



TAX-FREE SAVINGS ACCOUNT (TFSA) APPLICATION

TAX-FREE SAVINGS ACCOUNT (TFSA) New Account Application

Annuity Contract Issued By: Sun Life Assurance Company of Canada

How to complete the Application Form

- 1. Applicant Eligibility:** Complete this section.
- 2. Applicant Information:** Provide complete information. The individual must be a Canadian resident aged 18 years or over and must be a member of the CDA or one of its provincial or territorial corporate members.
- 3. Third Party Determination:** Complete this section and, if you answer "Yes", please contact us to obtain an additional form.
- 4. Applicant Account Preferences:** Complete this section in full.
- 5. Applicant Financial Information:** Complete this section in full.
- 6. Designation of Successor Holder and/or Beneficiary:** The validity of a designation of a successor holder or beneficiary of this Tax-Free Savings Account is subject to the laws of the jurisdiction where you reside. The successor holder must be a spouse. Please also choose a beneficiary (or beneficiaries) designation. If you have chosen to designate a successor holder, you should designate someone other than your spouse as the beneficiary.
- 7. Asset Allocation:** Please provide us with instructions as to how you would like your initial investment deposit to be invested. Please see the list of funds at right or contact us if you need advice.
- 8. PAC Information (optional):** Select the frequency and provide your banking information to set up automatic contributions. **Include a void cheque with the application.** Please sign and date to authorize, and **complete Section #7** with your PAC asset allocation instructions.
- 9. Notice on Privacy and Confidentiality:** Please read this section.
- 10. Authorization and Signature:** Please sign and date the application in this section. Quebec residents need to initial the Language Preference Agreement if you have requested English language communications.
- 11. Identification Form:** Please complete if you have not provided I.D. before to the Program.
- 12. TFSA Transfer:** If you would like to transfer your TFSA account from another financial institution to CDSPI, please include a completed *TFSA Transfer Form* (available by contacting CDSPI or at www.cdspi.com).

Please return the completed application via regular mail* to:

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

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

1.800.561.9401 or 416.296.9401

E-mail: investment@cdspi.com or visit www.cdspi.com

* 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.

The CDSPI Family of Funds

(for fund descriptions, visit www.cdspi.com)

Fund Name	Fund Code
Cash	
CDSPI Money Market (Fiera Capital)	MM
Fixed Income	
CDSPI Bond (PH&N)	BO
CDSPI Bond & Mortgage (Fiera Capital)	BM
CDSPI Canadian Bond – Corporate Class (CI)	CB
CDSPI Corporate Bond – Corporate Class (CI)	CO
CDSPI Fixed Income (MFS)	FI
CDSPI Short-Term Fund Corporate Class (CI)	ST
Balanced Funds	
CDSPI Aggressive Growth Portfolio (CI)	AG
CDSPI Aggressive Index Portfolio (BlackRock®)	AI
CDSPI Balanced (PH&N)	BF
CDSPI Balanced Portfolio (CI)	BP
CDSPI Balanced Value (MFS)	BV
CDSPI Conservative Growth Portfolio (CI)	CG
CDSPI Conservative Index Portfolio (BlackRock®)	CI
CDSPI Income and Growth – Corporate Class (CI)	IG
CDSPI Income Plus Portfolio (CI)	IP
CDSPI Income Portfolio (CI)	IN
CDSPI Moderate Growth Portfolio (CI)	MG
CDSPI Moderate Index Portfolio (BlackRock®)	MI
Canadian Equities	
CDSPI Aggressive Equity (Fiera Capital)	AF
CDSPI Canadian Equity (Invesco)	CE
CDSPI Canadian Equity Fund Corporate Class (CI)	CQ
CDSPI Common Stock (Fiera Capital)	CS
CDSPI Dividend Fund (PH&N)	DF
CDSPI High Income (Fiera Capital)	IT
CDSPI TSX Composite Index (BlackRock®)	TX
US Equities	
CDSPI S&P 500 Index (BlackRock®)	SI
CDSPI US Large Cap (Capital Intl)	LC
CDSPI US Small Cap (Invesco)	US
Foreign Equities	
CDSPI Emerging Markets (Brandes)	EM
CDSPI European (Invesco)	EU
CDSPI Global (Invesco)	GL
CDSPI Global Growth (Capital Intl)	GS
CDSPI Global Real Estate Fund (Invesco)	RE
CDSPI International Equity (CC&L)	IE
CDSPI Pacific Basin (CI)	PB
Guaranteed Funds	
1 Year	GF1Y
2 Year	GF2Y
3 Year	GF3Y
4 Year	GF4Y
5 Year	GF5Y

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TAX-FREE SAVINGS ACCOUNT (TFSA) New Account Application

<p>OFFICE USE ONLY</p> <p>PLAN SPONSOR INFORMATION: Name of Plan Sponsor: CDSPI Policy Number (Group Policy): 64913-G</p>	<p>NEW CLIENT <input type="checkbox"/> EXISTING CLIENT <input type="checkbox"/> CLIENT # _____</p> <p>ACCOUNT #: _____</p> <p>DATE OPENED: _____</p> <p>OPENED BY: _____</p>
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SECTION 1 APPLICANT ELIGIBILITY

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[†] 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 2 APPLICANT INFORMATION

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

Name _____
Last Name First Name Initials

B. Gender Male Female

C. Language of Correspondence

English (if a Quebec resident see section 10) French

D. Social Insurance Number

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E. Date of Birth

Day	Month	Year									

(Note: Applicants must be of legal Age of Majority in their province of residence)

F. Occupation _____

G. Permanent Address
(Note: TFSA accounts are only available to Canadian residents)

_____ Street Number and Name, Apartment or Suite

_____ City Province Postal Code

H. Home Telephone () _____

I. Business Telephone () _____

J. E-Mail Address _____

K. Mailing Address (Please complete if mailing address is different from "Permanent Address" in Section 2, Part G)

_____ Street Number and Name, Apartment or Suite

_____ City Province Postal Code

SECTION 3 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 4 APPLICANT ACCOUNT PREFERENCES

A. Power of Attorney/ Trading Authority Yes No

(If “Yes”, specify type below and attach a copy of the applicable form. The forms are available by contacting CDSPI or at www.cdspi.com)

Type: _____

B. Authorization for Electronic Instructions

I hereby authorize and direct CDSPI and CDSPI Advisory Services Inc. to accept instructions given by me to members of CDSPI and/or CDSPI Advisory Services Inc. staff by phone, internet and/or facsimile. Such instructions may include the transfer and/or redemption of investment funds in my account(s). I acknowledge that I will be bound by any instructions given to CDSPI and/or CDSPI Advisory Services Inc. with respect accounts, and that CDSPI and/or CDSPI Advisory Services Inc. staff members are authorized to act on those instructions without receiving a signed authorization or any other form of confirmation from me. This authorization will remain in effect until CDSPI and/or CDSP Advisory Services Inc. receives from me written notice that I am revoking it. Voicemail instructions will not be accepted.

Yes No

C. Quarterly Investment Statement

I Would Like To Receive My Quarterly Investment Statement By Mail:

Yes No

If you choose “NO” you confirm that you do not wish to receive quarterly investment statements for your CDSPI fund plan account(s) by regular mail. You understand that you can access your statement electronically by logging in to your account via www.cdspi.com. You will be issued a User ID and PIN number so that you can access your accounts electronically. You will receive an e-mail reminder quarterly to advise you that your new statement is available for viewing on-line. Please make certain to update us of any changes in your e-mail address. If you do not provide an e-mail address you will not be able to choose the paperless option, and you will default to a paper statement. By choosing to go paperless, you choose the paperless option on all accounts that you open under your profile, as we issue one quarterly investment statement listing all accounts under your name.

You acknowledge that you may receive from CDSPI a paper copy of any documents accessed by you electronically at no cost if you contact CDSPI in writing.

Your consent can be revoked or changed at any time by notifying CDSPI in writing.

SECTION 5 APPLICANT FINANCIAL INFORMATION

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

A. Investment Knowledge:

- **Low** (I am just beginning to learn about markets and investments) Applicant
- **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:

- under \$25,000 Applicant
- \$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:

- under \$25,000 Applicant
- \$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

Reviewed by: _____
Advisor

SECTION 6 SUCCESSOR HOLDER OR BENEFICIARY DESIGNATION

The validity of a designation of a beneficiary or successor holder is subject to the laws of the jurisdiction where you reside. If the laws of the applicable jurisdiction do not permit such a designation in the Account, it may be made only in your will (or, in Quebec, a marriage contract).

A. Successor Holder (Only a spouse or common-law partner can be designated as Successor Holder)

I hereby designate my spouse or common-law partner, if he or she survives me, to become the successor holder of this Tax-Free Savings Account on my death:

_____ Revocable
 Irrevocable

		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Last name	First name	Social Insurance Number				

B. Primary Beneficiary Designation

If you are appointing a beneficiary who is a minor*, you must complete D. below.

			Proportion
1.	_____	_____	_____
	Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	%
2.	_____	_____	_____
	Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	%
3.	_____	_____	_____
	Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	%

IMPORTANT NOTES:

If you do not appoint a beneficiary, the proceeds will be paid to your Estate. **Where Quebec law applies, a spouse (married or civil union) beneficiary or Successor Holder is irrevocable unless you make the designation revocable by checking here: Revocable Beneficiary.** The following Caution is required by Manitoba law. It may also be applicable 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 evoke your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.

C. Contingent Beneficiary Designation

If there is/are no surviving primary beneficiary(ies) at the time of my death, the following contingent beneficiary(ies) shall receive the proceeds. If there is/are no surviving contingent beneficiary(ies) at the time of my death, the proceeds shall be paid to my Estate.

			Proportion
1.	_____	_____	_____
	Contingent Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	%
2.	_____	_____	_____
	Contingent Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	%
3.	_____	_____	_____
	Contingent Beneficiary's Name (first, middle or initial, last)	Relationship to Annuitant	%

(See "IMPORTANT NOTES" above.)

D. Name of Trustee – Complete only if naming a minor* as a beneficiary.

Any proceeds payable while the beneficiary(ies) is/are a minor are to be made payable to the trustee named below, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the Sun Life Assurance Company of Canada.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.

Name of Trustee (first, middle or initial, last)	Relationship to Beneficiary

* A minor is a child who has not reached the age of majority as defined by provincial legislation.

SECTION 7 ASSET ALLOCATION

A. Form of initial contribution (check one):

- Deposit (please make cheque payable to CDSPI)
- Transfer of TFSA Investments

B. Invest my initial contribution as indicated (Please refer to list of funds on the front of this application) **and invest my PAC (optional) as indicated:**

Fund Code	Fund Name	Initial Deposit Amount		Pre-Authorized Chequing (PAC)*	
		\$	or %	\$	or %
		\$	100%	\$	100%

* For Pre-Authorized Chequing, complete Section 8.

SECTION 8 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 7.
(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 2 business days before the 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.

X _____
Signature of Bank Account Holder
(required)

Day Month Year

X _____
Signature of Joint Bank Account Holder
(required if joint bank account)

Day Month Year

SECTION 9 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, ON M3B 2T8. The Sun Life Financial Privacy Policy is available for your review on the Sun Life Financial website, www.sunlife.ca

SECTION 10 AUTHORIZATION AND SIGNATURE

I request that CDSPI, on behalf of Sun Life Assurance Company of Canada ("Sun Life"), file an election to register my account as a Tax-Free Savings Account (TFSA) under the *Income Tax Act (Canada)* and any applicable provincial tax legislation.

I appoint the Plan Sponsor, CDSPI, to act as my agent for the purpose of submitting contributions and providing my investment, withdrawal and transfer instructions and any other instructions as may be required to administer my TFSA.

I agree to be bound by the terms and conditions of the TFSA (the "Plan") and any amendments thereto.

I apply for this Investment Program and appoint the Program Sponsor, CDSPI and its affiliate, CDSPI Advisory Services Inc., to act as my agent under the terms of the Program.

I acknowledge that: (i) CDSPI shall remit my contributions to Sun Life to be applied in accordance with the Plan; (ii) My contributions and income earned in the Plan shall be invested and paid to me as indicated above, or as subsequently directed by me in writing from time to time; (iii) To the extent permitted by law, I reserve the right to alter or revoke the beneficiary designation.

I acknowledge that it is **solely my responsibility** (and **not** the responsibility of any other person or organization including CDSPI, CDSPI Advisory Services Inc. or Sun Life) to, where applicable, make all investment decisions concerning my account, determine the amount of my maximum allowable contribution, and be aware of the tax consequences as defined in the *Income Tax Act (Canada)* and other applicable legislation.

I certify that the information given in this application is true and complete and that Sun Life, CDSPI and CDSPI Advisory Services Inc. may rely on that information until the undersigned gives written notice of any significant changes.

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

I acknowledge having read and confirm my agreement with the Notice on Privacy and Confidentiality.

I consent to the use of my Social Insurance Number to complete the government information requirements as required by the Canada Revenue Agency or other governmental authorities, but not to its use for identification purposes related to the Plan.

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.

X

Signature of Applicant* (required)

Day	Month	Year		

Signed at

City

Province

* Note: The term "applicant" has the same meaning as the term "holder" in subsection 146.2(1) of the *Income Tax Act (Canada)*.

For Quebec Residents Only:

Language Preference Agreement (Quebec residents who have requested English Language only.)

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

Initial

OFFICE USE ONLY

APPLICATION REVIEWED & ACCEPTED

Per _____
(Authorized signature)

Day	Month	Year		