

# NEW ACCOUNT APPLICATION FOR Tax-Free Savings Account (TFSA)

For investment planning advice or assistance filling out this form, call: **CDSPI Advisory Services Inc.**  
1.800.561.9401 or 416.296.9401, Email: investment@cdspi.com

Please return the original application to:  
**CDSPI, 2005 Sheppard Ave East, Suite 500, Toronto ON M2J 5B4**

<b>OFFICE USE ONLY</b>		<b>Advisor</b>									
Name of Plan Sponsor: <b>CDSPI</b>		<input type="checkbox"/> New Client <input type="checkbox"/> Existing Client   Client #: _____									
Group Policy #: <b>64913-G</b>		<input type="checkbox"/> New HH <input type="checkbox"/> Existing HH   HH #: _____									
Group Annuity Policy issued by: <b>Sun Life Assurance Company of Canada</b>		_____ - _____ Advisor Initials      TR									
<b>Administrator</b>											
_____	<table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									_____	_____
New Account #	Date Opened (DD/MM/YYYY)	Signature of Administrator	Admin Initials								

## SECTION 1 Applicant Eligibility

**A. Status (check one)**

1.  **Dentist**

Member of Provincial/Territorial Dental Association  
(excluding the ACDQ in Quebec)

Province

Member of CDA

2.  **Employee of a Dentist**

Occupation

▶ **Employing Dentist Information**

Last Name

First Name

Dentist's Province of Licensure  
(or indicate if dentist is a CDA Member)

Business Phone

3.  **Dental Association Staff Member**

Occupation

Name of Dental Association

Association Business Phone

4.  **Eligible Family Member**

Eligible family members include: spouse, common-law partner, child, parent, brother, sister, grandchild, grandparent and in-laws.

▶ **Related to**  
(choose one and complete section below)

- A Dentist
- A Dental Association Staff Member
- An Employee of a Dentist (complete below)

Last Name of Employee

First Name of Employee

Relationship (required)

## SECTION 1 Applicant Eligibility (continued)

### ▶ Related Dentist, Dental Association Staff Member or Employing Dentist Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Occupation (If other than Dentist)

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Dentist's Province of Licensure  
(or indicate if dentist is a CDA Member) **OR**

\_\_\_\_\_  
Name of Employing Dental Association

## SECTION 2 Applicant Information

### A. Name (please print)

Check one  Dr.  Mr.  Mrs.  Miss  Ms.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

### B. Mailing Address

Check one  Home  Business

\_\_\_\_\_  
Street and Number

\_\_\_\_\_  
Apt/Suite

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
E-mail address

C. Date of Birth

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(DD/MM/YYYY)

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

D. Social Insurance Number

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E. Occupation \_\_\_\_\_

F. Language of Correspondence  English  French

NOTE: TFSA accounts are only available to Canadian residents

## 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.

NOTE: 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](http://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 CDSPI 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](http://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)

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

\$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

\$25,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$125,000

over \$125,000

### CDSPI Internal Use: 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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Insurance Number 

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**B. Primary Beneficiary Designation**

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

	BENEFICIARY'S NAME (FIRST, MIDDLE OR INITIAL, LAST)	RELATIONSHIP TO ANNUITANT	PROPORTION (%)
1.			
2.			
3.			

**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.

	CONTINGENT BENEFICIARY'S NAME (FIRST, MIDDLE OR INITIAL, LAST)	RELATIONSHIP TO ANNUITANT	PROPORTION (%)
1.			
2.			
3.			

(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.

\_\_\_\_\_

Trustee Name \_\_\_\_\_ Relationship to Beneficiary \_\_\_\_\_

**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.  
\* 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 CDSP)
- Transfer of TFSA Investments

**B. Invest my initial contribution as indicated (Please see the list of the funds at the back of the application) and invest my PAC (optional) as indicated:**

FUND CODE	FUND NAME	INITIAL CONTRIBUTION		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.  
  
(must be 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 on the:

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   
Date (DD/MM/YYYY)

### 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](http://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](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature of Bank Account Holder  
(required)

(DD/MM/YYYY)

\_\_\_\_\_  
Signature of Joint Bank Account Holder  
(required if joint bank account)

(DD/MM/YYYY)

## SECTION 9 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](http://www.cdspi.com/privacy).

**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.

\_\_\_\_\_  
Signature of Applicant\* (required)

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Date (DD/MM/YYYY)

\_\_\_\_\_  
Signed at: City

\_\_\_\_\_  
Province

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

**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)

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Date (DD/MM/YYYY)

ASSET CLASS	FUND NAME	FUND CODE
<b>MANAGED RISK PORTFOLIOS</b>		
<b>BlackRock® Index Funds</b>	CDSPI Conservative Index Portfolio (BlackRock®)	CI
	CDSPI Moderate Index Portfolio (BlackRock®)	MI
	CDSPI Aggressive Index Portfolio (BlackRock®)	AI
<b>CI Portfolio Series</b>	CDSPI Income Portfolio (CI)	IN
	CDSPI Income Plus Portfolio (CI)	IP
	CDSPI Balanced Portfolio (CI)	BP
	CDSPI Conservative Growth Portfolio (CI)	CG
	CDSPI Moderate Growth Portfolio (CI)	MG
	CDSPI Aggressive Growth Portfolio (CI)	AG
<b>Granite Target Risk Portfolios</b>	CDSPI Granite Conservative Portfolio (Sun Life)	GCO
	CDSPI Granite Moderate Portfolio (Sun Life)	GMO
	CDSPI Granite Balanced Portfolio (Sun Life)	GBA
	CDSPI Granite Growth Portfolio (Sun Life)	GGR
	CDSPI Granite Aggressive Portfolio (Sun Life)	GAG
<b>CORPORATE CLASS FUNDS</b>		
<b>CI Corporate Class</b>	CDSPI Canadian Bond Fund Corporate Class (CI)	CB
	CDSPI Corporate Bond Fund Corporate Class (CI)	CO
	CDSPI Canadian Equity Fund Corporate Class (CI)	CQ
	CDSPI Income and Growth Fund Corporate Class (CI)	IG
	CDSPI Short-Term Fund Corporate Class (CI)	ST
<b>INVESTMENT FUNDS</b>		
<b>Money Market Funds</b>	CDSPI Money Market Fund (Fiera Capital)	MM
<b>Fixed Income Funds</b>	CDSPI Bond Fund (PH&N)	BO
	CDSPI Bond & Mortgage Fund (Fiera Capital)	BM
	CDSPI Core Plus Bond Fund (PH&N)	CP
	CDSPI Fixed Income Fund (MFS)	FI
<b>Balanced Funds</b>	CDSPI Balanced Fund (PH&N)	BF
	CDSPI Balanced Value Fund (MFS)	BV
	CDSPI Diversified Growth Fund (Schroder)	DG
<b>Canadian Equity Funds</b>	CDSPI Aggressive Equity Fund (Fiera Capital)	AF
	CDSPI Canadian Equity Fund (Invesco)	CE
	CDSPI Common Stock Fund (Fiera Capital)	CS
	CDSPI Dividend Fund (PH&N)	DF
	CDSPI TSX Composite Index Fund (BlackRock®)	TX
<b>US Equity Funds</b>	CDSPI S&P 500 Index Fund (BlackRock®)	SI
	CDSPI U.S. Large Cap Fund (Capital Group Canada)	LC
	CDSPI US Small Cap Fund (Invesco)	US
<b>Global &amp; International Equity Funds</b>	CDSPI Emerging Markets Fund (Brandes)	EM
	CDSPI European Fund (Invesco)	EU
	CDSPI Global Fund (Invesco)	GL
	CDSPI Global Growth Fund (Capital Group Canada)	GS
	CDSPI Global Real Estate Fund (Invesco)	RE
	CDSPI International Equity Fund (CC&L)	IE
	CDSPI Low Volatility Global Equity Fund (MFS)	LV
<b>GUARANTEED FUNDS*</b>	1 Year	GF1Y
	2 Year	GF2Y
	3 Year	GF3Y
	4 Year	GF4Y
	5 Year	GF5Y

\*Issued by Sun Life Assurance Company of Canada  
BlackRock is a registered trade-mark of BlackRock, Inc.