

THE CDA RSP / CDA INVESTMENT ACCOUNT / CDA RIF APPLICATION CHECKLIST

Please read the following carefully before completing and submitting your application for participation in the CDA RSP, CDA Investment Account or CDA RIF:

REQUIRED FORMS

In order to set up your plan account, it is **mandatory** that you complete form #1 described below. It is also mandatory that you complete and submit form #2 described below (if you haven't already done so in the past):

1. New Account Application:

- CDA RSP
- CDA Investment Account
- CDA RIF

• Please complete all sections that are pertinent to the type of account you are opening

• Section 6 of the *application: Applicant(s) Financial Information* must be completed. The information you provide in this section will help your advisor tailor your investment strategy

2. Identification Form for Participants in the Canadian Dentists' Investment Program*

- This form must be completed and signed by a guarantor
- A copy of an acceptable identification document must also be provided
- If applicable, a copy of this form must also be completed and submitted by the contributor to a spousal CDA RSP or by the second applicant for a joint CDA Investment Account

TRANSFER FORMS

If you are transferring an investment plan from outside of the Canadian Dentists' Investment Program, please complete and submit with your application one of the following forms:

Transfer of Registered Investments Form

If transferring a registered plan. (It's advisable to include a copy of your most recent registered investment statement when submitting this form.)

Transfer of Non-registered Investments Form

If transferring a non-registered plan. (It's advisable to include a copy of your most recent non-registered investment statement when submitting this form.)

Note: Both of these forms are available on-line by clicking on "Applications/Forms" at www.cdspi.com/invest.

ADDITIONAL ACCESS FORMS

Use one or more of the following forms if you wish to grant another person access to your account (i.e. someone other than a joint applicant or trustee named in the application):

Continuing Power of Attorney

To grant a person power of attorney over your Canadian Dentists' Investment Program account(s).

Investment Fund Transfer Authorization

To authorize a person to perform CDA fund transfers (but not withdrawals) on your behalf.

Note: Both of these forms are available on-line by clicking on "Applications/Forms" at www.cdspi.com/invest.

TO REACH CDSPI

Please return the completed application and all applicable forms via regular mail to:

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

For administrative assistance, please contact CDSPI at 1-800-561-9401 ext. 5020.

For investment planning advice, please contact CDSPI Advisory Services Inc. at 1-877-293-9455 ext. 5023.

** The ID form does not need to be completed if you are filling out an application in the presence of an advisor of CDSPI Advisory Services Inc., but ID verification is still required. The advisor will record the type of ID presented under the Applicant Information Section.*

CANADIAN DENTISTS' INVESTMENT PROGRAM

NEW ACCOUNT APPLICATION

- CDA RSP
- CDA Investment Account
- CDA RIF

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**

* 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.





- CDA RSP
- CDA Investment Account
- CDA RIF

New Account Application

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

10-101

SHADED AREAS FOR OFFICE USE ONLY.

PLAN SPONSOR DATA:

Name of Plan Sponsor: Canadian Dental Association

Group Annuity Policy No: 62462-G 62619-G 62463-G

SECTION 1 ACCOUNT TYPE DESIRED

Choose one only from the following:

- CDA RSP (Personal)
- CDA RSP (Spousal)
- CDA RSP (Locked-In)*
- CDA Investment Account (Non-Registered)
- Joint CDA Investment Account (Non-Registered)
- CDA RIF (Personal)
- CDA RIF (Spousal)
- CDA RIF (Locked-In)*
- CDA LIF (Life Income Fund)
- CDA Prescribed Retirement Income Fund (Saskatchewan and Manitoba only)*

*Additional forms required. Contact CDSPI Investment Services.

Note: Depending on which Plan you are applying for, some sections of this application do not need to be completed. Please refer to the notes at the top of each section.

(OFFICE USE ONLY) PLAN #:

SECTION 2 APPLICANT ELIGIBILITY

(Complete only if you are a new applicant to the Canadian Dentists' Investment Program)

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)

Specify Relationship _____

OR

- 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 APPLICANT INFORMATION

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

Name _____
Last Name First Name Initials

B. Gender Male Female

C. Date of Birth _____
Day Month Year

D. Occupation (if not shown in Section 2) _____

E. Social Insurance Number _____

F. Mailing Address (check one): Home Business

_____ Street Number and Name, Apartment or Suite

_____ City Province Postal Code

G. Home Telephone No. () _____

H. Business Telephone No. () _____

I. E-Mail Address _____

J. Fax No. () _____

(OFFICE USE ONLY) CDSPI ID VERIFICATION:

ID TYPE	ID NUMBER	EXPIRY DATE	WHERE ISSUED
PER _____		_____ _____ _____ _____ _____ _____	
AUTHORIZED SIGNATURE		Day Month Year	

SECTION 4 ADDITIONAL INDIVIDUAL INFORMATION

(Complete only for Spousal CDA RSP or Joint CDA Investment Account)

A. Individual: Information below is for (check one):

- Contributor to Spousal CDA RSP
- Second applicant for Joint CDA Investment Account

Ownership Type (Joint CDA Investment Account only):

- Joint with Right of Survivorship (not applicable in Quebec)
- Joint Tenants in Common

Signing Authorization (Joint CDA Investment Account only):

- Both to sign
- Either/Or to sign

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

Name _____
Last Name First Name Initial(s)

C. Gender Male Female

D. Date of Birth _____
Day Month Year

E. Occupation _____

F. Social Insurance Number _____

G. Mailing Address (check one): Home Business

_____ Street Number and Name, Apartment or Suite

_____ City Province Postal Code

H. Home Telephone No. () _____

I. Business Telephone No. () _____

J. E-Mail Address _____

K. Fax No. () _____

(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

(Complete *only* for CDA Investment Account or Joint CDA Investment Account)

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 APPLICANT(S) SERVICE PREFERENCES

A. Language Preference (check one):

- | | Applicant | Joint Applicant* |
|-----------|--------------------------|--------------------------|
| • English | <input type="checkbox"/> | <input type="checkbox"/> |
| • French | <input type="checkbox"/> | <input type="checkbox"/> |

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.

	Applicant	Joint Applicant*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

- | | Applicant | Joint Applicant* |
|---|--------------------------|--------------------------|
| • No | <input type="checkbox"/> | <input type="checkbox"/> |
| • Yes (if “Yes” provide signature and date) | <input type="checkbox"/> | <input type="checkbox"/> |

 _____
Applicant Signature (required) Day Month Year

 _____
Joint Applicant Signature (required if joint account) Day Month Year

D. Additional Access: I wish another individual to have access to my account.

- | | Applicant | Joint Applicant* |
|--------|--------------------------|--------------------------|
| • No | <input type="checkbox"/> | <input type="checkbox"/> |
| • Yes† | <input type="checkbox"/> | <input type="checkbox"/> |

* Joint application information is only required if this application is for a Joint CDA Investment Account.

† If you wish another individual to have total access you must fill out and return a Power of Attorney form along with this application. If you wish them to only have access for authorizing transfers between investment funds, you must fill out and return an Investment Fund Transfer Authorization. These forms are available by phoning CDSPI or at www.cdspi.com/invest.

SECTION 7 APPLICANT(S) FINANCIAL INFORMATION

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

A. Investment Knowledge (check one for each applicant*):

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

B. Approximate Personal Net Worth (check one for each applicant*):

- | | Applicant | Joint Applicant* |
|--------------------------|--------------------------|--------------------------|
| • under \$25,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| • \$25,000 to \$49,999 | <input type="checkbox"/> | <input type="checkbox"/> |
| • \$50,000 to \$99,999 | <input type="checkbox"/> | <input type="checkbox"/> |
| • \$100,000 to \$199,999 | <input type="checkbox"/> | <input type="checkbox"/> |
| • \$200,000 to \$500,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| • over \$500,000 | <input type="checkbox"/> | <input type="checkbox"/> |

C. Annual Income (check one for each applicant*):

- | | Applicant | Joint Applicant* |
|-------------------------|--------------------------|--------------------------|
| • under \$25,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| • \$25,000 to \$49,999 | <input type="checkbox"/> | <input type="checkbox"/> |
| • \$50,000 to \$74,999 | <input type="checkbox"/> | <input type="checkbox"/> |
| • \$75,000 to \$125,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| • over \$125,000 | <input type="checkbox"/> | <input type="checkbox"/> |

* Joint applicant information is only required if this application is for a Joint CDA Investment Account.

(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 BENEFICIARY DESIGNATION

As beneficiary for benefits due on my death, I, the Participant, revoke any previous beneficiary designation and name instead (if sufficient space is not available for the beneficiary designations desired, please check here and complete a separate signed and dated sheet to be attached to this form including percentage distribution and multiple beneficiaries):

	Proportion	
A		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
_____	_____	_____
Beneficiary's Name	Relationship to Participant	%
_____	_____	
Contingent Beneficiary's Name (for the above proportion)*	Relationship to Participant	
_____	_____	
B		<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
_____	_____	_____
Beneficiary's Name	Relationship to Participant	%
_____	_____	
Contingent Beneficiary's Name (for the above proportion)*	Relationship to Participant	
_____	_____	

*If the beneficiary predeceases the Participant, the contingent beneficiary, if still alive at the death of the Participant, shall receive the specified proportion of the benefits due upon death.

Important Notes:

If the beneficiary designation is revocable, the Participant can change the beneficiary without the beneficiary's consent.

If the beneficiary designation is irrevocable, the beneficiary's written consent is required in order for the Participant to make any change in the beneficiary designation or to make redemption requests.

Where Quebec law applies, a spouse (married or civil union) beneficiary is irrevocable unless you make the designation revocable by checking here:

For RIF/LIF/LRIF/PRIF applications; any Participant with a living spouse must name the spouse as beneficiary and also complete Section 11 (G).

The following Caution is required by Manitoba law. It may also apply in other jurisdictions.

CAUTION: Your designation of a beneficiary by means of a designation form will not be changed or revoked automatically by any future marriage or divorce. Should you wish to change or revoke your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

SECTION 9 "IN TRUST FOR" BENEFICIARY

(Complete only for "in trust for" CDA Investment Account)

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

Name _____
Last Name First Name Initial(s)

B. Social Insurance Number

C. Date of Birth

(OFFICE USE ONLY) TRUST DOCUMENT PROVIDED:

CDSPI Trust Document other Trust Document

SECTION 10 ASSET ALLOCATION

A. Form of initial contribution (check one):

- Deposit
- Transfer of Registered Investments (T2033/T2151)
- Transfer of Non-Registered Investments

B. Invest my 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 11 RIF/LIF/LRIF/PRIF PAYMENT INFORMATION

(Complete only for the above plans)

A. Schedule of Payments (check one):

- Minimum Payment
- Level Payments of \$ _____
- Maximum Payment (for LIF/LRIF only)
- Indexed Payments

B. Payment Mode (check one):

- Monthly
- Quarterly
- Semi-Annual
- Annual

C. First Payment Date

Day Month Year

D. Minimum Payment to be based on (check one):

- My age
- OR
- The age of my younger spouse*:

Spouse's

Name _____
Last Name First Name Initial(s)

Spouse's Date of Birth

Day Month Year

* Once this selection has been made, you cannot change it in the future even in the event of separation, divorce or the death of your spouse.

E. Take my payments from the following funds:

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

F. Destination of Payment

Payments will be:

- Mailed to Applicant address (same as under Section 3(F))
- Directly deposited into your Bank Account
(please attach a blank cheque marked "VOID")

Financial Institution _____

Institution No. (must be 3 digits):

Transit No. (must be 5 digits):

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

G. If you have designated your spouse as Beneficiary in Section 8, check if you would like your spouse to receive:

- a death benefit in lieu of continuing payments
- OR
- a continuation of periodic payments as a subsequent Participant

Spouse's Social Insurance Number

SECTION 12 PRE-AUTHORIZED CHEQUING (PAC) AGREEMENT

(Optional: for automatic contributions. Not available for RIF/LIF/LRIF/PRIF plans)

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 10.

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
(required if joint bank account)

Day Month Year

SECTION 13 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 14 APPLICATION AND AUTHORIZATION

I/we hereby apply for a Group Fund (RSP or Spousal RSP or Individual Investment Account (Non-Registered) or Joint Investment Account (Non-Registered) or RIF or LIF or LRIF or PRIF) as designated above in Section 1 (the "Plan") to be established under the terms of the Group Annuity 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.

If I am applying for a registered account, I request that Sun Life apply for registration of the RSP as an RRSP or the RIF or LIF or LRIF or PRIF as a RRIF under the Income Tax Act (Canada) and, if applicable, under the Quebec Taxation Act and with other provincial governmental authorities as required.

If the Plan is a joint account in the CDA Investment Account, each of the undersigned authorizes Sun Life to accept any direction with respect to this account from any joint account holder named in this application. Each joint account participant is the joint owner, with rights of survivorship, of all funds held under our names under Group Annuity Policy No. 62619-G and is permitted, without evidence of consent from the other joint owner, to authorize all transactions, including, but not limited to, change in investment selection, withdrawal of funds and/or closing of the account.

I/we acknowledge that: (i) CDSPI, acting on behalf of the Canadian Dental Association, shall remit my/our contributions to Sun Life to be applied in accordance with the Plan; (ii) My/our contributions and income earned in the Plan shall be invested and paid to me/us as indicated above, or as subsequently directed by me/us in writing from time to time; (iii) I/we am/are aware that all payments received by me/us under the Plan if it is a registered one shall be subject to income tax in the year in which I/we receive them; (iv) To the extent permitted by law, I/we reserve the right to alter or revoke the beneficiary designation.

I/we acknowledge that it is **solely my responsibility** (and **not** the responsibility of any other person or organization including CDA, CDSPI, CDSPI Advisory Services Inc. or Sun Life) to, where applicable, make all investment decisions concerning my/our account, determine the amount of my maximum allowable contribution, and be aware of the tax consequences with respect to excess amounts contributed for any given year (if the plan is an RRSP) as defined in the Income Tax Act (Canada) and other applicable legislation.

I acknowledge that, if I have transferred into my Plan any amounts which originate from a pension plan and which are subject to locking-in requirements applicable to pension plans, I will not be able to receive those amounts in cash and any new registered retirement savings plan established with the Plan funds will have to continue to lock in those amounts. I also acknowledge that, if I have a spouse when I die, the law may stipulate that the death benefit from my locked-in Plan be paid to my spouse, whether or not my spouse is my designated beneficiary. Depending on the jurisdiction under which my Plan is governed, this may not apply if I am living separate and apart from my spouse on the date of my death. I am aware that if I wish to name my spouse as my beneficiary, I should complete the Beneficiary Designation in Section 8.

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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)