

How to complete CWT's Registered Account Application



RR# / B/U# - (FOR CWT USE ONLY)

Account Number

Dealer Account Number:

Suite 600 – 750 Cambie Street
Vancouver, B.C. V6B 0A2
Tel: 604-685-2081
Toll Free Tel: 1-800-663-1124
Fax: 604-669-6069
Toll Free Fax: 1-866-799-6069

PART 1 – SELF-DIRECTED PLAN / FUND INFORMATION (please select only one new account for this application)

Choose only one: Full Service Self-Directed Account Introductory Account

Select between a Full Service account or Intro account. An 'Introductory' account is a lower-cost, mutual fund only option.

Choose only one. A separate New Account Application is required for each account type.

Choose only one:

Investment Savings Plan (RSP) Locked-In RSP (LRSP) Retirement Income Fund (RIF) Life Income Fund (LIF)
 RRSP Locked-In Retirement Account (LIRA) Spousal RIF Prescribed RIF (PRIF)
 RRIF Restricted Locked-In Savings Plan (RLSP) Locked-In RIF (LRIF) Pooled RIF
 Pension Plan (Group Sponsor Name) _____ Restricted Life Income Fund (RLIF)
 Group RIF (Group Sponsor Name) _____

PART 2 – PLAN / FUNDHOLDER INFORMATION (please print clearly)

Mr. Mrs. Ms. Miss. Dr.

John **Smith**
First Name Last Name

555 Main St. **Vancouver**
Mailing Address City

Residential Address (if different from Mailing Address) City

604-555-5555 **604-666-6666** **999 999 999**
Home Telephone Office Telephone Social Insurance Number

johnemail@address.com
Email Address

Country of Residence: Canada USA
USA SSN/TIN Other Tax Number

- Client first and last name
- Complete address
- Telephone number
- Email address
- Social Insurance Number
- Date of birth

Citizenship must be designated. If US citizen, include the USA SSN/TIM

Completed for locked-in accounts only (LRSP, LIRA, RLSP, L F, LR F, PRIF, RL F)

My 'spouse', 'pension partner', 'common-law partner' or 'cohabiting partner', as applicable, as that term is defined in the Applicable Pension Legislation associated with this account and identified in the addendum attached hereto is; name: _____ Or;

I confirm that I do not have a 'spouse', 'pension partner', 'common-law partner' or 'cohabiting partner' as that term is defined in the same Applicable Pension Legislation.

Must be completed for Locked-In accounts.

PART 3 – SPOUSE OR COMMON-LAW PARTNER INFORMATION (complete part 3 only if this is an application for a Spousal Account)

Mr. Mrs. Ms. Miss. Dr.

John **Smith**
Spouse or Common-law Partner First Name Spouse or Common-law Partner Last Name

Spouse or Common-law Partner Social Insurance Number: **888 888 888**

To be completed only if opening a Spousal Account

PART 4 – RIF PAYMENT AND ELECTION INFORMATION (complete part 4 if this is an application for a RIF)

I elect to use the following age in calculating my annual minimum RIF payment and understand I may not change this selection until December 31st of the year of this application:

(Please select one) My age My spouse or common-law partner's age

Name of Spouse: _____ Date of Birth: _____

To be completed only if opening a RRIF, Spousal RRIF or Pooled RRIF.

- This selection can only be changed up to December 31st of the year the plan is opened
- The option for using the spouse's age to calculate RRIF payments is not available for LIFs, LRIFs or PRIFs

PART 5 – BENEFICIARY DESIGNATION

Subject to applicable law, I designate the named beneficiary(ies) below, who shall receive a percentage, as noted below, of the amount payable, under my Plan/Fund on my death. If my designated beneficiary(ies) predeceases me and no other beneficiary is named, payment will be made to my estate. I understand that in the absence of a waiver for a locked-in Plan/Fund, my common-law partner may be entitled to a survivor benefit under pension legislation, and any other beneficiary designation would then be revoked. I hereby revoke any previous designations and reserve the right to change this designation at any time.

List names, relationship and percentage allotment for each beneficiary of account

- If the area is left blank, the beneficiary on the account will be set as 'Estate'
- Beneficiaries on registered plans can be changed at any time by signing a 'Beneficiary Designation' Form available on CWeb
- If a locked-in plan, the spouse or common-law partner is required to be listed as the beneficiary, unless a waiver is signed

I may elect to make my current spouse or common-law partner a successor annuitant under my RIF in the event of the termination of the RIF, provided my spouse or common-law partner survives me.

Name of Beneficiary	Relationship	Percentage
Johny Smith	Son	50%
Bobbie Smith	Daughter	50%
Must Total		100%

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PART 6 – SHAREHOLDER COMMUNICATION INFORMATION

CLIENT RESPONSE FORM

I have read and understood the “National Instrument 54 -101 Explanation To Clients” that you have provided me in the application form and the choices indicated by me apply to all of the securities held in the account.

PART 1 - Disclosure of Beneficial Ownership Information. Please mark the corresponding box to show whether you **OBJECT** or **DO NOT OBJECT** to Canadian Western Trust Company disclosing your name, address, electronic mail address and preferred language of communication to issuers of securities you hold with Canadian Western Trust Company or companies in accordance with securities law.

- I **DO NOT OBJECT** to you disclosing the information described above.
- I **OBJECT** to you disclosing the information described above.

PART 2 - Receiving Securityholder Materials. Please mark the corresponding box to show what materials you wish “Securityholder materials sent to beneficial owners of securities” consist of the following materials: (a) proxy-related materials and special meetings; (b) annual reports and financial statements that are not part of proxy-related materials; and (c) materials sent to securityholders that are not required by corporate or securities law to be sent.

- I **WANT** to receive **ALL** securityholder materials sent to beneficial owners of securities.
- I **DECLINE** to receive **ALL** securityholder materials sent to beneficial owners of securities. (Even if I decline to receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send these materials to me at its expense.)
- I **WANT** to receive **ONLY** proxy-related materials that are sent in connection with a special meeting.

PART 3 - Preferred Language of Communication. Please mark the corresponding box to show your preferred language of communication.

Note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning the sending of interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this Client Response Form will not apply to annual reports or financial statements of an investment fund that are not part of proxy-related materials. An investment fund is also entitled to obtain specific instructions from you on whether you wish to receive its annual report or financial statements, and where you provide specific instructions, the instructions in this form with respect to financial statements will not apply.

- ENGLISH** **FRENCH**

I understand that the materials I receive will be in my preferred language of communication if the materials are available in that language.

PART 7 – MUTUAL FUND DEALER/INVESTMENT ADVISOR/MORTGAGE BROKER APPOINTMENT ACKNOWLEDGEMENT
(Please check the applicable box)

- I appoint the Mutual Fund Dealer Representative (“Dealer Representative”) named herein to provide me with Mutual Fund advice. I authorize Canadian Western Trust Company (for the purposes of this application form, “CWT”), to provide my Dealer Representative with copies of statements of my account and any personal information with respect to my Plan/Fund. I acknowledge that I am bound by actions taken by my Dealer Representative and/or Dealer and I agree to indemnify CWT against all actions, liabilities, damages, or costs directly or out of my Plan/Fund Assets resulting from CWT’s reliance on this authorization. This authorization shall be valid until revoked by me in writing to both CWT and the Dealer Representative.
- I appoint the Investment Advisor/Mortgage Broker named herein who will provide me with investment advice and has my full authority to act on my behalf in giving written investment instructions to Canadian Western Trust Company (for the purposes of this application form, “CWT”), for my Plan/Fund, including purchases, sales or switches of Plan/Fund Assets. I authorize to provide my Investment Advisor/Mortgage Broker with copies of statements of my account and any personal information of my Plan/Fund. I acknowledge that I am bound by actions taken by my Investment Advisor/Mortgage Broker and I agree to indemnify CWT against all actions, liabilities, damages, or costs directly or out of my Plan/Fund Assets resulting from CWT’s reliance on this authorization. This authorization shall be valid until revoked by me in writing to both CWT and the Investment Advisor/Mortgage Broker.
- I do not wish to appoint a Dealer Representative or Investment Advisor/Mortgage Broker at this time.

Appoint a dealer / representative on the plan
• If no dealer/representative is appointed, the annuitant acts as ‘Planholder’

The annuitant should read the “National Instrument 54-101” attached to the application which apply to securities held in the plan and make selections on
• Part 1, ‘Disclosure of Beneficial Ownership Information’
• Part 2, ‘Receiving Securityholder Material’
• Part 3, ‘Preferred Language of Communication’

If an Investment Advisor or Mutual Fund representative is appointed for the account, complete the following information

Investment Inc. <small>Name of Company</small>		Joe Milton <small>Name of Dealer Representative or Investment Advisor/Mortgage Broker</small>		123 Front St. <small>Address</small>	
Vancouver <small>City</small>		BC <small>Province</small>		VIV 2A2 <small>Postal Code</small>	
604-555-5555 <small>Phone</small>		604-666-6666 <small>Fax</small>		joemilton@investments.ca <small>Email</small>	
12345 <small>Mutual Fund Dealer # (if applicable)</small>		BE6789 <small>Mutual Fund Rep # (if applicable)</small>			

Dealer Representative or Investment Advisor/Mortgage Broker to sign and date application after reading the ‘Declaration of Trust’

If you have appointed a Dealer Representative or Investment Advisor/Mortgage Broker, please have the Dealer Representative or Investment Advisor/Mortgage Broker read and complete the following:
I, _____, Dealer/Dealer Representative/Investment Advisor/Mortgage Broker, hereby accept the appointment by the annuitant and agree to comply with applicable securities laws and all regulations.

Authorized Signature of Dealer Representative/Investment Advisor/Mortgage Broker	Date - (DD/MM/YYYY)
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PART 8 – AGREEMENT FOR FEE PAYMENT BY PRE-AUTHORIZED DEBIT (PAD)

I hereby authorize Canadian Western Trust Company ("CWT") to debit the following bank account for payment of annual administration fees and I attach a sample void cheque for the account being debited.

Banking Information

Great Canadian Bank <small>Financial Institution</small>		789 King St. <small>Branch Address</small>	
Vancouver <small>City</small>	BC <small>Province</small>	V6B 2A2 <small>Postal Code</small>	
11223-344 <small>Transit Number</small>	667-788-9 <small>Bank Account Number</small>		

Annuitant must complete, sign and attach void cheque.

Plan/Fundholder Signature

For purposes of this Part 8, the following terms have the following meanings:

- "FI" means Financial Institution;
- "Payor" means the person(s) that pre-authorize the issuance of a PAD and whose account is to be debited with the amount of the PAD;
- "Pre-Authorized Debit" or "PAD" means a pre-authorized payment in paper, electronic, or other form drawn pursuant to a PAD agreement on an account of my choosing as Payor held by my FI.

In this Part 8, "I", "We", "My", "Me", "Our" and "Us" refers to the Payor;

I/We understand and undertake that:

- This authorization is for the benefit of CWT and my/our FI. My/Our FI agrees to process debits against my/our account in accordance with the rules of the Canadian Payments Association.
- Giving this authorization to CWT is the same as giving it to my/our FI.
- My/Our FI is not required to verify that the PAD conforms with my/our authorization.
- My/Our FI is not required to verify that the purpose of payment to which this PAD relates has been fulfilled.
- Revoking this authorization does not terminate any contract between CWT

and me/us. My/Our authorization applies only to the method of payment and has no bearing otherwise on any contract. 6. Any personal information within this authorization required by my/our FI may be released to them. 7. I will inform CWT in writing of any change to the account information provided herein at least 10 business days prior to the next scheduled payment date of the PAD. 8. I may cancel this authorization by advising CWT of this revocation 10 days prior to the next date of the PAD. I understand that I/we may obtain a sample cancellation form or further information on my/our right to cancel this agreement at my/our FI or by visiting www.cdnpay.ca. 9. I/We have certain recourse rights if a debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we may contact my/our FI or visit www.cdnpay.ca.

I/We authorize the processing, by CWT, of a fixed, personal PAD for payment of annual administration fees in accordance with Part 9 hereof through my/our bank account, the details of which appear on the attached void cheque.

I/We agree to the terms and conditions of this agreement as stated herein.

Account Owner Signature

Co-Account Owner Signature

Date - (MM/DD/YYYY)

If more than one signature is required on the bank account, all parties including the plan/fundholder must sign Part 8.

PART 9 – PLAN / FUNDHOLDER ACKNOWLEDGEMENT and AUTHORIZATION (please read Declaration of Trust on reverse prior to signing)

I hereby make application to CWT for the Canadian Western Trust Company Self-Directed Retirement Savings Plan or the Canadian Western Trust Company Self-Directed Retirement Income Fund and request that CWT apply for registration as a Registered Retirement Savings Plan or a Registered Retirement Income Fund under the provisions of the applicable tax legislation. I certify that the information contained in this application is true and correct and I have read the terms and conditions set out in the Appropriate Declaration of Trust on the reverse and I agree to be bound by them and by any relevant locking-in addendum to the Plan/Fund which governs any locked-in funds, as amended from time to time. I understand and agree that locked-in funds cannot be combined with non-locked-in funds. I am aware that the benefits paid out under the Plan/Fund may be included in my income under the Income Tax Act (Canada) and under any applicable provincial income tax legislation.

If I am participating in a Group RSP or RIF, I authorize and appoint the Group Sponsor in Part 1 as my Agent to act on my behalf for the purposes of administering the Group RSP or RIF and investing the Plan/Fund Assets.

I acknowledge that I have received a current fee schedule with this application form and I understand that trustee fees, foreclosure fees, disbursements, expenses, and any other charges as outlined in the Appropriate Declaration of Trust and fee schedule shall be deducted from the Plan/Fund Assets, in arrears. I agree that I will owe and will pay CWT for all such fees, disbursements, expenses and any other charges, which may exceed the Plan/Fund Assets. I agree that where insufficient cash is available, I authorize CWT to sell or withdraw any of the Plan/Fund Assets, in their sole discretion, and obtain a fair market value they consider appropriate to collect unpaid fees, disbursements and expenses. CWT will issue an income tax receipt to me for any withdrawals from Plan/Fund Assets and will not be liable for any loss or income taxes incurred including with respect to the collection of unpaid fees, disbursements, expenses and other charges.

I understand that CWT, its directors, officers, employees, agents and their respective heirs, executors, administrators, personal representatives, successors and assigns are not responsible for determining whether an investment made in the Plan/Fund is a qualified investment within the meaning of Applicable Tax legislation and are not responsible for valuing Plan/Fund Assets that are not publicly traded on a stock exchange recognized under Applicable Tax Legislation. I indemnify CWT directly and from Plan/Fund Assets against all expenses, liabilities, claims, demands or penalties arising out of or in respect of the Plan/Fund Assets. CWT may accept investment instructions made in good faith by me or my Dealer, Dealer Representative or Investment Advisor/Mortgage Broker. CWT will not be liable for any expense, liability, claim, demands, taxes, damages, losses or penalties imposed on CWT or the Plan/Fund as a result of acting in good faith on my authority or the authority of my Dealer, Dealer Representative or Investment Advisor/Mortgage Broker. CWT will not be liable for any charges incurred in performing duties under the Plan/Fund, the Appropriate Declaration of Trust or any additional terms and conditions which may apply to the Plan/Fund under applicable law in connection with any transfers by the Plan/Fund, unless caused by willful misconduct or gross negligence by CWT.

I, the plan/fundholder, understand that prior to investing I should assess the risk associated with any investments, the ability to recover any capital invested and any other information on investments in order to make an informed decision. I understand that if I have any questions or doubts about a particular investment, it is my sole responsibility to obtain independent advice from a qualified professional.

I acknowledge that CWT is not in the business of providing investment advice and does not provide direction or advice with respect to the purchase of any security or other form of investment. I authorize CWT to provide my Dealer (if applicable) and Dealer Representative/Investment Advisor/Mortgage Broker or authorized agent with access to my account information via CWT's internet service.

I hereby consent to the use by CWT and its agents and subagents of my personal information provided herein and to its disclosure to third parties, for purposes associated with the administration of the Plan/Fund including without limitation establishing my account, setting up my investment, producing statements, income tax reporting and sharing such information with my Dealer, Dealer Representative or Investment Advisor/Mortgage Broker and with CWT's affiliates as required.

I have read and understood this application and the Appropriate Declaration of Trust. I understand that the materials I receive from CWT will be in English only.

Signature of Plan/Fundholder

Date - (DD/MM/YYYY)

ACCEPTED BY CANADIAN WESTERN TRUST COMPANY

Date - (DD/MM/YYYY)

TC 002

Copy 1 – Canadian Western Trust Copy 2 – Planholder Copy 3 - Dealer Representative/Investment Advisor/Mortgage Broker