



RSP • INVESTMENT ACCOUNT • RIF APPLICATION

RSP · INVESTMENT ACCOUNT · RIF

New Account Application

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

Annuity Contract Issued By: Sun Life Assurance Company of Canada

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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SHADED AREAS FOR OFFICE USE ONLY.

PLAN SPONSOR DATA:

Name of Plan Sponsor: CDSPI
Group Annuity Policy No: 62462-G 62619-G 62463-G

SECTION 1 ACCOUNT TYPE DESIRED

Choose one only from the following:

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

*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 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 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.** () _____**SECTION 4 ADDITIONAL INDIVIDUAL INFORMATION****(Complete only for Spousal RSP or Joint Investment Account)****A. Individual:** Information below is for (check one):

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

Ownership Type (Joint Investment Account only):

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

Signing Authorization (Joint 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.** () _____

SECTION 5 THIRD PARTY DETERMINATION

(Complete only for Investment Account or Joint 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"/>

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 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.

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 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" 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 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 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 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 10.

(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
(required if joint bank account)

Day Month Year

SECTION 13 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 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 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.

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 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 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 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.

Continued on page 7 ➤

If this application is for an account held in trust, each of the trustees has signed this application and each of the undersigned trustees authorizes Sun Life, CDSPI and/or CDSPI Advisory Services Inc. to accept any direction with respect to this account from any trustee named in this application or, in the case of a change in trustee(s), named in a written notice given to CDSPI, CDSPI Advisory Services Inc. or Sun Life by a trustee or a successor trustee. CDSPI, CDSPI Advisory Services Inc. and Sun Life are not required (unless required by anti-money laundering legislation) to inquire into the authority of any person named as a trustee in CDSPI's records to give directions with respect to the account, including without limitation, directions to complete transactions, make changes in investment selection, withdraw funds, close the account or make changes to the trustee(s) named in CDSPI's records.


I/we agree to be bound by the terms of the Plan. I/we 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 give(s) written notice of any significant changes.

By submitting the Program application, I/we authorize 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 and its affiliates to obtain, use 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.

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, 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.

 _____
Signature of Applicant (required)
or Trustee (if account held in trust)

--	--	--	--	--	--

Day Month Year

 _____
Signature of Joint Applicant (required if joint account)
or Trustee (if account held in trust)

--	--	--	--	--	--

Day Month Year

Signed at _____ City _____ Province _____

(OFFICE USE ONLY) ACCEPTANCE
CONFIRMATION OF ACCEPTANCE OF APPLICATION

Per _____
 (Authorized signature)

--	--	--	--	--	--

Day Month Year

IDENTIFICATION FORM

CDSPI Advisory Services Inc. is required to confirm the identity of applicants opening accounts. 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 assistance filling out this form, call CDSPI Advisory Services Inc.:
1.800.561.9401 or 416.296.9401

Please return completed form via regular mail to:
CDSPI, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4

Note: 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"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Day</td><td>Month</td><td>Year</td><td></td><td></td><td></td></tr></table>							Day	Month	Year				
Day	Month	Year													