Self-Directed Retirement Income Fund Application

Open Access
Well, invested.

SECTION 1: ANNUITANT INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. Surname | First Name and Initial

Address | City or Town | Province | Postal Code

Contact Phone Number | Language Preference ☐ English ☐ French | S.I.N. | Birthdate / / Y Y Y Y M M D D

Transfer from plan type:

RRSP	☐Yes	☐No	Registered pension plan	☐Yes	☐No	Other RIF	☐Yes	☐No
Spousal	☐Yes	☐No	Locked-in	☐Yes*	☐No	Locked-in	☐Yes*	☐No
Locked-in	☐Yes*	☐No						

* Must complete and sign locking-in addendum for jurisdiction of pension plan.

SECTION 2: SPOUSE OR COMMON-LAW PARTNER INFORMATION

* Complete this section for spousal or common-law partner RRIF, or if spouse or common-law partner is being named as successor annuitant below, or if his or her age is being elected for the calculation of the minimum amount payable each year from the Fund.

☐ Mr. ☐ Mrs. ☐ Ms. Surname | First Name and Initial

Contact Phone Number | S.I.N. | Birthdate / / Y Y Y Y M M D D

SECTION 3: SUCCESSOR ANNUITANT/DESIGNATION OF BENEFICIARY

I hereby revoke any previous designations of beneficiary made by me for this Fund and I hereby (check one or none):

☐ Elect to have my spouse or common-law partner, if then living, become the successor annuitant of the Fund upon my death, and I certify his or her personal information as set out in the preceding section is correct; or

☐ Designate the person named below, if then living, as beneficiary to receive the proceeds payable under the Fund in the event of my death.

Name of beneficiary in full | Relationship to Annuitant | S.I.N.

Address of beneficiary | Birthdate / / Y Y Y Y M M D D

SECTION 4: RIF PAYMENTS

Minimum Amount:

For the purpose of calculating the minimum amount payable each year from the Fund, I elect to use (check one):

☐ My age ☐ My spouse's or common-law partner's age. I certify that his/her birthdate as set out in Section 2 above is correct.

Total Annual Payment Amount:

I request in each year payment(s) totaling (check one):

☐ The minimum amount payable (this is zero in year of purchase) ☐ The amount of $_____.

Payment Frequency:

Payment is automatically issued once a year if the annual payment amount is less than $1,800.

If the annual payment amount is $1,800 or greater, please make payments (check one): ☐ Monthly ☐ Annually

SECTION 5: DIRECT DEPOSIT

☐ Yes, I wish to receive my RIF payments by direct deposit. A void cheque or a bank deposit form with bank stamp is attached to this form to activate this request.

☐ No, I wish to receive my RIF payments by cheque.

TO CANADIAN WESTERN TRUST COMPANY (the 'Trustee')

I hereby apply for an Open Access Limited Retirement Savings Plan and request that the Trustee apply for registration of the Fund as a Registered Retirement Income Fund under the provisions of the Applicable Tax Legislation. By signing below, I:

1. certify that the information contained in this Application is true and correct;
2. have read the terms and conditions set out in the Declaration of Trust and agree to be bound by them, as amended from time to time;
3. am aware that the benefits paid out under the Plan may be included in my income under the Income Tax Act (Canada) and under any applicable provincial income tax legislation;
4. understand that I am solely responsible for determining my contribution limits, my investment decisions and whether an investment is qualified under Applicable Tax Legislation;
5. am aware of the consequences of acquiring and holding investments which are not qualified;
6. acknowledge that the Trustee is not in the business of providing investment advice and does not provide direction or advice with respect to the purchase of any security or other form of investment;
7. understand that the Trustee will delegate certain of its duties relating to the Plan to Open Access Limited as its agent; and
8. consent to the use by the Trustee and its agents of my personal information provided herein and to its disclosure to third parties, for purposes associated with the administration of the Plan, includ¬ing, without limitation,
9. establishing my account, setting up my investment, producing statements, and income tax reporting.

COMPLAINT HANDLING: Canadian Western Bank and its subsidiaries (collectively "CWB"), which includes Canadian Western Trust, encourages clients to raise questions or concerns about any issue by contacting our Client Service Team at 1-800-663-1124. Additional information can be found in CWB's complaint handling brochure which is available upon request at any CWB branch or office and on the CWB web site at www.cwbankgroup.com

I have read and understood this Application and the Declaration of Trust, and understand that the materials I receive from Open Access Limited® will be in English only.

_____ Dated at*_____ Province of _____ this _____ day of _____ 20 _____

Annuitant's Signature*

When completed, forward this form to:
Open Access® Limited, Attn: Customer Service, 1 Richmond St. W, Suite 701, Toronto, ON M5H 3W4
Phone: 1 (866) 625-4777, Fax: (416) 955-4878, Toll Free Fax: 1 (866) 955-4878
Please retain a photocopy of this form for your files.

FOR OFFICE USE ONLY

Account Number _____

_____ / / Signature of Advising Representative Y Y Y Y M M D D
Accepted on behalf of Canadian Western Trust Company by its agent, Open Access Limited