

How to complete CWT's Tax Free Savings Account (TFSA) Application

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Please select "TFSA" or "Group TFSA"
• If "Group TFSA", please specify the Group Sponsor Name
• A separate account application is required for each account type

B/U# - (FOR CWT USE ONLY) _____ Account Number _____
Dealer Account Number: _____

PART 1 – TFSA PLAN INFORMATION (please select only one new account for this application)

Choose only one:

Tax-Free Savings Account ("TFSA") Group TFSA Group Sponsor Name: _____

PART 2 – PLAN / FUND HOLDER INFORMATION (please print clearly)

Mr. Mrs. Ms. Miss. Dr.

John First Name **Smith** Last Name

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

Residential Address (if different from Mailing Address) City Province

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

johnemainl@address.com Birth Date - (DD/MM/YYYY) Must be 18 years of age as of the date this arrangement is entered into.

• 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

Canada USA _____ USA SSN/TIN _____ Other Tax Number _____

PART 3 – BENEFICIARY DESIGNATION

Subject to applicable law, I designate the named beneficiary(ies) below, who shall receive a percentage, as noted below, of the account balance payable, under my Plan on my death. If my designated beneficiary(ies) predeceases me and no other beneficiary has been designated, payment will be made to my estate. I hereby revoke any previous designations and reserve the right to revoke this designation in writing, at any time.

I elect to appoint my spouse / common-law partner as successor holder upon my death.

Spouse / common-law partner _____, or I designate the following:

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

List names, relationship and percentage allotment for each beneficiary of account
• If appointing spouse/common-law partner, simply mark off check-box and specify spouse/common-law partner's name
• Use the below table if not appointing spouse/common-law partner

• 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

PART 4 – CLIENT COMMUNICATION INFORMATION

CLIENT RESPONSE FORM

I have read and understand the "National Instrument 54-101 Explanation To Clients" that you have provided me in connection with this 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 are the **OBJECT** or **OBJECT** to Canadian Western Trust Company disclosing your name, address, electronic mail address, securities holdings and preferred language of communication to issuers of securities you hold with Canadian Western Trust Company or to other persons 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.

Copy 1 – Canadian Western Trust Copy 2 – Plan Holder Copy 3 - Dealer Representative/Investment Advisor

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'

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PART 2 - Receiving Securityholder Materials Please mark the corresponding box to show what materials you want to receive. "Securityholder materials sent to beneficial owners of securities" consist of the following materials: (a) proxy-related materials for annual 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 receive these types of materials, I understand that a reporting issuer or other person or company is entitled to send materials to me at its expense.)
- I WANT to receive ONLY proxy-related materials that are sent in connection with a special meeting.

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 2, 'Receiving Securityholder Material'
- Part 3, 'Preferred Language of Communication'

PART 3 - Preferred Language of Communication Please mark the corresponding box to show your preferred language. Note: These instructions do not apply to any specific request you give or may have given to a reporting issuer concerning interim financial statements of the reporting issuer. In addition, in some circumstances, the instructions you give in this 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 5 - MUTUAL FUND DEALER/INVESTMENT ADVISOR/MORTGAGE BROKER APPOINTMENT ACKNOWLEDGEMENT

(Please check the applicable box)

- I appoint the Investment Advisor/Mutual Fund Dealer Representative ("Dealer Representative") named herein to provide me with investment/Mutual Fund advice and has my full authority to act on my behalf in giving written investment instructions to Canadian Western Trust Company "CWT" for my Plan, including purchases, sales or switches of Plan Assets. I authorize CWT to provide my Dealer Representative with access to my Plan, copies of statements and any personal information of my Plan. I acknowledge that I am bound by the 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 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.
 - The appointed dealer must supply with this application an exact reproduction of the identity document supplied by the planholder to the dealer.
- I appoint the Mortgage Broker named herein and, I authorize CWT to provide my Mortgage Broker with access to my Plan and any personal information of my Plan. I agree to indemnify CWT against all actions, liabilities, damages, or costs directly or out of my Plan Assets resulting from CWT's reliance on this authorization. This authorization shall be valid until revoked by me in writing to CWT.
 - The plan holder must supply with this application a legible copy of the plan holder's valid driver's license, valid passport or provincial identification card issued by one of: the Insurance Corporation of British Columbia; Alberta Registries; or Saskatchewan Government Insurance.
- I do not wish to appoint a Dealer Representative or Investment Advisor/Mortgage Broker at this time.
 - The plan holder must supply with this application a legible copy of the plan holder's valid driver's license, valid passport or provincial identification card issued by one of: the Insurance Corporation of British Columbia; Alberta Registries; or Saskatchewan Government Insurance.

Appoint a Dealer / Representative or a Investment Advisor/Mutual Fund Dealer Representative on the plan

- If no dealer/representative is appointed, the annuitant acts as 'Planholder'
- Please enclose a legible copy of a government issued photo ID.

Name of Company		Name of Dealer (if applicable)	
Joe Milton		123 Front St.	
Name of Dealer Representative or Investment Advisor/Mortgage Broker		Address	
Vancouver		BC	V1V 2
City		Province	Postal
604-555-5555	604-666-6666	joemilton@investments.ca	
Phone	Fax	Email	
12345	BE6789		
Mutual Fund Dealer # (if applicable)	Mutual Fund Rep # (if applicable)		

If a Dealer / Representative or a Investment Advisor/Mutual Fund Dealer Representative is appointed for the account, complete the following information

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, the Dealer/Dealer Representative/Investment Advisor/Mortgage Broker, hereby accept the appointment by the Plan/Fund and agree to comply with applicable securities laws and all regulation.

Authorized Signature of Dealer Representative/Investment Advisor/ Mortgage Broker	Date - (DD/MM/YYYY)
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PART 6 – 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 6, 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 6, "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 7 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 6.

PART 7 – PLAN HOLDER ACKNOWLEDGEMENT and AUTHORIZATION (please read Declaration of Trust on reverse prior to signing)

I hereby make application to Canadian Western Trust Company, ("CWT") for the Canadian Western Trust Company Self-Directed TFSA and request that CWT file an election to register the arrangement as a TFSA 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 Declaration of Trust on the reverse and I agree to be bound by them, as amended from time to time.

If I am participating in a Group TFSA, 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 TFSA, and investing the Plan 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 Declaration of Trust and fee schedule shall be deducted from the Plan Assets. 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 Assets. I agree that where insufficient cash is available, I authorize CWT to sell or withdraw any of the Plan 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 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 is a qualified investment within the meaning of applicable tax legislation and are not responsible for valuing Plan Assets that are not publicly traded on a stock exchange recognized under applicable tax legislation. I agree to indemnify CWT directly and from Plan Assets against all expenses, liabilities, claims, demands or penalties arising out of or in respect of the Plan 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 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, the Declaration of Trust or any additional terms and conditions which may apply to the Plan under applicable law in connection with any transfers by the Plan, unless caused by willful misconduct or gross negligence by CWT.

Annuitant must read and sign the following.

The Plan holder, 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 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 Declaration of Trust. I understand that the materials I receive from CWT will be in English only.

Signature of Plan Holder: _____

Dated: _____

Accepted by Canadian Western Trust Company: _____

Dated: _____