

CANADIAN DENTISTS' INVESTMENT PROGRAM

NEW ACCOUNT APPLICATION

- CDA Investment Account for Business

A non-registered investment plan for use[†] with:

- Partnerships
- Corporations
- Individual Pension Plans

Please return the completed application via regular mail* to:

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

All members and retired members of the CDA or ODA, their dental office staff, dental association staff and their extended family members are eligible to participate in plans within the Canadian Dentists' Investment Program. For information on other superior 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

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

* An original hand-written signature is required to process this application, therefore it cannot be accepted by fax.

Note : Ce document est aussi disponible en français.





For investment planning advice, call CDSPI Advisory Services Inc.:

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

For assistance filling out this form, call CDSPI:

1-800-561-9401 (toll-free) or (416) 296-9401 Ext. 5020

Please return the completed form to:

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

E-mail queries: investment@cdspi.com

Annuity Contract Issued By: Sun Life Assurance Company of Canada

CDA Investment Account for Business New Account Application

10-101

SHADED AREAS FOR OFFICE USE ONLY.

PLAN SPONSOR DATA:

Name of Plan Sponsor: Canadian Dental Association

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 CDA _____
 - Member of ODA _____
Unique Number
 - Eligible Family Member[†] of Eligible Dentist
Name of Dentist _____
Specify Relationship to Dentist _____

OR

- B.** Hygienist
 Certified Dental Assistant
 Other Employee
 Eligible Family Member[†] of Hygienist, Dental Assistant or Employee
- _____ Name of Employer
- Name of Hygienist, Dental Assistant or Employee:

Last Name First Name Initial(s)

OR

Specify Relationship _____

- C.** Association Staff
 Eligible Family Member[†] of Association Staff
- _____ Name of Association

Name of Association Staff Member:

Last Name First Name Initial(s)

Specify Relationship _____

[†] 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

() _____

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.)

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

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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): _____

(OFFICE USE ONLY) CDSPI ID VERIFICATION:

ID TYPE	ID NUMBER	EXPIRY DATE	WHERE ISSUED
Per _____			
(Authorized signature)		Day	Month Year

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

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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): _____

(OFFICE USE ONLY) CDSPI ID VERIFICATION:

ID TYPE	ID NUMBER	EXPIRY DATE	WHERE ISSUED
Per _____			
(Authorized signature)		Day	Month Year

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

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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): _____

(OFFICE USE ONLY) CDSPI ID VERIFICATION:

ID TYPE	ID NUMBER	EXPIRY DATE	WHERE ISSUED
Per _____			
(Authorized signature)		Day	Month Year

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.)

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

Investment Fund Name	Amount or Percentage
1. _____	\$ _____ %
2. _____	\$ _____ %
3. _____	\$ _____ %
4. _____	\$ _____ %
5. _____	\$ _____ %
6. _____	\$ _____ %
7. _____	\$ _____ %
8. _____	\$ _____ %

(please make cheque payable to CDSPI) **Total \$** _____ %

C. Reports: Please note that deposits are reported on the paper copy of your Quarterly Statements and can also be viewed on-line. However, if you would like to receive individual confirmation of deposits please check this box:

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
 - Twice a Month – 1st and 15th OR
 15th and 28th
 - Monthly
- into the Fund(s) indicated in Section 8.

C. Starting On

Day Month Year

D. Reports: Please note that PAC transactions are reported on a paper copy of your Quarterly Statements and can also be viewed on-line. However, if you wish to regularly receive mailed PAC confirmations please check this box:

E. 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.

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.

! _____

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.

SECTION 11 APPLICATION AND AUTHORIZATION

TO BE READ AND SIGNED BY ALL AUTHORIZED PERSONS:

I/we hereby apply for a CDA 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, Canadian Dental Association (CDA) and the Program Administrator, 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 the CDA, CDSPI, 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 the CDA, 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 non-payment of the annual CDA membership fee (in Ontario, the CDA or ODA 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.

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



Signature of Authorized Person #1
(required)

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Day Month Year

Signed at

City

Province



Signature of Authorized Person #2
(if applicable)

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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)

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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 now required (within 30 days of the date of application) 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 To be Completed by the Applicant

A. Name:

Last Name First Name Initial(s)

Signature

B. Date of Birth:

Day	Month	Year			

Date signed

SECTION 2 Identification Document

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 (A, B and C):

A. Write this sentence:

Declaration: I certify that this is a true copy of the original identification document and that I have seen the applicant's original identification document.

B. Have the Guarantor sign the photocopy

C. Write the date signed (day/month/year)

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

SECTION 3 To be Completed by the Guarantor

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)