

# Individual Retirement Savings Plan Application

## SECTION 1: ANNUITANT INFORMATION

\*Required Information

Surname*		First Name and Initial*	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Address*	City or Town*	Province*	Postal Code*
Contact Phone Number*	Language Preference	S.I.N.*	Birthdate
	<input type="checkbox"/> English <input type="checkbox"/> French		Y Y Y Y / M M / D D
Transfer from plan type			
RRSP	<input type="checkbox"/> Yes <input type="checkbox"/> No	RIF	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spousal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locked-in	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Locked-in	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		Registered pension plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Locked-in	<input type="checkbox"/> Yes* <input type="checkbox"/> No

\*Must complete and sign locking-in addendum for jurisdiction of pension plan.

## SECTION 2: SPOUSE OR COMMON-LAW PARTNER CONTRIBUTOR

\*Complete this section only if the spouse or common-law partner of the Annuitant will be contributing to the plan

Surname*		First Name and Initial*	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Contact Phone Number*		S.I.N.*	Birthdate
			Y Y Y Y / M M / D D

## SECTION 3: 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:

- certify that the information contained in this Application is true and correct;
- 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;
- 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;
- authorize and appoint the Employer in Part 1 as my Agent to act on my behalf for the purposes of administering the Group Plan;
- understand that I am solely responsible for determining my contribution limits, my investment decisions and whether an investment is qualified under Applicable Tax Legislation;
- am aware of the consequences of acquiring and holding investments which are not qualified;
- 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;
- understand that the Trustee will delegate certain of its duties relating to the Plan to Open Access Limited as its agent; and
- 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.cwbgroup.com](http://www.cwbgroup.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	Dated

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.