

Retirement Savings Plan/ Retirement Income Fund Application

1. Plan/Fund Details

Account Type

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Individual RSP | <input type="checkbox"/> PRIF* |
| <input type="checkbox"/> Spousal RSP | <input type="checkbox"/> LIRA* |
| <input type="checkbox"/> Individual RIF | <input type="checkbox"/> RLIF* |
| <input type="checkbox"/> Spousal RIF | <input type="checkbox"/> LIF* |
| <input type="checkbox"/> Individual Group RSP | <input type="checkbox"/> LRIF* |
| <input type="checkbox"/> Spousal Group RSP | <input type="checkbox"/> RLSP* |
| | <input type="checkbox"/> LRSP* |
| | <input type="checkbox"/> LIRSP* |

Currency

- ☐ CDN
☐ CDN & USD

* Provide the jurisdiction governing the Locked-in Addendum: Governing Jurisdiction

Provisions contained in the Locked-in Addendum will take precedence over the Declaration of Trust.

Note: You must sign a Locked-in Addendum for jurisdiction of pension plan and attach it with the application form.

2. Annuitant Information

*First and Last
Names as well as
Social Insurance Number
are mandatory fields.*

First Name	M.I.	Last Name				
<table border="1"> <tr> <td>Social Insurance Number</td> <td>Date of Birth MM DD YYYY</td> </tr> <tr> <td></td> <td></td> </tr> </table>			Social Insurance Number	Date of Birth MM DD YYYY		
Social Insurance Number	Date of Birth MM DD YYYY					

Legal Address

*Provide your
residential address.
Cannot be a P.O. Box
or Mail Drop.*

Civic # / RR #	Street Name / RR	Street Type
Direction / Type	Unit Type / Floor	Unit # / Apartment # / Floor #
City	Province / State	Postal / Zip Code
		Country

3. Spouse or Common-Law Partner Information

*Provide the following if
contributions to the Plan/
Fund include spousal
contributions, or if
transfers to the Plan/Fund
include amounts that were
transferred from a
spousal RSP/RIF.*

First Name	M.I.	Last Name				
<table border="1"> <tr> <td>Social Insurance Number</td> <td>Date of Birth MM DD YYYY</td> </tr> <tr> <td></td> <td></td> </tr> </table>			Social Insurance Number	Date of Birth MM DD YYYY		
Social Insurance Number	Date of Birth MM DD YYYY					

4. Group Employer Information

Employer's Name		Group Number	
Civic # / RR #	Street Name / RR		Street Type
Direction / Type	Unit Type / Floor		Unit # / Apartment # / Floor #
City	Province / State	Postal / Zip Code	Country

Contribution Agreement

I have appointed my employer as my agent for my Retirement Savings Plan. I authorize my employer to make contributions to my Fidelity Clearing Canada ULC ("Fidelity") Self-Directed Retirement Savings Plan through payroll deductions and to withhold the appropriate tax on these payroll deductions.

Annuitant Signature	Date MM - DD - YYYY
SIGN	

5. Group RSP Contribution Agreement

I have appointed my employer as my agent for my Retirement Savings Plan. I authorize my employer to make contributions to my Fidelity Clearing Canada ULC ("Fidelity") Self Directed Retirement Savings Plan through payroll deductions and to withhold the appropriate tax on these payroll deductions.

Annuitant Signature	Date MM - DD - YYYY
SIGN	

6. RIF Transfer Information

Roll over from Existing RRSP ☐ Yes ☐ No

Account Number

Qualifying RIF ☐ Yes ☐ No

Transfer From

A Qualifying RIF is one that was opened before 1993 and has not accepted any funds after 1992, or opened at any time and has not had funds transferred in after 1992 except from another Qualifying RIF.

7. RIF Calculation of Minimum Amount

I elect that you base the calculation of the Minimum Amount for each year on:

Check one. ☐ My age ☐ My spouse's age

Spouse's Date of Birth MM DD YYYY

I understand that the Tax laws do not permit any change in this election under this Fund at any time, even if my spouse dies or we separate.

8. RIF Payment Instructions

Frequency

Check one. ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly

Start Date MM DD YYYY

Amount

☐ Minimum Amount for Each Year (\$0 in year of purchase) ☐ Maximum Amount for LIF/LRIF/RLIF

☐ Gross Amount Amount \$ ☐ Net Amount Amount \$

8. RIF Payment Instructions *continued*

Blended Payment ☐ Yes ☐ No

WITHHOLD TAX on:

☐ Full Payment ☐ Excess Payment

Percentage Withholding
(based on the box checked)

Federal
%

Quebec
%

Payment by:

☐ Cheque

If Cash or Margin, please indicate
whether account is new or existing

☐ Cash/Margin

☐ New Account ☐ Existing Account

Account Number

☐ Electronic Funds Transfer *If selected, complete the following, and provide a voided cheque.*

Financial Institution	Bank Number	Transit Number
Client Account Number		

9. RIF Successor Annuitant Election

*Note: Not applicable
for Annuitants domiciled
in Quebec.*

☐ Where permitted by law, I hereby elect that my spouse or common-law partner become the Successor Annuitant under the Fund in the event of my death before termination of the Fund, if he or she survives me. I reserve the right to revoke this election as permitted by applicable law.

First Name	M.I.	Last Name
Social Insurance Number		

10. Beneficiary Designation

Please indicate the number of beneficiary designations:

Number of Designations

Primary Beneficiaries

First Name	M.I.	Last Name
Social Insurance Number	Relationship	Allocation %
First Name	M.I.	Last Name
Social Insurance Number	Relationship	Allocation %
First Name	M.I.	Last Name
Social Insurance Number	Relationship	Allocation %
First Name	M.I.	Last Name
Social Insurance Number	Relationship	Allocation %

Do you wish to add a Contingent Beneficiary? ☐ Yes ☐ No

10. Beneficiary Designation *continued*

Note: Not applicable for Annuitants domiciled in Quebec.

RIF

I understand that if I have completed the "Successor Annuitant Election" above that the beneficiary designation will only be effective if my spouse or common-law partner predeceases me or is not my spouse on the date of my death. **If my successor annuitant survives me, I acknowledge that I cannot designate a beneficiary under the Fund.**

If I have not elected to have a successor annuitant, in accordance with the declaration of trust under the above identified retirement income fund I hereby revoke all previous beneficiary designations made in respect of the Fund, including any such designation made in my will, and I designate the person identified above as the Fund beneficiary entitled to receive all amounts payable under the Fund upon my death.

RSP/RIF

I hereby revoke all previous beneficiary designations made in respect of the Plan/Fund, including any such designation made in my will, and I designate the person identified above as the Plan/Fund beneficiary entitled to receive all amounts payable under the Plan/Fund upon my death. This beneficiary designation forms part of the Application and Declaration of Trust for the Plan/Fund and will apply to all property held under the Plan/Fund on my death.

In certain provinces, a beneficiary designation, or any revocation thereof, can only be made by will. In some cases, the rights of my spouse or common-law partner as may be defined under applicable provincial law may override such beneficiary designation. Also, a beneficiary designation will not automatically change as a result of a future relationship or relationship breakdown; it may be necessary to complete a new designation for this purpose. I am solely responsible for ensuring that this beneficiary designation is valid under the laws of Canada, its provinces or territories and that this beneficiary designation is changed when appropriate. If I am domiciled in Canada when I die, I acknowledge that this beneficiary designation will be governed under the laws of the province or territory of my domicile at the time of my death. If I am not domiciled in Canada at the time of my death, then the laws of the province or territory where I was domiciled at the time of execution of this form will apply. Otherwise, the laws of Ontario will apply.

I declare that any property passing to a beneficiary from the Plan/Fund, the value of such property, and any and all income or capital gain or other benefit arising from such property, shall remain the exclusive property of a beneficiary and shall be excluded from a beneficiary's net family property or community of property or the value of a beneficiary's assets for the purposes of division of property on a beneficiary's separation, divorce, annulment or death as contemplated by any statute dealing with matrimonial or family property in any jurisdiction to the extent allowed by law.

Agreement

I am applying to open a **Fidelity Clearing Canada ULC Self Directed Retirement Savings Plan** (the "Plan")/**Fidelity Clearing Canada ULC Self Directed Retirement Income Fund** (the "Fund"), and request TSX Trust Company ("Trustee") to apply for registration of the Plan/Fund as a registered retirement savings plan/registered retirement income fund under the Income Tax Act (Canada) and any applicable provincial income tax legislation.

I have read, understood and agree to the terms of the Declaration of Trust. All capitalized terms herein shall have the meanings given to them in the Declaration.

I declare that the information given in this application is true, complete and accurate.

I acknowledge and agree to be bound by the terms and conditions of the Plan or the Fund as set out in the application, the Declaration of Trust, and any relevant addendum to the Plan or the Fund.

I am responsible for determining my contribution limits, my investment decisions and whether an investment is permitted or prohibited under the tax laws, and I am aware of the consequences of acquiring and holding investments, which are prohibited and/or non-qualified. The Trustee and Fidelity Clearing Canada ULC ("Fidelity") have no obligation to give me investment advice in connection with the purchase, sale or retention of any investment.

The Trustee may delegate certain of its duties relating to the Plan or the Fund to Fidelity.

Any benefit received under the Plan or the Fund is taxable under the Income Tax Act (Canada).

In the event of my death and as permitted by law, I acknowledge that the proceeds in the Plan or the Fund will be paid to the Successor Annuitant (RIF/ Spousal RIF) I have designated, or, failing such designation, to the beneficiary, if any, whom I have designated. Otherwise, such proceeds will be paid to my estate.

Note to Annuitants Domiciled in Quebec: Successor Annuitant Designations and Beneficiary Designations are not accepted in Quebec.

I have expressly requested that all documents relating to the Plan/Fund be drawn up in the English language only. *J'ai expressément requis que tous les documents se rapportant aùrègime (Plan) / Fonds (Fund) soient rédigés en anglais seulement.*

Consent to Collection and Use of Information

I hereby consent and agree to allow Fidelity Clearing Canada ULC ("Fidelity") and TSX Trust Company (the "Parties") to collect personal information about me from me and from other sources (the "Information") and to use such Information to verify my identity; to administer the Plan/Fund; to provide me with products and services I may request, or which are required to be provided to me by law or applicable regulatory policies; and as otherwise required or permitted by law.

The Parties may use and disclose: (i) the Information to third parties as necessary to administer the Plan/Fund or as required by law or by applicable regulatory policies; and (ii) my social insurance number as required by law, including for income tax reporting purposes. The Parties may make the Information available to their employees, agents and service providers, who are required to maintain the confidentiality of the Information. In the event a service provider is located outside of Canada, the service provider is bound by, and the Information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. The Parties may also use the Information to manage their risks and operations and those of their affiliates and to comply with valid requests for information about me from regulators, government agencies, public bodies or other entities who have a right to issue such requests.


If I provide personal information about a third party (such as my spouse or beneficiary), I shall have first obtained appropriate consent from that third party to the collection, use and disclosure of their personal information by the Parties in the course of the administration of the Plan/Fund, for the purposes for which I have provided it to any Party, including the purposes described herein.



By writing to Fidelity, I may obtain access to the Information at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law.

Client Authorization

If under payment selection you choose payment by Electronic Funds Transfer (EFT), you hereby have authorized Fidelity to use your bank account identified above based on instructions given to us by the firm acting as your advisor. Changes to the bank account(s) noted above or to add an account in addition to the account(s) noted above at a later date must be made in writing using a new EFT setup form. The banking information you send must be for an account at a Canadian bank held in your name solely or jointly.

You may revoke your authorization by providing written notice to Fidelity with 15 days' prior notice. You have certain recourse right if any credit to your bank account does not comply with this agreement. For example, you have the right to dispute or reverse any credit that is not authorized by you or your advisor. To obtain more information on your recourse right, please contact your advisor or visit www.cdnpay.ca

Annuitant Signature	Date MM - DD - YYYY
	

Authorized Signatory Signature
 

Accepted by **Fidelity Clearing Canada ULC**
as Agent for TSX Trust Company