Information Sharing and Account Transfer Consent

TO: PACE Credit Union (“PACE”)
AND TO: MRS Inc (“MRS”)
AND TO: Credential Asset Management Inc. (“Credential”)

RE: Change of Dealer by *PACE* from *MRS* to Credential

Pursuant to the change of mutual fund dealer by *PACE* from *MRS* to Credential, I hereby authorize and direct both *MRS* and *PACE* to immediately share all of my personal and financial account information (“Account Information”) in their possession with Credential.

I have been informed and agree that:

- The relationship between Credential and *PACE* is that of a mutual fund dealer providing mutual fund dealer services to the credit union;
- The relationship between *MRS* and Credential is that of two non-affiliated mutual fund dealers;
- Credential will use my Account Information to assist in the move of my mutual fund dealer accounts(s) from *MRS* to Credential and Credential will not share my Account Information with others without my written consent;
- I have the right to revoke my consent, in which case *PACE a*nd *MRS* will not share my Account Information with Credential;
- My consent to information sharing is not required as a condition of *MRS* or *PACE*_dealing with me or providing a product or service to me in any way; and
- *MRS* as my prior dealer is required by applicable law to retain all original documents and records and copies of all electronic documents relating to my account(s) (“Client Documentation”)

I hereby provide consent and direction to my current representative to make a copy of my Client Documentation and provide the same to Credential for the purposes of preparing for the transfer, and continuing to provide services to me at Credential following the transfer.

X__________________________ ______________________
Client Signature Date

X__________________________ ______________________
Joint Client Signature Date

Name of: Person / Corporate / Non-Personal Entity: ____

I hereby authorize and direct the transfer of all of my MRS account(s) associated with PACE to Credential on June 1st, 2009 or as soon as possible thereafter. I also authorize and direct Credential to insert my account types(s) and number(s) on this form if necessary to facilitate the transfer of my account(s) from MRS to Credential. I also authorize and direct MRS to accept this form on its own or, if required, Credential may attach this form to a transfer form (whether electronic or hard copy), to facilitate the transfer of my account(s) from MRS to Credential. I also instruct Credential, where possible, to continue will all of my existing pre-authorized contributions, systematic withdrawal plans and similar instructions following the transfer.

X__________________________ ______________________
Client Signature Date

X__________________________ ______________________
Joint Client Signature Date

Name of: Person / Corporate / Non-Personal Entity: ____

Internal Use Only:
*Signature Guarantee:*_________________________*(PACE Credit Union)*

Credential® Asset Management

Conversion Checklist
Cash Accounts – Nominee
SDOPEN

	Required Documentation	Notes
	New Account Application Form (NAAF)	Keep in client file. No copies to CAM. CU to set up client ID on Univeris based on NAAF. Do NOT complete Section D.
	CAM Transfer Authorization Form	In lieu of the T2033 Form. Send copy to CAM.
	Recent Client Statement	Send copy to CAM with transfer docs.
	Account Agreements & Disclosure Documents	Given to client when NAAF is completed and signed.
	Optional Documentation	**When to Use**
	CU GIC Transfer Form	Used to transfer GICs in the plan to CU. Send to CAM with transfer package. CAM to forward to Dealer.
	Third Party Determination Form	Used when the investor indicates the account will be used on behalf of a third party that is not registered on the account. Keep copy in client file.
	Systematic Plan Instructions (PACs, SWPs)	Used to accept investment instructions on systematic plans. Send to CAM with transfer docs for setup on Univeris. Use "Internal" Sys Plan Form for nominee. (PAC run dates: 15th & 28th; Frequency options: semi-monthly, monthly, quarterly, semi-annually, annually).
	EFT Form	Allows the Investor to designate the banking account which the CAM Nominee Plan will use for electronic funds transfer (EFT) for non-systematic plan withdrawals. Send copy to CAM with Transfer docs.
	Power of Attorney (Limited and General)	Keep in client file.

Tel 604.714.3867
Toll-free 1.888.686.4555
Fax 604.714.3860
Web site www.credential.com
800 - 1111 West Georgia Street, Vancouver, BC V6E 4T6
Credential Asset Management Inc.

How to Use the Systematic Plans Form

Northwest & Ethical Investments L.P.

Systematic Plan Instructions

Pre-Authorized Chequing (PAC), Systematic Withdrawal (SWP), Systematic RIF Payouts (SRP) and Group RSP Payroll Deduction

Investor Information

John Doe — Investor Name | 123456789 — Social Insurance Number | 567890123 — NEI Investor #

Jane Doe — Joint Investor Name | 234567890 — Social Insurance Number

Plan Type & Number

☐ Nominee # ____ ■ NEI Client Account # 3456789 ☐ Intermediary # / Code ____ / ____

Account Type

Non-Registered		Registered	
☐ Individual	■ Joint with Right of Survivorship	☐ Individual RSP	☐ Spousal/Common-Law Partner RSP
☐ Corporation	☐ In Trust For ____	☐ Individual RIF	☐ Spousal/Common-Law Partner RIF
☐ Formal Trust		☐ LIRA/LRSP/RLSP	☐ LIF/LRIF/RLIF
☐ Estate	☐ Other ____	☐ Group RSP	☐ PRIF

Transaction Type

Please check one: ■ PAC ☐ SWP ☐ SRP ☐ Group RSP Payroll Deduction

Type[1]	Fund Name	Fund Code	$Amount	Load[2] FEL %	Gross (SWP)	Net (SWP)	Freq[3]	Effective (mm/dd/yy)
Start	Ethical Income Fund	NWT 062	$500.00	1%	☐	☐	M	11/15/05
Stop	Ethical Special Equity Fund	NWT 167	$100.00	%	☐	☐	M	11/15/05
Change	Ethical Balanced Fund	NWT 064	$100.00	0%	☐	☐	W	12/15/05
		NWT		%	☐	☐		
		NWT		%	☐	☐		

[1]Type: Start, Stop, Change [2]Load: If Front-end Load (FEL), add FEL %, otherwise leave blank [3]Frequency: W=Weekly, BW=Bi-Weekly, M=Monthly, Q=Quarterly, SA=Semi-Annually, A=Annually. ...Cs only

Additional Notes:

Banking Information

Source of Funds: ■ Void Cheque attached ☐ Letter of Confirmation

Payment Instructions: ☐ Cheque to Client ☐ EFT to Financial Institution on Record (if new, please complete EFT form) ☐ Redirect to:

Institution Name | Address | City | Province | Postal Code

Investor Authorization

I confirm that these transactions are compatible with my investment needs and objectives. If I am withdrawing funds from my account, I understand that those funds may be subject to a sales and/or administrative charge by Ethical Funds Inc. (EFI). If my withdrawal is from an RIF, I understand that there will be withholding tax applied as per the Income Tax Act (Canada).

John Doe — Investor Signature | Jane Doe — Joint Investor Signature | 10/31/2005 — Date (mm/dd/yyyy)

Adam Smith — Representative Name | Adam Smith — Representative Signature | 9999/AAAA — Dealer/Rep Code

BCM confirms that the above transactions are suitable for the investor(s) | Branch Compliance Manager (BCM) Signature | Date (mm/dd/yyyy)

Northwest & Ethical Investments (c/o Desjardins) - 2, complexe Desjardins, 29th floor, East Tower, P.O. Box 34, Desjardins Station, Montreal, QC H5B 1E4
northwestethical.com Tel: 1 888 809 3333 Fax: 416 594 3370 NEI 2009 04 013

Type -

Start, Stop or Change.
To change an existing systematic transaction on a fund, indicate Change and specify all the details. Change applies to Amount, Frequency and Effective Date only. To change a systematic transaction from one fund to another, use Stop & Start.

Load -

If applicable, specify the Front End Load %.

Additional Notes -

Add any comments necessary to process the transactions. For example, if a systematic plan is already in existence, you can add a note stating: Use banking information on file at fund company.

Letter of Confirmation

If a void cheque is not provided, include a Letter of Confirmation from your Financial Institution, verifying account ownership, account number, transit and institution number.

Notes:

- If discrepancies between the Fund Code and either the Fund Name or Load Type exist, the Fund Code will take precedence.
- SWPs cannot be set up for Registered products.

Northwest & Ethical Investments L.P.

Clear Form | Print 3 copies

Systematic Plan Instructions

Pre-Authorized Chequing (PAC), Systematic Withdrawal (SWP), Systematic RIF Payouts (SRP) and Group RSP Payroll Deduction

Investor Information

Investor Name ______ Social Insurance Number ______ NEI Investor # ______

Joint Investor Name ______ Social Insurance Number ______

Plan Type & Number

☐ Nominee # ______ ☐ NEI Client Account # ______ ☐ Intermediary # / Code ______ / ______

Account Type

Non-Registered

☐ Individual
☐ Corporation
☐ Formal Trust
☐ Estate
☐ Joint with Right of Survivorship
☐ In Trust For ______
☐ Other ______

Registered

☐ Individual RSP
☐ Individual RIF
☐ LIRA/LRSP/RLSP
☐ Group RSP
☐ Spousal/Common-Law Partner RSP
☐ Spousal/Common-Law Partner RIF
☐ LIF/LRIF/RLIF
☐ PRIF

Transaction Type

Please check one: ☐ **PAC** ☐ **SWP** ☐ **SRP** ☐ **Group RSP Payroll Deduction**

Type[1]	Fund Name	Fund Code	$Amount	Load[2] FEL %	Gross (SWP)	Net (SWP)	Freq[3]	Effective (mm/dd/yy)
		NWT		%	☐	☐		
		NWT		%	☐	☐		
		NWT		%	☐	☐		
		NWT		%	☐	☐		
		NWT		%	☐	☐		

[1] **Type:** Start, Stop, Change [2] **Load:** If Front-end Load (FEL), add FEL %, otherwise leave blank
[3] **Frequency:** W=Weekly, BW=Bi-Weekly, SM = Semi Monthly, BM =Bi Monthly, M=Monthly, Q=Quarterly, SA=Semi-Annually, A=Annually.

Additional Notes: ______

Banking Information

Source of Funds: ☐ Void Cheque attached ☐ Letter of Confirmation

Payment Instructions: ☐ Cheque to Client ☐ EFT to Financial Institution on Record (If new, please complete EFT form) ☐ Redirect to:

Institution Name ______ Address ______ City ______ Province ______ Postal Code ______

Investor Authorization

I confirm that these transactions are compatible with my investment needs and objectives. If I am withdrawing funds from my account, I understand that those funds may be subject to a sales and/or administrative charge by Ethical Funds Inc. (EFI). If my withdrawal is from an RIF, I understand that there will be withholding tax applied as per the Income Tax Act (Canada).

Investor Signature ______ Joint Investor Signature ______ Date (mm/dd/yyyy) ______

Representative Name ______ Representative Signature ______ Dealer/Rep Code ______

BCM confirms that the above transactions are suitable for the investor(s)

Branch Compliance Manager (BCM) Signature ______ Date (mm/dd/yyyy) ______

Credential Asset Management

Transfer Authorization

To Process Transfers

1. Complete this form. Be sure to include the Branch Address in the Receiving Institution Information section.
2. Send the original copy of the transfer request to the relinquishing institution.
3. Retain a copy of the transfer request in the Investor's file (or pending file) with investment instructions.

Upon receipt of the cheque and completed transfer form from the Relinquishing Institution

4. Deposit the proceeds to the CAM Trust Account.
5. Process the appropriate transaction on the Univeris System.
6. File all completed documentation in the Investor's file.

Note: *For In Kind Transfers:*

- Ensure the Investor exists on the Univeris system
- Fax this form and the Investor's Statement to the CAM Administration office for processing.
- Register Mutual Funds as Credential Asset Management Inc. Dealer Code 9962.

Additional Notes

- **Investor/Annuitant**
  The Investor/Annuitant (or legal representative of the Investor) are the only individuals who can authorize a transfer between registered accounts and provide investment instructions. The signature of the Investor or legal representative must be verified by a representative of Credential Asset Management where the account is held. The Investor/Annuitant are the only individuals who can cancel an account transfer by providing a Letter of Direction.

- **Sales and Administration Fees**
  If fund units that are redeemed in the process of a cash transfer were originally purchased under a Deferred Sales Charge (DSC) option, the sales of these units may result in a redemption fee being charged. Such a charge is levied by the mutual fund company and is generally determined by the fund involved, the number of years the units have been held and the number of units being sold compared to the total number held. The relinquishing fund company or dealer may also charge an administration fee for transfers out of the plan.

- **Plan Types**
  Property in an RRSP or RRIF may only be transferred between plans of the same type – individual to individual or spousal to spousal, etc. Transfers from Locked-In RRSP accounts to Locked-In Income Fund or Locked-In Retirement Fund Accounts (LIF and LRIF) must meet the Minimum Retirement Age specifications as outlined in the applicable Locked-In Pension Legislation.

- **Power of Attorney**
  Send all Power of Attorney documents to Credential Asset Management.

Important Note: This transfer form can only be used for transferring products to CAM Nominee Accounts.

Clear Form Save Form

Credential® Asset Management

Transfer Authorization

This form replaces the T2033E form and is used for direct transfers to CAM Nominee Plans

Investor Information

Investor Name (please print) ____ Social Insurance Number ____ Client # ____

Joint Investor Name (if applicable) ____ Social Insurance Number ____

Address ____ City ____ Province ____ Postal Code ____

Home Phone ____ Alternate Phone ____ Email Address ____

Receiving Institution Information

Credential Nominee Account Type (select one): ☐ Non-Registered ☐ Other: ____

☐ RRSP ☐ Spousal/Common-Law Partner RRSP ☐ LIRA ☐ LRSP ☐ RLSP ☐ Group RRSP

☐ RRIF ☐ Spousal/Common-Law Partner RRIF ☐ LRIF ☐ LIF ☐ RLIF ☐ PRIF

CAM Account Number ____

☐ ***Head Office*** *(Transfers In Kind)*

Credential Asset Management 800 – 1111 West Georgia Street Vancouver BC V6E 4T6

☐ ***Branch*** *(In Cash Only)* – Credential Asset Management c/o:

Branch Name ____ Branch Address ____ City ____ Province ____ Postal Code ____

9962/

Dealer/Rep Code ____ Representative Name ____ Receiving Institution Signature ____ Phone ____ Fax ____

Please make cheques payable to Credential Asset Management

Investor Direction to Relinquishing Institution (*Please attach a copy of the most recent Investor Statement*)

Relinquishing Institution Name ____ Account Number ____ Group Plan Number ____

Address ____ City ____ Province ____ Postal Code ____

Transfer (select one): ☐ All in kind** (as is) ☐ All in cash* ☐ All Assets – mix in kind** & in cash* (List Attached)

☐ Partial* – in kind** &/or in cash* (List Attached)

Investor Authorization

*Where I have requested a Transfer In Cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments

**Where I have requested a Transfer In Kind, I authorize the liquidation of ____________________ to pay any applicable fees, charges or adjustments.

☐ OR, Cheque is attached

I hereby request the transfer of my account and its investments as described above.

X ____ Investor Signature

X ____ Joint Investor Signature

Date (mm/dd/yyyy) ____

For Use by Relinquishing Institution Only

We have transferred $____________

Account Type: ☐ RRSP ☐ LIRA ☐ LRSP ☐ RLSP ☐ RRIF: ☐ Qualified ☐ Non Qualified ☐ LRIF ☐ LIF ☐ RLIF ☐ PRIF

☐ Non-Registered ☐ Other: ____________

Spousal/Common-Law Partner Contributions? ☐ Yes ☐ No If yes, please complete the following:

Spousal or Common-Law Partner Name ____ Social Insurance Number ____

Locked-in: ☐ No ☐ Yes (Locked-In Confirmation Attached)

$ ____ Locked In Funds

Governing Legislation ____

Authorized Name ____ Authorized Signature ____ Date (mm/dd/yyyy) ____ Phone ____

By signing here, we certify that the required minimum (RRIF/PRIF) / maximum (LRIF/LIF) payment has been made for the current year.

Clear Form | Save Form | Print 3 copies

Credential® Asset Management

NEW ACCOUNT APPLICATION FORM

CLIENT #: ____________

ACCOUNT ID: (SELECT ONE)
- ◯ NOMINEE NUMBER: ____________
- ◯ CLIENT NAME (MUTUAL FUND CO.) NUMBER: ____________
- ◯ INTERMEDIARY NUMBER ____________ AND INTERMEDIARY CODE ____________

ACCOUNT TYPE (SELECT ONE):

◯ RETIREMENT SAVINGS PLAN (RSP) ◯ SPOUSAL OR COMMON-LAW PARTNER RSP ◯ RETIREMENT INCOME FUND (RIF) ◯ SPOUSAL OR COMMON-LAW PARTNER RIF

◯ LOCKED-IN RIF* (LRIF) ◯ LIFE INCOME FUND* (LIF) ◯ LOCKED-IN RETIREMENT ACCOUNT* (LIRA) ◯ PRESCRIBED RIF* (PRIF) ◯ LOCKED-IN RSP* (LRSP)

◯ RESTRICTED LOCKED-IN SAVINGS PLAN* (RLSP) ◯ RESTRICTED LIFE INCOME FUND* (RLIF)

◯ NON-REGISTERED – *PLEASE COMPLETE ACCOUNT OWNERSHIP BELOW* ◯ GROUP RSP (SPONSOR'S NAME: ____________) – *COMPLETE SECTION D.3*

◯ OTHER ____________ REGISTERED EDUCATION SAVINGS PLAN (RESP) (CLIENT NAME ONLY) - *COMPLETE AN RESP APPLICATION:* ◯ INDIVIDUAL ◯ FAMILY

*NOTE: For Locked-in Plans, please attach appropriate Locked–in Addendum and, if applicable, Spousal Consent Form and complete the following information:

Pension Plan: ____________ Province of Legislation: ____________

ACCOUNT OWNERSHIP FOR NON-REGISTERED ACCOUNTS ONLY (SELECT ONE):

◯ INDIVIDUAL ◯ JOINT (WROS) ◯ CORPORATION ◯ PARTNERSHIP ◯ SOLE PROPRIETORSHIP ◯ ASSOCIATION

◯ ESTATE ◯ FORMAL TRUST ◯ IN TRUST ____________ ◯ OTHER ____________

SECTION A – PRIMARY APPLICANT/ANNUITANT INFORMATION:

TITLE: ◯ MR. ◯ MRS. ◯ MISS ◯ MS. ◯ DR. ◯ PROF. MARITAL STATUS: ◯ SINGLE ◯ MARRIED ◯ COMMON-LAW ◯ DIVORCED ◯ WIDOWED ◯ SEPARATED

FIRST NAME			MIDDLE NAME		LAST NAME
LEGAL ENTITY NAME			ENTITY TYPE OF BUSINESS		BUSINESS NUMBER/REGISTERED CHARITY NUMBER
DATE OF BIRTH (MM/DD/YYYY)			SOCIAL INSURANCE NUMBER (SIN)		EMAIL ADDRESS
APT/SUITE	STREET ADDRESS				CITY
PROVINCE	POSTAL CODE	COUNTRY	CITIZENSHIP	RESIDENTIAL PHONE NUMBER ( )	ALTERNATIVE PHONE NUMBER ( )
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					
OCCUPATION			EMPLOYER'S NAME		
EMPLOYER'S ADDRESS			TYPE OF BUSINESS		BUSINESS PHONE NUMBER ( )
NAME OF FINANCIAL INSTITUTION	ADDRESS		INSTITUTION NO.	BRANCH TRANSIT NO.	ACCOUNT NUMBER
FULL NAME OF SPOUSE OR COMMON LAW PARTNER			EMPLOYER'S NAME		OCCUPATION

SECTION B – JOINT APPLICANT (NOT FOR RSP OR RIF ACCOUNTS) INFORMATION (IF MORE THAN 2 JOINT APPLICANTS, COMPLETE AN ADDITIONAL NAAF):

TITLE: ◯ MR. ◯ MRS. ◯ MISS ◯ MS. ◯ DR. ◯ PROF. MARITAL STATUS: ◯ SINGLE ◯ MARRIED ◯ COMMON-LAW ◯ DIVORCED ◯ WIDOWED ◯ SEPARATED

FIRST NAME			MIDDLE NAME		LAST NAME
DATE OF BIRTH (MM/DD/YYYY)			SOCIAL INSURANCE NUMBER (SIN)		EMAIL ADDRESS
APT/SUITE	STREET ADDRESS				CITY
PROVINCE	POSTAL CODE	COUNTRY	CITIZENSHIP	RESIDENTIAL PHONE NUMBER ( )	ALTERNATIVE PHONE NUMBER ( )
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					
OCCUPATION			EMPLOYER'S NAME		
EMPLOYER'S ADDRESS			TYPE OF BUSINESS		BUSINESS PHONE NUMBER ( )
NAME OF FINANCIAL INSTITUTION	ADDRESS		INSTITUTION NO.	BRANCH TRANSIT NO.	ACCOUNT NUMBER
FULL NAME OF SPOUSE OR COMMON LAW PARTNER			EMPLOYER'S NAME		OCCUPATION

SECTION C – MEANS & INVESTMENT EXPERIENCE:

1. Please state the following:

APPLICANT'S ANNUAL INCOME?

	PRIMARY APPLICANT	JOINT APPLICANT
UNDER $20,000	◯	◯
$20,000 – 49,999	◯	◯
$50,000 – 100,000	◯	◯
OVER $100,000	◯	◯
NUMBER OF DEPENDANTS?	____	____

SPOUSE'S ANNUAL INCOME?

	PRIMARY APPLICANT	JOINT APPLICANT
UNDER $20,000	◯	◯
$20,000 – 49,999	◯	◯
$50,000 – 100,000	◯	◯
OVER $100,000	◯	◯

SECTION C – MEANS & INVESTMENT EXPERIENCE (CONTINUED):

2. What is your approximate household Net Worth?

	Primary Applicant (INCL. SPOUSE)	Joint Applicant (IF NOT SPOUSE)
UNDER $50,000	◯	◯
$50,000 – 99,999	◯	◯
$100,000 – 249,999	◯	◯
$250,000 – 499,999	◯	◯
$500,000 – 999,999	◯	◯
$1 MILLION - 2 MILLION	◯	◯
OVER $2 MILLION	◯	◯

3. How would you rate your Investment Knowledge?

	Primary Applicant	Joint Applicant
VERY LOW	◯	◯
LOW	◯	◯
MEDIUM	◯	◯
HIGH	◯	◯
VERY HIGH	◯	◯

4. What is the intended time horizon for this account?

	Investment Account	Registered Account	Other: ________
1 - 3 YEARS	◯	◯	◯
4 - 5 YEARS	◯	◯	◯
6 - 9 YEARS	◯	◯	◯
10 YEARS OR MORE	◯	◯	◯

5. What is the level of your Risk Tolerance? The total percentage must add up to 100%.

	Investment Account	Registered Account	Other: ________
LOW	________%	________%	________%
MEDIUM	________%	________%	________%
HIGH	________%	________%	________%

6. Please identify how you would like to balance the Investment Objectives of your account(s). The total percentage must add up to 100%.

	Investment Account	Registered Account	Other: ________
INCOME	________%	________%	________%
BALANCED	________%	________%	________%
LONG TERM GROWTH	________%	________%	________%
SHORT TERM GROWTH	________%	________%	________%

7. How were you referred to Credential?

◯ PHONE-IN ◯ WALK-IN ◯ ADVERTISEMENT
◯ PERSONAL CONTACT ◯ REFERRAL

SECTION D – NOMINEE REGISTERED ACCOUNT INFORMATION ONLY:

1. Designation of Your Beneficiary

I hereby revoke any previous designation of beneficiary made by me and designate the person named below as beneficiary of the proceeds payable under the Plan or Fund in the event of my death.

____
NAME OF BENEFICIARY

____
BENEFICIARY SIN RELATIONSHIP TO APPLICANT*

*IF RELATIONSHIP IS SPOUSE/COMMON-LAW PARTNER FOR RIF ACCOUNTS, THE SPOUSE/COMMON-LAW PARTNER WILL ALSO BE DEEMED AS SUCCESSOR ANNUITANT AND ALL PAYMENTS WILL BE MADE TO MY SPOUSE/COMMON-LAW PARTNER.

CAUTION: *Your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.*

2. Designation of Spousal or Common-Law Partner Contributor

a. For Spousal or Common-Law Partner RSP Accounts only

If your Spouse or Common-Law Partner will be contributing to this Registered Account in your name, please complete the following:

____
SPOUSE'S OR COMMON-LAW PARTNER'S NAME

____/____/________ ____-____-____
DATE OF BIRTH (MM/DD/YYYY) SOCIAL INSURANCE NUMBER

b. RIF Accounts Only

Are the funds originating from a Spousal or Common-Law Partner RSP?

◯ NO ◯ YES – PLEASE COMPLETE THE FOLLOWING:

____ ____-____-____
SPOUSE'S OR COMMON-LAW PARTNER'S NAME SOCIAL INSURANCE NUMBER

3. Group RSP Accounts Only - *Please ensure a "Group Supplemental Agreement" accompanies this NAAF*

I hereby authorize, ____

the Employer, to act as the agent for the purpose of deducting contributions by payroll deduction.

Name of Group RSP if different from Sponsor: ________________________

Contributions will be made by: ◯ EMPLOYEE OR ◯ EMPLOYER OR ◯ BOTH.

The respective contribution may, if required, be segregated by the Trustee for accounting purposes under a separate plan number. You authorize us to open a second plan for this purpose, if required. Acct #: ________________________

4. Registered Income Fund Nominee Payments

a. Basis of Payments (for minimum payments only)

Will the minimum amount be based on your Spouse's or Common-Law Partner's age? If you choose *Yes*, you cannot change this choice in the future even in the event of breakdown of marriage or common-law partnership or death of your Spouse or Common-Law Partner. In order to change this date, it would be necessary to transfer this plan to a new RIF.

NOTE: (Applies to locked-in plans only) For maximum amount on locked-in plans, the Spouse's or Common-Law Partner's age cannot be used. Minimum amount calculations can be based on the Spouse's or Common-Law Partner's age in all jurisdictions except New Brunswick.

◯ NO ◯ YES – PLEASE COMPLETE THE FOLLOWING:

____ ____/____/________
SPOUSE'S OR COMMON-LAW PARTNER'S NAME DATE OF BIRTH (MM/DD/YYYY)

b. Total Payment

Please choose the amount you wish to receive each year:

◯ MINIMUM PAYMENT

◯ ELECTED AMOUNT OF GROSS $________ OR NET $________ **PER PAYMENT** (THE PAYMENT MUST BE GREATER THAN THE MINIMUM AMOUNT. FOR LIF, LRIF & RLIF PAYMENT MUST BE BETWEEN THE MINIMUM AND MAXIMUM AMOUNTS)

◯ MAXIMUM PAYMENT (THIS OPTION IS FOR LIF, LRIF & RLIF ACCOUNTS ONLY). THE AMOUNT WILL BE BASED ON THE ANNUITANT'S AGE.

c. Special Withholding Tax Instructions

I elect the amount of $___________ or __________% withholding tax to be deducted **per payment**. Note: The withholding tax elected must be greater than the required withholding tax by law. TD1 must be completed.

d. Where to Send Payments to:

◯ MY ADDRESS OF RECORD ON MY ACCOUNT

◯ MY CANADIAN FINANCIAL INSTITUTION VIA EFT FOR DEPOSIT TO MY ACCOUNT (PLEASE COMPLETE APPLICABLE EFT FORM)

e. Payment Frequency

Please select (A) the frequency of the payment and (B) the start date of the payment:

A) ◯ MONTHLY ◯ QUARTERLY ◯ SEMI-ANNUALLY ◯ ANNUALLY

B) ◯ 15TH ◯ LAST BUSINESS DAY OF MONTH STARTING ____________

CONCENTRA TRUST (THE TRUSTEE) – NOMINEE RSP / RIF ACCOUNTS ONLY

I acknowledge receipt of the Declaration of Trust for this RSP or RIF, and the *Account Agreements and Disclosure Documents* booklet. Where applicable, I agree to be bound by the terms and conditions described in these documents. I understand that the simplified prospectus and financial statements for the mutual funds in which I invest will be mailed to me at the address indicated on this Application Form. I request that the Trustee apply for registration of the **Credential** Asset Management Multiple Fund RSP as a Retirement Savings Plan or the **Credential** Asset Management Multiple Fund RIF as a Retirement Income Fund under the Income Tax Act (Canada).

SECTION E – IDENTITY VERIFICATION OF EACH APPLICANT FOR THIS ACCOUNT:

1. **Identification:** Primary Applicant: ID Type: ______ ID#: ______ Joint ID Type: ______ ID#: ______

2. **Are you a Politically Exposed Foreign Person or a family member of a Politically Exposed Foreign Person?** Primary Applicant: ☐ Yes[1] ☐ No Joint Applicant: ☐ Yes[1] ☐ No
(An individual who currently holds or previously held a national level political office or position e.g. Member of gov't legislature, Judge, etc.)

3. **Purpose of Account:** ______

4. **For this Account, will any other person have:**

	NO	YES[1]		FIRST NAME	MIDDLE NAME	LAST NAME	BIRTHDATE (MM/DD/YY)	ID TYPE	ID NUMBER
A. Trading Authorization?	☐	☐	1.						
			2.						
B. Power of Attorney?	☐	☐	1.						
			2.						
C. Financial Interest?	☐	☐	1.						
			2.						
D. Beneficial Ownership[2]?	☐	☐	1.						
			2.						

[1] If Yes, additional documents are required [2] Beneficial Ownership of more than 25% of a Legal Entity

SECTION F – ACCOUNT AGREEMENT:

Credential Asset Management Inc. ("CAM") is a wholly owned subsidiary of Credential Financial Inc. ("CFI"). CFI is owned by eight Provincial Central Credit Unions and The CUMIS Group Limited and makes its services available in association with participating financial organizations and their affiliates and subsidiaries (collectively the "Financial Organization"). Unless CAM tells you otherwise regarding a specific security, account balances with and securities purchased through CAM are not insured by Canada Deposit Insurance Corporation or any other government deposit insurer. The value of many securities may fluctuate.

ACCOUNT AGREEMENTS AND DISCLOSURE DOCUMENTS:

You acknowledge that you have read and understood the appropriate sections relating to your Account in the booklet called *Account Agreements and Disclosure Documents* and agree to the terms therein.

CREDIT INFORMATION:

You acknowledge, consent to and authorize CAM to obtain credit information about you to the extent permitted by law, and to give other credit grantors and credit bureaus information about the application and any credit experience with us.

SHARING OF INFORMATION

CAM works in partnership with your Financial Organization to provide you with an array of wealth management products and services. As your Financial Organization and CAM are separate legal entities we require your permission to share information with your Financial Organization. This information is used by your Financial Organization to ensure that they are able to provide you with the best possible service for all your financial needs. Respecting the confidential nature of your personal information is very important to us and your Financial Organization. CAM and your Financial Organization safeguard your information against disclosure to unauthorized companies, and will not sell or rent your information to outside companies.

I have read Section 11 - "Protection of Your Privacy" in the *Account Agreements and Disclosure Documents* booklet. I agree that CAM may share my personal information with **the Financial Organization with whom I have a relationship and that referred me to CAM (my "Referring Organization")** for the purposes of promoting to me products and services offered by my Referring Organization and products and services offered by other Credential Companies* which may be of interest to me or for the purposes of collecting information which will allow my Referring Organization to better manage its total relationship with me.

☐ I/ WE CONSENT ☐ I/ WE DO NOT CONSENT

You may revoke your consent by writing to us at the address on the bottom of this form.
** Credential Companies includes Credential Securities Inc., Credential Insurance Services Inc. and Credential Financial Strategies Inc.*

IN-TRUST ACCOUNTS

If you are applying to open an "in-trust" account, you agree that:

- you are liable to us for all liabilities and obligations respecting the account in your personal capacity and not as a trustee, agent or otherwise;
- we have no obligation to observe the terms of any trust, whether written, verbal, implied, constructive or otherwise, and you are solely responsible for ensuring any restrictions of the trust and any applicable law are adhered to;
- you will indemnify us against any loss, claim, damages, liability and expenses of any kind whatsoever arising out of operation of the account;
- you have not relied upon us for any legal or tax advice and it is your sole responsibility to obtain appropriate professional advice to ensure your needs and objectives are satisfied.

By signing below, you confirm that you have carefully read this Application and the *Account Agreements and Disclosure Documents* booklet and understand the information in it. You confirm your agreement to those terms and conditions as indicated above. You hereby declare that the information provided is full, true and complete. Credential Asset Management Inc. may rely on the information you have provided until you provide us written notice of any changes.

DATE: ______ SIGNED: ______ SIGNED: ______
PRIMARY APPLICANT/ANNUITANT JOINT APPLICANT, IF APPLICABLE (NOT FOR REGISTERED ACCOUNTS)

FOR REPRESENTATIVE & COMPLIANCE USE ONLY:

Have you met this client in person? ☐ Yes ☐ No (**If No**, additional steps are required)

Region Name	Region Number	Administration Check	Date (mm/dd/yyyy)
CAM Representative's Name (Please Print)	Rep Code	Branch Compliance Manager's Name (Please Print)	
CAM Representative Signature	Date (mm/dd/yyyy)	Branch Compliance Manager Signature	Date (mm/dd/yyyy)

COMMENTS:

Clear Form Save Form

Credential Asset Management

Electronic Funds Transfer Authorization

(To set-up, change, or cancel an EFT for Nominee Accounts only)

Complete this form to set-up an Electronic Funds Transfer (EFT) for redemptions, SWP's, DWP's, or RIF payouts from Nominee accounts. EFT deposits funds directly into your bank account at your financial institution instead of receiving a physical cheque in the mail. This application for EFT service will be set up for the Client # listed below.

☐ **New EFT** ☐ **Change EFT** ☐ **Cancel EFT**

***Please Note**: Only one chequing account can be set up per Client #

Investor Information

Investor Name	Joint Investor Name	Client #

Account Information

Select One:

☐ Chequing Account – Attach Void Cheque

☐ Savings Account – Attach Letter of Confirmation (from your Financial Institution verifying account, transit and institution number)

Attach (here) a sample cheque marked 'VOID'

Investor Authorization

I/We hereby authorize Credential Asset Management Inc. to directly deposit by electronic funds transfer the proceeds of withdrawals from my Nominee account into the account indicated above.

I/We have read the section relating to Electronic Funds Transfers in the *Account Agreements & Disclosure Documents* booklet and agree to be bound by the terms contained therein.

Note: This instruction will stay in effect until I provide further written notification to Credential Asset Management Inc.

X ______________________ X ______________________ ______________

Investor Signature | Joint Investor Signature | Date (mm/dd/yyyy)

______________________ ______________________ 9962 /

Representative Name (please print) | Representative Signature (*By signing here, you confirm that you have verified the Investor's signature*) | Dealer/Rep Code

Processing Instructions (please read carefully):

1. Upon completion, fax the signed EFT authorization form to the **CAM administration office at 604-714-3860** and retain originals in investor file. **If Processing a Redemption, faxes must be received on or before 11am PST of the trade date.**
2. If the investor is unable to provide a void cheque, include a letter of confirmation from the investor's financial institution confirming account ownership, account, transit and institution numbers.
3. In the event these requirements cannot be met, the investor's redemption will default to "cheque" and proceeds will be issued out to the investor directly as a cheque until the EFT information has been received in good order verified by the CAM back office.

Clear Form | Save Form

Credential Asset Management

Third Party Determination

Is the Account below being used by or on behalf of a Third Party? ☐ Yes[1] ☐ No[2]

[1]**If Yes**, complete section A. [2]**If No**, complete section B

Investor Name ______________________ Account Number ______________

A. Third Party Determination

I acknowledge that the above named account will be used by or on behalf of a Third Party.

Third Party Information:

First Name	Middle Name	Last Name	
Legal Entity Name	Entity Type of Business	Business Number	Place of Incorporation
Apt/Suite	Street Address	City	Province
Postal Code	Country	Residential Phone	Alternative Phone
Relationship to Account Holder		Date of Birth (mm/dd/yyyy)	Citizenship
Employer Name		Occupation	

Identification: ID Type: ______________ Issuer: ______________ ID #: ______________

Nature of Relationship:

X ______________________
Investor Signature

Date (mm/dd/yyyy)

Representative Name

Rep Code

Representative Signature

(By signing here you confirm that you have verified the Investor's signature)

B. No Third Party

*I acknowledge that the above named account will **NOT** be used by or on behalf of a Third Party.*

X ______________________
Investor Signature

Date (mm/dd/yyyy)

Representative Name

Rep Code

Representative Signature

(By signing here you confirm that you have verified the Investor's signature)

Credential Asset Management

Dealer/Representative Change

(One Fund Company per Form)

This form is to be used when changing the Dealer and Representative code on a client name account.

Investor Information

Investor Name ______ Social Insurance Number ______ Univeris Client ID ______

Joint Investor Name ______ Social Insurance Number ______

Account Type

Non-Registered

- ☐ Individual
- ☐ Corporation
- ☐ Formal Trust
- ☐ Estate
- ☐ Joint with Right of Survivorship
- ☐ In Trust For ______
- ☐ Other ______

Registered

- ☐ Individual RSP
- ☐ Individual RIF
- ☐ LIRA/LRSP
- ☐ RESP
- ☐ Spousal/Common-Law Partner RSP
- ☐ Spousal/Common-Law Partner RIF
- ☐ LIF/LRIF
- ☐ PRIF

Dealer and Representative Change (Client Name Plans Only)

Note: Client Name to Nominee or Nominee to Nominee Transfers must be facilitated by way of the Transfer Authorization form.

Mutual Fund Company ______ Management Account # ______

Please modify the above stated account to reflect the following Dealer and Representative Code:

9962
Dealer ______ Representative Code ______ Representative Name ______

Existing **PAC / SWP / DWP** is to continue (check one): ☐ **Yes** ☐ **No** ☐ **Not Applicable**

Investor Authorization

Investor Signature ______ Joint Investor Signature ______ Date (mm/dd/yyyy) ______

Representative Signature ______ Representative Email ______ Rep Phone ______

(*By signing here, you confirm that you have verified the Investor's signature*)

Contact Information

Contact (if different from Representative) ______ Email ______ Contact Phone ______

Comments:

______

______

______

For Internal Use Only

Processing Instructions

Please attach the investor's most recent Fund Company Client Statement

Fax this Document to the Fund Company

For additional information please refer to the Dealer 9962 Administration Manual