

CLIENT #: \_\_\_\_\_  
 ACCOUNT ID:  NOMINEE NUMBER: \_\_\_\_\_  
 (SELECT ONE)  CLIENT NAME (MUTUAL FUND CO.) NUMBER: \_\_\_\_\_  
 INTERMEDIARY NUMBER: \_\_\_\_\_ AND INTERMEDIARY CODE: \_\_\_\_\_

### ACCOUNT TYPE (SELECT ONE):

- RETIREMENT SAVINGS PLAN (RSP)     SPOUSAL OR COMMON-LAW PARTNER RSP     RETIREMENT INCOME FUND (RIF)     SPOUSAL OR COMMON-LAW PARTNER RIF  
 LOCKED-IN RIF\* (LRIF)     LIFE INCOME FUND\* (LIF)     LOCKED-IN RETIREMENT ACCOUNT\* (LIRA)     PRESCRIBED RIF\* (PRIF)     LOCKED-IN RSP\* (LRSP)  
 RESTRICTED LOCKED-IN SAVINGS PLAN\* (RLSP)     RESTRICTED LIFE INCOME FUND\* (RLIF)  
 NON-REGISTERED – PLEASE COMPLETE ACCOUNT OWNERSHIP BELOW     GROUP RSP (SPONSOR'S NAME: \_\_\_\_\_) – COMPLETE SECTION D.3  
 OTHER \_\_\_\_\_ REGISTERED EDUCATION SAVINGS PLAN (RESP) (CLIENT NAME ONLY) - COMPLETE AN RESP APPLICATION:  INDIVIDUAL     FAMILY

\*NOTE: For Locked-in Plans, please attach appropriate Locked-in Addendum and, if applicable, Spousal Consent Form and complete the following information:

Pension Plan: \_\_\_\_\_ Province of Legislation: \_\_\_\_\_

### ACCOUNT OWNERSHIP FOR NON-REGISTERED ACCOUNTS ONLY (SELECT ONE):

- INDIVIDUAL     JOINT (WROS)     CORPORATION     PARTNERSHIP     SOLE PROPRIETORSHIP     ASSOCIATION  
 ESTATE     FORMAL TRUST     IN TRUST \_\_\_\_\_     OTHER \_\_\_\_\_

### SECTION A – PRIMARY APPLICANT/ANNUITANT INFORMATION:

TITLE:  MR.     MRS.     MISS     MS.     DR.     PROF.    MARITAL STATUS:  SINGLE     MARRIED     COMMON-LAW     DIVORCED     WIDOWED     SEPARATED

FIRST NAME		MIDDLE NAME		LAST NAME	
LEGAL ENTITY NAME			ENTITY TYPE OF BUSINESS		BUSINESS NUMBER/REGISTERED CHARITY NUMBER
DATE OF BIRTH (MM/DD/YYYY)			SOCIAL INSURANCE NUMBER (SIN)		EMAIL ADDRESS
APT/SUITE	STREET ADDRESS				CITY
PROVINCE	POSTAL CODE	COUNTRY	CITIZENSHIP	RESIDENTIAL PHONE NUMBER ( )	ALTERNATIVE PHONE NUMBER ( )
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					
OCCUPATION			EMPLOYER'S NAME		
EMPLOYER'S ADDRESS			TYPE OF BUSINESS		BUSINESS PHONE NUMBER ( )
NAME OF FINANCIAL INSTITUTION		ADDRESS	INSTITUTION NO.	BRANCH TRANSIT NO.	ACCOUNT NUMBER
FULL NAME OF SPOUSE OR COMMON LAW PARTNER			EMPLOYER'S NAME		OCCUPATION

### SECTION B – JOINT APPLICANT (NOT FOR RSP OR RIF ACCOUNTS) INFORMATION (IF MORE THAN 2 JOINT APPLICANTS, COMPLETE AN ADDITIONAL NAAF):

TITLE:  MR.     MRS.     MISS     MS.     DR.     PROF.    MARITAL STATUS:  SINGLE     MARRIED     COMMON-LAW     DIVORCED     WIDOWED     SEPARATED

FIRST NAME		MIDDLE NAME		LAST NAME	
DATE OF BIRTH (MM/DD/YYYY)			SOCIAL INSURANCE NUMBER (SIN)		EMAIL ADDRESS
APT/SUITE	STREET ADDRESS				CITY
PROVINCE	POSTAL CODE	COUNTRY	CITIZENSHIP	RESIDENTIAL PHONE NUMBER ( )	ALTERNATIVE PHONE NUMBER ( )
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					
OCCUPATION			EMPLOYER'S NAME		
EMPLOYER'S ADDRESS			TYPE OF BUSINESS		BUSINESS PHONE NUMBER ( )
NAME OF FINANCIAL INSTITUTION		ADDRESS	INSTITUTION NO.	BRANCH TRANSIT NO.	ACCOUNT NUMBER
FULL NAME OF SPOUSE OR COMMON LAW PARTNER			EMPLOYER'S NAME		OCCUPATION

### SECTION C – MEANS & INVESTMENT EXPERIENCE:

#### I. Please state the following:

APPLICANT'S ANNUAL INCOME?	PRIMARY APPLICANT	JOINT APPLICANT	SPOUSE'S ANNUAL INCOME?	PRIMARY APPLICANT	JOINT APPLICANT
UNDER \$20,000	<input type="radio"/>	<input type="radio"/>	UNDER \$20,000	<input type="radio"/>	<input type="radio"/>
\$20,000 – 49,999	<input type="radio"/>	<input type="radio"/>	\$20,000 – 49,999	<input type="radio"/>	<input type="radio"/>
\$50,000 – 100,000	<input type="radio"/>	<input type="radio"/>	\$50,000 – 100,000	<input type="radio"/>	<input type="radio"/>
OVER \$100,000	<input type="radio"/>	<input type="radio"/>	OVER \$100,000	<input type="radio"/>	<input type="radio"/>
NUMBER OF DEPENDANTS?	_____	_____			

**SECTION C – MEANS & INVESTMENT EXPERIENCE (CONTINUED):**

2. What is your approximate household Net Worth?

	Primary Applicant (INCL. SPOUSE)	Joint Applicant (IF NOT SPOUSE)
UNDER \$50,000	<input type="radio"/>	<input type="radio"/>
\$50,000 – 99,999	<input type="radio"/>	<input type="radio"/>
\$100,000 – 249,999	<input type="radio"/>	<input type="radio"/>
\$250,000 – 499,999	<input type="radio"/>	<input type="radio"/>
\$500,000 – 999,999	<input type="radio"/>	<input type="radio"/>
\$1 MILLION - 2 MILLION	<input type="radio"/>	<input type="radio"/>
OVER \$2 MILLION	<input type="radio"/>	<input type="radio"/>

3. How would you rate your Investment Knowledge?

	Primary Applicant	Joint Applicant
VERY LOW	<input type="radio"/>	<input type="radio"/>
LOW	<input type="radio"/>	<input type="radio"/>
MEDIUM	<input type="radio"/>	<input type="radio"/>
HIGH	<input type="radio"/>	<input type="radio"/>
VERY HIGH	<input type="radio"/>	<input type="radio"/>

4. What is the intended time horizon for this account?

	Investment Account	Registered Account	Other:
1 - 3 YEARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 - 5 YEARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 - 9 YEARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 YEARS OR MORE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What is the level of your Risk Tolerance? The total percentage must add up to 100%.

	Investment Account	Registered Account	Other:
LOW	_____ %	_____ %	_____ %
MEDIUM	_____ %	_____ %	_____ %
HIGH	_____ %	_____ %	_____ %

6. Please identify how you would like to balance the Investment Objectives of your account(s). The total percentage must add up to 100%.

	Investment Account	Registered Account	Other:
INCOME	_____ %	_____ %	_____ %
BALANCED	_____ %	_____ %	_____ %
LONG TERM GROWTH	_____ %	_____ %	_____ %
SHORT TERM GROWTH	_____ %	_____ %	_____ %

7. How were you referred to Credentia?

PHONE-IN       WALK-IN       ADVERTISEMENT  
 PERSONAL CONTACT       REFERRAL

**SECTION D – NOMINEE REGISTERED ACCOUNT INFORMATION ONLY:**

1. Designation of Your Beneficiary

I hereby revoke any previous designation of beneficiary made by me and designate the person named below as beneficiary of the proceeds payable under the Plan or Fund in the event of my death.

NAME OF BENEFICIARY \_\_\_\_\_

BENEFICIARY SIN \_\_\_\_\_ RELATIONSHIP TO APPLICANT\* \_\_\_\_\_

\*IF RELATIONSHIP IS SPOUSE/COMMON-LAW PARTNER FOR RIF ACCOUNTS, THE SPOUSE/COMMON-LAW PARTNER WILL ALSO BE DEEMED AS SUCCESSOR ANNUITANT AND ALL PAYMENTS WILL BE MADE TO MY SPOUSE/COMMON-LAW PARTNER.

**CAUTION:** Your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

2. Designation of Spousal or Common-Law Partner Contributor

a. For Spousal or Common-Law Partner RSP Accounts only

If your Spouse or Common-Law Partner will be contributing to this Registered Account in your name, please complete the following:

SPOUSE'S OR COMMON-LAW PARTNER'S NAME \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_

b. RIF Accounts Only

Are the funds originating from a Spousal or Common-Law Partner RSP?

NO       YES – PLEASE COMPLETE THE FOLLOWING:

SPOUSE'S OR COMMON-LAW PARTNER'S NAME \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_

3. Group RSP Accounts Only - Please ensure a "Group Supplemental Agreement" accompanies this NAAF

I hereby authorize, \_\_\_\_\_ the Employer; to act as the agent for the purpose of deducting contributions by payroll deduction.

Name of Group RSP if different from Sponsor: \_\_\_\_\_

Contributions will be made by:  EMPLOYEE OR  EMPLOYER OR  BOTH.

The respective contribution may, if required, be segregated by the Trustee for accounting purposes under a separate plan number. You authorize us to open a second plan for this purpose, if required. Acct #: \_\_\_\_\_

4. Registered Income Fund Nominee Payments

a. Basis of Payments (for minimum payments only)

Will the minimum amount be based on your Spouse's or Common-Law Partner's age? If you choose Yes, you cannot change this choice in the future even in the event of breakdown of marriage or common-law partnership or death of your Spouse or Common-Law Partner. In order to change this date, it would be necessary to transfer this plan to a new RIF.

**NOTE:** (Applies to locked-in plans only) For maximum amount on locked-in plans, the Spouse's or Common-Law Partner's age cannot be used. Minimum amount calculations can be based on the Spouse's or Common-Law Partner's age in all jurisdictions except New Brunswick.

NO       YES – PLEASE COMPLETE THE FOLLOWING:

SPOUSE'S OR COMMON-LAW PARTNER'S NAME \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

b. Total Payment

Please choose the amount you wish to receive each year:

MINIMUM PAYMENT

ELECTED AMOUNT OF GROSS \$ \_\_\_\_\_ OR NET \$ \_\_\_\_\_ PER PAYMENT (THE PAYMENT MUST BE GREATER THAN THE MINIMUM AMOUNT. FOR LIF, LRIF & RLIF PAYMENT MUST BE BETWEEN THE MINIMUM AND MAXIMUM AMOUNTS)

MAXIMUM PAYMENT (THIS OPTION IS FOR LIF, LRIF & RLIF ACCOUNTS ONLY). THE AMOUNT WILL BE BASED ON THE ANNUITANT'S AGE.

c. Special Withholding Tax Instructions

I elect the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % withholding tax to be deducted per payment. Note: The withholding tax elected must be greater than the required withholding tax by law. TDI must be completed.

d. Where to Send Payments to:

MY ADDRESS OF RECORD ON MY ACCOUNT

MY CANADIAN FINANCIAL INSTITUTION VIA EFT FOR DEPOSIT TO MY ACCOUNT (PLEASE COMPLETE APPLICABLE EFT FORM)

e. Payment Frequency

Please select (A) the frequency of the payment and (B) the start date of the payment:

A)  MONTHLY       QUARTERLY       SEMI-ANNUALLY       ANNUALLY

B)  15TH       LAST BUSINESS DAY OF MONTH      STARTING \_\_\_\_\_, 20\_\_

**CONCENTRA TRUST (THE TRUSTEE) – NOMINEE RSP / RIF ACCOUNTS ONLY**

I acknowledge receipt of the Declaration of Trust for this RSP or RIF, and the Account Agreements and Disclosure Documents booklet. Where applicable, I agree to be bound by the terms and conditions described in these documents. I understand that the simplified prospectus and financial statements for the mutual funds in which I invest will be mailed to me at the address indicated on this Application Form. I request that the Trustee apply for registration of the Credentia Asset Management Multiple Fund RSP as a Retirement Savings Plan or the Credentia Asset Management Multiple Fund RIF as a Retirement Income Fund under the Income Tax Act (Canada).

## SECTION E – IDENTITY VERIFICATION OF EACH APPLICANT FOR THIS ACCOUNT:

1. Identification: Primary Applicant: ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_ Joint ID Type: \_\_\_\_\_ ID#: \_\_\_\_\_

2. Are you a Politically Exposed Foreign Person or a family member of a Politically Exposed Foreign Person? Primary Applicant:  Yes<sup>1</sup>  No Joint Applicant:  Yes<sup>1</sup>  No  
(An individual who currently holds or previously held a national level political office or position e.g. Member of gov't legislature, Judge, etc.)

3. Purpose of Account: \_\_\_\_\_

4. For this Account, will any other person have:

	NO	YES <sup>1</sup>	FIRST NAME	MIDDLE NAME	LAST NAME	BIRTHDATE (MM/DD/YY)	ID TYPE	ID NUMBER
A. Trading Authorization?	<input type="radio"/>	<input type="radio"/>	1. _____	_____	_____	_____	_____	_____
			2. _____	_____	_____	_____	_____	_____
B. Power of Attorney?	<input type="radio"/>	<input type="radio"/>	1. _____	_____	_____	_____	_____	_____
			2. _____	_____	_____	_____	_____	_____
C. Financial Interest?	<input type="radio"/>	<input type="radio"/>	1. _____	_____	_____	_____	_____	_____
			2. _____	_____	_____	_____	_____	_____
D. Beneficial Ownership <sup>2</sup> ?	<input type="radio"/>	<input type="radio"/>	1. _____	_____	_____	_____	_____	_____
			2. _____	_____	_____	_____	_____	_____

<sup>1</sup>If Yes, additional documents are required <sup>2</sup>Beneficial Ownership of more than 25% of a Legal Entity

## SECTION F – ACCOUNT AGREEMENT:

Credential Asset Management Inc. ("CAM") is a wholly owned subsidiary of Credential Financial Inc. ("CFI"). CFI is owned by eight Provincial Central Credit Unions and The CUMIS Group Limited and makes its services available in association with participating financial organizations and their affiliates and subsidiaries (collectively the "Financial Organization"). Unless CAM tells you otherwise regarding a specific security, account balances with and securities purchased through CAM are not insured by Canada Deposit Insurance Corporation or any other government deposit insurer. The value of many securities may fluctuate.

### ACCOUNT AGREEMENTS AND DISCLOSURE DOCUMENTS:

You acknowledge that you have read and understood the appropriate sections relating to your Account in the booklet called *Account Agreements and Disclosure Documents* and agree to the terms therein.

### CREDIT INFORMATION:

You acknowledge, consent to and authorize CAM to obtain credit information about you to the extent permitted by law, and to give other credit grantors and credit bureaus information about the application and any credit experience with us.

### SHARING OF INFORMATION

CAM works in partnership with your Financial Organization to provide you with an array of wealth management products and services. As your Financial Organization and CAM are separate legal entities we require your permission to share information with your Financial Organization. This information is used by your Financial Organization to ensure that they are able to provide you with the best possible service for all your financial needs. Respecting the confidential nature of your personal information is very important to us and your Financial Organization. CAM and your Financial Organization safeguard your information against disclosure to unauthorized companies, and will not sell or rent your information to outside companies.

I have read Section 11 - "Protection of Your Privacy" in the *Account Agreements and Disclosure Documents* booklet. I agree that CAM may share my personal information with **the Financial Organization with whom I have a relationship and that referred me to CAM (my "Referring Organization")** for the purposes of promoting to me products and services offered by my Referring Organization and products and services offered by other Credential Companies\* which may be of interest to me or for the purposes of collecting information which will allow my Referring Organization to better manage its total relationship with me.

I/WE CONSENT  I/WE DO NOT CONSENT

You may revoke your consent by writing to us at the address on the bottom of this form.

\* Credential Companies includes Credential Securities Inc., Credential Insurance Services Inc. and Credential Financial Strategies Inc.

### IN-TRUST ACCOUNTS

If you are applying to open an "in-trust" account, you agree that:

- you are liable to us for all liabilities and obligations respecting the account in your personal capacity and not as a trustee, agent or otherwise;
- we have no obligation to observe the terms of any trust, whether written, verbal, implied, constructive or otherwise, and you are solely responsible for ensuring any restrictions of the trust and any applicable law are adhered to;
- you will indemnify us against any loss, claim, damages, liability and expenses of any kind whatsoever arising out of operation of the account;
- you have not relied upon us for any legal or tax advice and it is your sole responsibility to obtain appropriate professional advice to ensure your needs and objectives are satisfied.

By signing below, you confirm that you have carefully read this Application and the *Account Agreements and Disclosure Documents* booklet and understand the information in it. You confirm your agreement to those terms and conditions as indicated above. You hereby declare that the information provided is full, true and complete. Credential Asset Management Inc. may rely on the information you have provided until you provide us written notice of any changes.

DATE: \_\_\_\_\_, 20\_\_\_\_ SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
PRIMARY APPLICANT/ANNUITANT JOINT APPLICANT, IF APPLICABLE (NOT FOR REGISTERED ACCOUNTS)

## FOR REPRESENTATIVE & COMPLIANCE USE ONLY:

Have you met this client in person?  Yes  No (If No, additional steps are required)

Region Name	Region Number	Administration Check	Date (mm/dd/yyyy)
CAM Representative's Name (Please Print)	Rep Code	Branch Compliance Manager's Name (Please Print)	
CAM Representative Signature	Date (mm/dd/yyyy)	Branch Compliance Manager Signature	Date (mm/dd/yyyy)

## COMMENTS: