



INVESTMENT ACCOUNT FOR BUSINESS APPLICATION

A non-registered investment
plan for use with:

- Partnerships
- Corporations
- Individual Pension Plans

INVESTMENT ACCOUNT FOR BUSINESS

New Account Application

For investment planning advice or assistance filling out this form, call:
1.800.561.9401 or 416.296.9401

Please return the completed form to:
CDSPI, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4
E-mail: investment@cdspi.com

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Annuity Contract Issued By: Sun Life Assurance Company of Canada

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
 Member of CDA _____
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 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 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
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Day Month Year



Signature of Authorized Person #2

(if applicable)

Day	Month	Year
-----	-------	------

Day Month Year



Signature of Authorized Person #3

(if applicable)

Day	Month	Year
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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.)

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 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)	Total \$ _____ %

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.

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

CDSPI and CDSPI Advisory Services Inc. collect, use and disclose your personal information on this application for purposes that include: determining your eligibility for our plans; administering and providing investment and financial services to you; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; marketing and to advise you of other related products and services. We limit access to your personal information in our files to our employees, authorized agents and third-party service providers, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You may request to review the personal information your file contains and make corrections by sending a written request to: CDSPI, Attn: The Chief Privacy Officer, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4. To find out more about our privacy practices, visit www.cdspi.com/privacy.

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 this 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)

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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