Group Retirement Savings Plan Application

Open Access

SECTION 1: EMPLOYER INFORMATION

*Required information

Employer Name*

Employer Address* | City or Town* | Province* | Postal Code*

SECTION 2: ANNUITANT INFORMATION ››› For spousal RRSP, annuitant is employee's spouse.

☐ Group RSP ☐ Group Spousal RSP (Please check the appropriate box)

☐ Mr. ☐ Mrs.
☐ Miss ☐ Ms

Surname* | First Name and Initial*

Address* | City or Town* | Province* | Postal Code*

Contact Phone Number* | E-Mail | S.I.N.* | Birthdate Y Y Y Y / M M / D D

SECTION 3: SPOUSE OR COMMON-LAW PARTNER CONTRIBUTOR ››› Complete this section if this is a spousal RRSP. Employee is Contributor.

☐ Mr. ☐ Mrs.
☐ Miss ☐ Ms

Surname | First Name and Initial

Contact Phone Number | S.I.N. | Birthdate Y Y Y Y / M M / D D

SECTION 4: DESIGNATION OF BENEFICIARY

I hereby revoke any previous designations of beneficiary(ies) made by me for this Plan and I hereby designate the person(s) named below, if then living, as beneficiary(ies) to receive the proceeds payable under the Plan in the event of my death. I am solely responsible for ensuring that this designation of beneficiary is legally valid.

Name of beneficiary in full | Relationship to Annuitant | S.I.N.*

Address of beneficiary

CAUTION: In some provinces, your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. If you wish to change your beneficiary, you will have to do so by means of a new designation.

TO CANADIAN WESTERN TRUST COMPANY (the 'Trustee')

I hereby make application for an Open Access® Limited Retirement Savings Plan and request that the Trustee apply for registration as a Registered Retirement Savings Plan under the provisions of the Applicable Tax Legislation. By signing below, I:

1. certify that the information contained in this Application is true and correct;
2. have read the terms and conditions set out in the Declaration of Trust and agree to be bound by them, as amended from time to time;
3. am aware that the benefits paid out under the Plan may be included in my income under the Income Tax Act (Canada) and under any applicable provincial income tax legislation;
4. authorize and appoint the Employer in Part 1 as my Agent to act on my behalf for the purposes of administering the Group Plan;
5. understand that I am solely responsible for determining my contribution limits, my investment decisions and whether an investment is qualified under Applicable Tax Legislation;
6. am aware of the consequences of acquiring and holding investments which are not qualified;
7. acknowledge that the Trustee 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;
8. understand that the Trustee will delegate certain of its duties relating to the Plan to Open Access® Limited as its agent; and
9. consent to the use by the Trustee and its agents 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, and income tax reporting.

COMPLAINT HANDLING: Canadian Western Bank and its subsidiaries (collectively "CWB"), which includes Canadian Western Trust, encourages clients to raise questions or concerns about any issue by contacting our Client Service Team at 1-800-663-1124. Additional information can be found in CWB's complaint handling brochure which is available upon request at any CWB branch or office and on the CWB web site at www.cwbankgroup.com

I have read and understood this Application and the Declaration of Trust, and understand that the materials I receive from Open Access Limited® will be in English only.

_____ Dated at*_____ Province of _____ this _____ day of _____ 20 _____

Annuitant's Signature* | Y Y Y Y / M M / D D

Advising Representative Signature | Date

Accepted on behalf of Canadian Western Trust Company by its agent, Open Access® Limited

FOR OFFICE USE ONLY

Account Number _____

Once completed, please forward this form to:
Open Access Limited, ATTN: Customer Service
302 Bay Street, Suite 503-01, Toronto, ON M5H 0B6
Tel: 1 (866) 625-4777 | Fax: (416) 955-4878 | Toll-Free Fax: 1 (866) 955-4878
Please retain a photocopy of this form for your files.