

# Investment Account for Business

A non-registered investment plan for use<sup>†</sup> with:

- Partnerships
- Corporations
- Individual Pension Plans



## New Account Application

Please return the completed application via regular mail\* to:

CDSPI Investment Services  
155 Lesmill Road Toronto, Ontario M3B 2T8

All members of the CDA or participating provincial or territorial dental associations, their dental office staff, dental association staff and their immediate family members are eligible to participate in the Canadian Dentists' Investment Program. For information on all investment plans and services available from the Program, please call:

**1-877-293-9455 (toll-free) or (416) 296-9455 Ext. 5023**

or visit **[www.cdspi.com/invest](http://www.cdspi.com/invest)**

<sup>†</sup> If you are a dentist who operates a sole proprietorship and wish to open an Investment Account in the name of your dental practice, you are advised to use the standard Investment Account application form. Call to obtain this form or download it at [www.cdspi.com/invest-account](http://www.cdspi.com/invest-account).

\* An original, signed and completed application is required in order to open the account. Faxed copies cannot be accepted.

Note : Ce document est aussi disponible en français.





# Investment Account for Business

## New Account Application

11-101

**SHADED AREAS FOR OFFICE USE ONLY.**

**PLAN SPONSOR DATA:**

Name of Plan Sponsor: CDSPI

Group Annuity Policy No:  62619-G

**SECTION 1 PURPOSE OF ACCOUNT**

(Choose from one of the following):

- Investment Account for a Partnership
- Investment Account for a Corporation
- Individual Pension Plan (IPP) — Must be Incorporated

**(OFFICE USE ONLY) PLAN #:**

**SECTION 2 ELIGIBILITY INFORMATION**

(To be completed by one person.)

Complete one of A, B or C.

- A.**  Dentist
- Member of Provincial/Territorial Dental Association\*  
\* Excluding the ACDQ in Quebec.

OR \_\_\_\_\_ Unique Number

Member of CDA \_\_\_\_\_ Unique Number

Eligible Family Member<sup>†</sup> of Eligible Dentist  
Name of Dentist \_\_\_\_\_

Specify Relationship to Dentist \_\_\_\_\_

OR

- B.**  Hygienist  
 Certified Dental Assistant  
 Other Employee  
 Eligible Family Member<sup>†</sup> of Hygienist, Dental Assistant or Employee

Name of Hygienist, Dental Assistant or Employee:

\_\_\_\_\_ Last Name First Name Initial(s)

Specify Relationship \_\_\_\_\_

OR

- C.**  Association Staff  
 Eligible Family Member<sup>†</sup> of Association Staff

\_\_\_\_\_ Name of Association

Name of Association Staff Member:

\_\_\_\_\_ Last Name First Name Initial(s)

Specify Relationship \_\_\_\_\_

<sup>†</sup> Eligible Family Members of an eligible participant include his or her spouse (or common law or same-sex partner), children, parents, brothers, sisters, grandchildren, grandparents and in-laws.

**SECTION 3 ACCOUNT HOLDER INFORMATION**

**A. Legal Name of Partnership or Corporation**

**B. Legal Address of Partnership or Corporation**

\_\_\_\_\_ Street Number and Name, Apartment or Suite

\_\_\_\_\_ City Province Postal Code

**C. Phone Number of Partnership or Corporation**

( ) \_\_\_\_\_

**D. Fax Number of Partnership or Corporation**

( ) \_\_\_\_\_

**E. Business Number (If applicable)**

( ) \_\_\_\_\_

**F. Date of Incorporation (If applicable)**

\_\_\_\_\_

**IMPORTANT: For this type of account, a copy of the Partnership Agreement or a copy of the Articles of Incorporation must be submitted with this completed application. (See "IMPORTANT" on page 5 of this application for further details.)**

**Each authorized person must provide a completed identification form.**

**SECTION 4****INFORMATION ON THE AUTHORIZED PERSON(S)  
FOR THE PARTNERSHIP OR CORPORATE ACCOUNT**

The following person(s) is (are) authorized to give directions with respect to this account to Sun Life Assurance Company of Canada, CDSPI and/or CDSPI Advisory Services Inc., including, without limitation, directions to complete transactions, make changes in investment selection, withdraw funds, close the account and/or make changes in the signing officers for the account shown in CDSPI's records.

**Note: For an IPP account, there can be only one authorized person.**

**AUTHORIZED PERSON #1**

**(To be completed by the person who filled-in Section 2 — Eligibility Information)**

**A. Title (check one):**  Dr.  Mr.  Mrs.  Miss  Ms.

**Name** \_\_\_\_\_  
Last Name First Name Initial(s)

**B. Gender**  Male  Female

**C. Date of Birth** \_\_\_\_\_  
Day Month Year

**D. Social Insurance Number** \_\_\_\_\_

**E. Home Address** \_\_\_\_\_  
Street Number and Name, Apartment or Suite

\_\_\_\_\_ City Province Postal Code

**F. Home Telephone No.** ( ) \_\_\_\_\_

**G. E-Mail Address** \_\_\_\_\_

**H. Fax No.** ( ) \_\_\_\_\_

**I. Position (check one)**

- Partner  
 Director  
 Officer (specify title): \_\_\_\_\_

**AUTHORIZED PERSON #2 (If applicable)**

**A. Title (check one):**  Dr.  Mr.  Mrs.  Miss  Ms.

**Name** \_\_\_\_\_  
Last Name First Name Initial(s)

**B. Gender**  Male  Female

**C. Date of Birth** \_\_\_\_\_  
Day Month Year

**D. Social Insurance Number** \_\_\_\_\_

**E. Home Address** \_\_\_\_\_  
Street Number and Name, Apartment or Suite

\_\_\_\_\_ City Province Postal Code

**F. Home Telephone No.** ( ) \_\_\_\_\_

**G. E-Mail Address** \_\_\_\_\_

**H. Fax No.** ( ) \_\_\_\_\_

**I. Position (check one)**

- Partner  
 Director  
 Officer (specify title): \_\_\_\_\_

**AUTHORIZED PERSON #3 (If applicable)**

**A. Title (check one):**  Dr.  Mr.  Mrs.  Miss  Ms.

**Name** \_\_\_\_\_  
Last Name First Name Initial(s)

**B. Gender**  Male  Female

**C. Date of Birth** \_\_\_\_\_  
Day Month Year

**D. Social Insurance Number** \_\_\_\_\_

**E. Home Address** \_\_\_\_\_  
Street Number and Name, Apartment or Suite

\_\_\_\_\_ City Province Postal Code

**F. Home Telephone No.** ( ) \_\_\_\_\_

**G. E-Mail Address** \_\_\_\_\_

**H. Fax No.** ( ) \_\_\_\_\_

**I. Position (check one)**

- Partner  
 Director  
 Officer (specify title): \_\_\_\_\_

## SECTION 5 THIRD PARTY DETERMINATION

### A. Will this account be used by or on behalf of a third party\*\*?

No  Yes

### B. If “Yes”, you must complete and sign a Third Party Statement. Please contact us to obtain this form.

\*\* A third party is not an account holder, but an individual, company or other entity that will use the account or receive financial benefit from it.

To comply with anti-money laundering laws that apply to our services, an answer to this question is required to process the account application.

## SECTION 6 SERVICE PREFERENCES

### A. Language Preference (check one for each applicable person):

Authorized Person: #1 #2 #3

- English
- French

### B. QUEBEC PARTICIPANTS ONLY

(check if selecting English language preferred)

I, the Participant, require that this application and documents issued thereunder be drawn up in English and that future communications relating to my participation in the Plan be in English.

Authorized Person: #1 #2 #3

### C. Instructions: I hereby authorize and direct CDSPI and CDSPI Advisory Services Inc. to accept instructions given by me to staff of CDSPI and CDSPI Advisory Services Inc. by phone, Internet and/or facsimile. (check “Yes” or “No” for each applicable authorized person):

Authorized Person: #1 #2 #3

- No
- Yes (If “Yes” provide signature and date)



Signature of Authorized Person #1  
(required)

Day			Month			Year			



Signature of Authorized Person #2  
(if applicable)

Day			Month			Year			



Signature of Authorized Person #3  
(if applicable)

Day			Month			Year			

## SECTION 7 AUTHORIZED PERSON'S (or PERSONS') FINANCIAL INFORMATION

(This “Know Your Client” information is used to help tailor your investment strategy)

### A. Investment Knowledge (check one for each applicable person):

Authorized Person: #1 #2 #3

- **Low** (I am just beginning to learn about markets and investments)
- **Modest** (I have some familiarity with markets and investments, but not any in-depth knowledge)
- **Average** (I am familiar with the various types of investments and their relative risk profiles. I am comfortable selecting investment funds)
- **High** (I am very knowledgeable about the markets and types of investment available. I am very comfortable assembling my own portfolio)

### B. Approximate Personal Net Worth (check one for each applicable person):

Authorized Person: #1 #2 #3

- under \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$500,000
- over \$500,000

### C. Annual Income (check one for each applicable person):

Authorized Person: #1 #2 #3

- under \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$125,000
- over \$125,000

### (OFFICE USE ONLY) INVESTMENT PROFILE:

Risk Tolerance (as a percentage totaling 100%): High \_\_\_\_\_%  
 Medium \_\_\_\_\_%  
 Low \_\_\_\_\_%

Time Horizon (choose one):  
 less than 1 Year  
 1 to 3 Years  
 3 to 7 Years  
 greater than 7 Years

**SECTION 8 ASSET ALLOCATION**

**A. Form of initial contribution** (check one):

- Deposit
- Transfer from another account

(If transferring from an existing non-registered account, you must complete and submit a Transfer of Non-Registered Investments form with this application. The transfer form is available by phoning CDSPI and at [www.cdspi.com/invest](http://www.cdspi.com/invest).)

**B. Invest my/our contribution as indicated** (If listing Guaranteed Funds please specify term (1 to 5 years). Please refer to the CDSPI Fund Descriptions sheet or visit [www.cdspi.com/invest](http://www.cdspi.com/invest) for a list of CDSPI Funds.):

Investment Fund Name	Amount or Percentage
1. _____	\$ _____ %
2. _____	\$ _____ %
3. _____	\$ _____ %
4. _____	\$ _____ %
5. _____	\$ _____ %
6. _____	\$ _____ %
7. _____	\$ _____ %
8. _____	\$ _____ %
(please make cheque payable to CDSPI)	<b>Total \$</b> _____ %

**SECTION 9 PRE-AUTHORIZED CHEQUING (PAC) AGREEMENT**

**(Optional: for automatic contributions.)**

**A. Account to be debited is** (choose one):

- Personal  
Name(s) on the Account: \_\_\_\_\_
- Business  
Business Name on the Account: \_\_\_\_\_

**Financial Institution** \_\_\_\_\_

Institution No. (must be 3 digits):

Transit No. (must be 5 digits):

Canadian Dollar Account No. (up to 11 digits):

**Please attach a blank cheque marked "VOID".**

**B. Deductions** Please deduct a contribution of \$ \_\_\_\_\_

- Weekly on the 7th, 14th, 21st and 28th of the month
- Semi-Monthly –  1st and 15th **OR**  
 15th and 28th
- Monthly on the \_\_\_\_\_ day of the month

and invest it into the Fund(s) indicated in Section 8.

(Note: the 29th, 30th and 31st are not allowed as PAC withdrawal dates. If the date is not specified, the automatic withdrawal will be made once a month on the 1st day of the month.)

**C. Starting On**   
Day Month Year

**D. Authorization:** I/We hereby authorize CDSPI and the financial institution designated above to begin deductions against the account specified. (This agreement must be signed by all persons whose signature is required to sign on the above account.) This authorization will remain in effect until CDSPI receives written notice (at least 48 hours prior to next scheduled payment date) to cancel the agreement.

I/we may obtain more information about my/our right to cancel a pre-authorized chequing agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain recourse rights if any 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 Agreement. To obtain more information about these recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).



**Signature of Bank Account Holder**  
(required)

Day Month Year



**Signature of Joint Bank Account Holder**  
(if applicable)

Day Month Year



**Signature of Joint Bank Account Holder**  
(if applicable)

Day Month Year

## SECTION 10 NOTICE ON PRIVACY AND CONFIDENTIALITY

The specific and detailed information requested on this application form is required to process this application and provide to you investment related services. CDSPI and CDSPI Advisory Services Inc. will restrict access to this information to those employees, mandataries, administrators or agents of CDSPI and CDSPI Advisory Services Inc. who are responsible for providing investment services and the marketing and administration of services and to any other person you authorize or as authorized by law. You may request to review and make corrections to the personal information contained in your file by writing to: Information Access Officer, 155 Lesmill Road, Toronto, Ontario M3B 2T8. The Sun Life Financial Privacy Policy is available for your review on the Sun Life Financial website, [www.sunlife.ca](http://www.sunlife.ca).

## SECTION 11 APPLICATION AND AUTHORIZATION

### TO BE READ AND SIGNED BY ALL AUTHORIZED PERSONS:

I/we hereby apply for an Investment Account for Business to be established under the terms of the Policy or Group Policy issued by Sun Life Assurance Company of Canada ("Sun Life").

I/we apply for membership in the Canadian Dentists' Investment Program and appoint the Program Sponsor, CDSPI and its affiliate, CDSPI Advisory Services Inc. to act as my/our agent under the terms of the Program.

I/we agree to be bound by the terms of the Group Plan. I/we certify that the information given in this application is true and complete and that Sun Life Assurance Company of Canada, CDSPI and CDSPI Advisory Services Inc. may rely on that information until the undersigned give(s) written notice of any significant changes.

By submitting the Program application, I/we authorize CDSPI and CDSPI Advisory Services Inc. and their affiliates to exchange and use personal information about me/us for the purpose of performing investment-related services, including account and plan administration on my/our behalf, and for the purpose of providing to me/us reports, statements and information on financial products and services. I/we also authorize Sun Life Assurance Company of Canada and its affiliates to obtain, use, exchange with and transmit to CDSPI and CDSPI Advisory Services Inc. personal information about me/us for the purpose of plan administration.

I/we acknowledge having read and confirm my/our agreement with the Notice on Privacy and Confidentiality set out below.

I/we consent to the use of my/our Social Insurance Number to complete the government information requirements as required by the Canada Revenue Agency or other governmental authorities, and for identification and administration purposes related to the Group Plan or Group Fund.

I/we acknowledge that it is **solely my/our responsibility** (and **not** the responsibility of any other person or organization including CDSPI, CDSPI Advisory Services Inc. or Sun Life Assurance Company of Canada) to, where applicable, make all investment decisions concerning my/our account.

I/we acknowledge that non-payment of the annual provincial or territorial association membership fee (in Quebec, the CDA membership fee) by the eligible dentist specified in Section 2 (where applicable) will prevent me/us from making any new investments in the plans of the Program until that membership fee has been paid.



Signature of Authorized Person #1  
(required)

--	--	--	--	--

Day Month Year

Signed at

City

Province



Signature of Authorized Person #2  
(if applicable)

--	--	--	--	--

Day Month Year

Signed at

City

Province



Signature of Authorized Person #3  
(if applicable)

--	--	--	--	--

Day Month Year

Signed at

City

Province

### (OFFICE USE ONLY) ACCEPTANCE

#### CONFIRMATION OF ACCEPTANCE OF APPLICATION

Per

(Authorized signature)

--	--	--	--	--

Day Month Year

### IMPORTANT:

- **If applying for an Investment Account for a Partnership:** Please provide a copy of your most recent provincial partnership registration, as well as the names, addresses and occupations of partners with an interest of 25 per cent or more
- **If applying for an Investment Account for a Corporation or an Individual Pension Plan:** Please provide a copy of your corporation's articles of incorporation, its most recent annual return (or a current certificate of status), as well as a list of all of the directors and of the shareholders (who own 25 per cent or more of the shares showing), their names, addresses and occupations

# IDENTIFICATION FORM

## For Participants in the Canadian Dentists' Investment Program

CDSPI Advisory Services Inc. is required to confirm the identity of applicants opening accounts in the Canadian Dentists' Investment Program. This compliance requirement relates to the federal government's ***Proceeds of Crime (Money Laundering) and Terrorist Financing Act***.

Applicants are required to provide CDSPI Advisory Services Inc. with a copy of an acceptable identification document, along with the signed declaration of a guarantor. You can use the form on the following page when providing this information.

### INSTRUCTIONS

1. As the applicant, you complete Section 1 on the following page, and affix a legible photocopy of an "acceptable identification document" (see notes below).
2. Your guarantor completes Sections 2 and 3.
3. Send the completed form to CDSPI Advisory Services Inc. via regular mail

### NOTES

#### Acceptable Identification Documents

For identification requirements, a copy of an original, legible and unexpired government-issued (federal, provincial or territorial) identification document which has a unique identifier (such as a card number) is required. The identification document does not have to include a photograph.

Examples of acceptable identification documents include a:

- birth certificate
- driver's licence
- social insurance number card
- passport
- permanent resident card
- citizenship card
- photo ID card for the provinces of: Alberta, British Columbia, Newfoundland and Labrador, Nova Scotia, PEI or Saskatchewan
- health card (Note: Health cards issued in Ontario, Manitoba or PEI are not acceptable. Quebec residents are not obliged to provide health cards as a form of identification, but may do so if they choose.)

**Important:** If an identification card (such as a driver's licence) has your signature and/or the expiry date on the back of the card, both sides of the card will need to be reproduced.

#### Acceptable Guarantors

A guarantor is a person other than yourself who confirms your identity. Your guarantor must be a person who is engaged in one of the following professions in Canada:

- dentist
- medical doctor, pharmacist, chiropractor or optometrist
- judge, magistrate, lawyer, notary public, notary (in Quebec) or commissioner of oaths
- chartered accountant, accredited public accountant, certified general accountant, certified management accountant or registered public accountant
- professional engineer (P.Eng. in provinces other than Quebec), engineer (Eng. in Quebec)
- veterinarian



# Identification Form

## For Canadian Dentists' Investment Program Applicants

Please return completed form via regular mail to:

CDSPI, 155 Lesmill Road, Toronto, Ontario M3B 2T8

The guarantor's original hand-written signature is required, so this form cannot be accepted electronically.

### SECTION 1 Applicant Information

**A. Name of Applicant:**

\_\_\_\_\_  
Last Name                      First Name                      Initial(s)

\_\_\_\_\_  
Signature

**B. Applicant's Date of Birth:**

Day	Month	Year			

\_\_\_\_\_  
Date signed

### SECTION 2 Identification Document (to be completed by Guarantor)

Please attach to this form a legible photocopy of the applicant's government-issued identification document.

On the photocopy, please include **all** of the following (both A and B):

**A. Guarantor to write the following statement on the photocopy:**

Declaration: I certify that this is a true copy of the original identification document.

**B. Guarantor to sign and date the photocopy (day/month/year).**

**Important: Please check that you have included all of the above information on the photocopy before mailing to CDSPI.**

### SECTION 3 Guarantor Information

**A. Name of Guarantor:**

\_\_\_\_\_  
Last Name                      First Name                      Initial(s)

**B. Guarantor's Profession:**

\_\_\_\_\_  
(e.g. dentist, medical doctor, chartered accountant)

**C. Guarantor's Address of Permanent Residence:**

\_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
City                                      Province                                      Postal Code

**D. Guarantor's Daytime Telephone Number:**

(        ) \_\_\_\_\_

**E. Type of identification document provided by the applicant (individual being identified):**

\_\_\_\_\_  
(e.g. driver's licence or passport)

**F. Number of identification document provided by the application (individual being identified):**

\_\_\_\_\_  
(e.g. driver's licence or passport number)

**(OFFICE USE ONLY) CDSPI ID VERIFICATION:**

ID TYPE	ID NUMBER	EXPIRY DATE	WHERE ISSUED												
Per _____ (Authorized signature)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Year</td> <td colspan="2"></td> </tr> </table>							Day	Month	Year				
Day	Month	Year													