT INSTRUCTIONS

Based on our administrative rules:

- The total initial deposit must be a minimum \$500 or \$50 ongoing PAD.
- The minimum deposit for each GIA term is \$500.
- Equitable will direct all future deposits in the same way as the initial deposit by default. If the deposit does not meet the minimum deposit requirements it will be allocated to DIA. To change these instructions for future deposits, notify Equitable head office in writing.

Total initial deposit of \$ _____

Daily Interest Account (DIA) \$ _____

When enough money accumulates in DIA, invest the money into a compound interest GIA for _____ years.

Guaranteed Interest Account (GIA) (1 – 15 year terms)

Interest rates often change. The latest interest rates are available on the Equitable website at equitable.ca/rates and can be locked in by completing the Rate Guarantee process outlined in section 8. If the Rate Guarantee section is not completed, we will apply the interest rate in effect on the day that Equitable receives the money.

| Amount | # of Years | Interest Option |
|--------|------------|-------------------|
| \$ | | Compound interest |
| \$ | | Compound interest |
| \$ | | Compound interest |
| \$ | | Compound interest |

Investment instructions at the end of the term:

- Reinvest in a term of the same length with the same interest option (default if not specified)
- Reinvest in a new GIA for _____ years
- Transfer the amount to DIA
- GIA Auto Ladder \$ _____
 - 5 years: Deposit will be equally split between 1 – 5 year terms. At maturity each term will be reinvested for 5 years.
 - 10 years: Deposit will be equally split between 1 – 10 year terms. At maturity each term will be reinvested for 10 years.



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8. RATE GUARANTEE

A rate guarantee protects against a potential decline in interest rates.

Would you like to request a rate guarantee?

Yes No

If “Yes” is selected, follow these steps to activate the rate guarantee:

1. Complete the application in full, with required signatures.
2. Submit the signed application to Equitable by no later than 11:59pm (EST) the day after the application is signed via EZcomplete, EZupload, or fax (519 883 7428).
3. Ensure the deposit is received at Equitable within:
 - 3 business days from the signed date of the application for cheques, one-time pre-authorized debits, and online banking deposits.
 - 45 days from the signed date of the application for transfers from another financial institution or an Equitable contract with an upcoming maturity.

Important: If the above steps are not completed in full, the deposit will not be eligible for a rate guarantee.

Types of Rate Guarantees

1) “Better of” Interest Rate Guarantee (3 business days):

- For direct deposits (personal cheques, online banking deposits, and one-time pre-authorized debit)
- Guarantees the higher of:
 - (a) the interest rate in effect on the day the deposit is received, and
 - (b) the interest rate in effect on the day all signatures were completed on the application.
- If the deposit is not received within 3 business days from the signature date, the deposit will receive the interest rate in effect the day the deposit is received.

2) “Set Rate” Interest Rate Guarantee (45 days):

- For transfers from another financial institution or an Equitable contract with an upcoming maturity.
- Guarantees the interest rate on the day the application was signed.
- If the deposit is received after 45 days from the signature date, the deposit will receive the lesser of:
 - a) the interest rate in effect on the day the deposit is received, and
 - b) the interest rate in effect on the day all signatures were completed on the application.

By submitting the rate guarantee, all parties understand and agree that:

- a) This is an irrevocable commitment to proceed with this investment.
- b) The interest rate guarantee is subject to the conditions and administrative rules that have been outlined.

Equitable reserves the right to decline a rate guarantee at our sole discretion.



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9. SOURCE OF FUNDS

What is the source of the money being deposited? Check all that apply:

- Salary or Earned Income
- Applicant/Owner Savings
- Business Income
- Borrowed Funds (provide details): _____
- Gifted Funds (provide details): _____
- Sale of Property (provide the address of the property): _____
- Proceeds from Death Benefits or Estate (provide the name of the deceased): _____
- Other (provide details): _____

10. PURPOSE OF THE CONTRACT

Please indicate the Owner's stated reason(s) for purchasing this contract. (Not all policies are suitable for all purposes.)

- Fund the purchase of a first home
- Retirement/Long Term Savings
- Income Creation
- Income/Family Protection
- Education Purposes
- Other _____
- Short Term Savings
- Business/Key Person Protection/Buy Sell Agreement
- Mortgage/Debt Insurance
- Gift
- Legacy/Inheritance/Estate Protection

11. SPECIAL INSTRUCTIONS (OPTIONAL SECTION)



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12. PRIVACY CONSENT

In this section, unless otherwise specified, the terms “I”, “me” and “my” refer to the Owner of the contract.

1. I agree and confirm that the personal information willingly provided by me to the independent broker and/or Equitable and collected in this Application and held in their files will be used by Equitable for the purposes of issuing, servicing, administration, and claims processing related to this Application, and any resulting contract and any supplementary documents. The information on file is accessible for the above purposes to: authorized employees of Equitable; third parties retained by Equitable; its sales distribution network; Canadian or foreign tax authorities; and any other person or party whom I authorize.
2. I acknowledge that my personal information may be processed and stored outside of Canada and may therefore be subject to the laws of those jurisdictions. If my contract is issued in Quebec, my personal information will be stored outside Quebec.
3. As an Owner, I consent to the use of my email address to establish a Client Access account and provide associated notices, electronically deliver contract documents and communicate electronically for other contract administration purposes.
4. If providing contact information for a beneficiary, I confirm that I am authorized to act on their behalf and therefore consent and authorize the collection, use and communication of their personal information for contact purposes.
5. As an Owner, I consent and agree to: (a) this Application being transmitted to the Company electronically and received by the Company as my original application for insurance; and (b) electronic delivery to me of the contract, if issued, and any other documents or future written communications relating to the contract.
6. Electronic applications only: As an Owner, I consent and agree to the information in this application, including sensitive personal information such as my social insurance number, date of birth, and financial information, being included in the electronic documentation provided to each party who is required to sign the application. I consent to Equitable providing the information in this application to each other party for the purposes of signing the application. If I do not wish to provide this consent, I can decline to sign the application and inform my advisor that I wish to proceed with a paper application instead.

See equitable.ca for further details about the Company's privacy practices and for information about how to contact the Company's Privacy Officer.

Marketing Consent:

Equitable is authorized to use the information in this Application and its existing files to provide information to me about its other products and services, unless I specify No.



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13. AGREEMENT & SIGNATURES

In this section, unless otherwise specified, the terms “I”, “me” and “my” refer to the Owner of the contract.

I agree and confirm that:

- 1. My acceptance of the issued contract will indicate my acceptance of any changes, corrections or additions to this Application which Equitable makes in a Head Office Endorsement(s).
2. I certify that the information provided on this form is current, correct and complete. I will notify Equitable within 30 days of any change to my tax residency, US citizenship status or tax identification numbers.
3. Only Equitable’s Head Office is authorized to alter or modify this Application, issue a contract or waive any requirements, and any authorization must be in writing.
4. The issued contract shall not take effect until the initial deposit made with the Application has been honoured by my financial institution.
5. I request the issuer file an election with the Minister of National Revenue to register the qualifying arrangement as a First Home Savings Account under section 146.6 of the Income Tax Act (Canada) and if applicable, the Taxation Act (Quebec). I agree to provide any further information which may be required in connection with the registration of this contract.
6. I understand SINs are collected for income tax purposes.
7. I acknowledge, understand, and agree with the terms and conditions set out in the Pre-authorized Debit section.
8. I understand that as a holder, I may be liable for certain tax consequences arising in connection with a non-compliant qualifying arrangement.
9. I understand the Canada Revenue Agency will provide taxpayer information necessary to administer and enforce the FHSA to the issuer.
10. I authorize Equitable to act on my service instructions as provided by my advisor. This trading authorization can include but is not limited to purchases, withdrawals, modification of investment instructions, reinvestment of maturing funds, rate guarantees, and Pre-Authorized Debit (PAD). I acknowledge that Equitable may carry out any transaction requests provided by my advisor. I will set up an Equitable Client Access Account, as required by Equitable’s trading authorization administrative rules.

I acknowledge receipt of the Daily/Guaranteed Interest Account Contract, and understand I can access these documents electronically at equitable.ca/contracts.

Signature of Owner/Annuitant Signed in the province of Date (yyyy/mm/dd)

Joint Payor Information (only required if more than one signature is required to authorize payment on the bank account)

By signing below, the Joint Payor is indicating they agree to the terms and conditions set out in the Pre-Authorized Debit section.

Name of Joint Payor Signature of Joint Payor Date (yyyy/mm/dd)

Name of Power of Attorney
_____ has signed on behalf of _____.

If a Power of Attorney has signed on behalf of another individual, please attach the applicable documentation.



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14. ADVISOR CONFIRMATION & SIGNATURE

By signing below, I the Advisor, confirm that:

- I am licensed in the province in which the application is signed.
- I have explained the contents of the Daily/Guaranteed Interest Account contract to the Owner, and have provided the Owner with a copy of the contract.
- I have disclosed the following information to the Owner of the contract:
 - The name of the company or companies I represent.
 - Any commissions for the sale of insurance-based investment products and any bonuses, invitations to conferences or other incentives.
 - Any conflicts of interest I may have with respect to this transaction.
- I have reviewed the information provided in this application with the Owner and to the best of my knowledge, it is complete and true.
- I instruct Equitable to reduce the Guaranteed Interest Account (GIA) commission payable to me by _____ basis points (bps) per year (up to a maximum of 20 bps), for the GIA term(s) indicated in section 7. The GIA interest rate will be increased by the same basis points until maturity (example: A 5 bps reduction will increase the GIA interest rate by 0.05%). Note: The rate adjustment will not apply to future reinvestments or deposits. Limited to GIA terms of 10 years or less.

Advisor Signature

Date (yyyy/mm/dd)

About Equitable

At Equitable we believe in the power of working together. This guides how we work with each other. How we help our clients and partners. And how we support the communities where we live and work.

Together, with partners across Canada, we offer Individual Insurance, Group Insurance and Savings and Retirement solutions. To help our clients protect today and prepare tomorrow.

We believe the world is better when we work together to build an Equitable life for all.



® or ™ denotes a trademark of The Equitable Life Insurance Company of Canada.

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