

Account Number
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# Tax-Free Savings Account Application

## 1. Holder Information

First and Last Names as well as Social Insurance Number are mandatory fields.

First Name	M.I.	Last Name
Social Insurance Number		Date of Birth MM DD YYYY

Provide your residential address. Cannot be a P.O. Box or Mail Drop.

**Legal Address**

Civic # / RR #	Street Name / RR	Street Type
Direction / Type	Unit Type / Floor	Unit # / Apartment # / Floor #
City	Province / State	Postal / Zip Code
		Country

## 2. Spouse Successor Holder Designation *Not accepted in Quebec.*

- Where permitted by law, I hereby elect that my spouse or common-law partner ("Spouse"), named below, become the holder under the Arrangement in the event of my death before termination of the Arrangement, if he or she survives me and acquire all of the holder's rights as the holder of the Arrangement, and the unconditional right to revoke any beneficiary designation made. I reserve the right to revoke this election as permitted by applicable law.

First Name	M.I.	Last Name
Social Insurance Number		

## 3. Beneficiary Designation *Not accepted in Quebec.*

- If I have not elected a successor holder, then I designated the person identified below as the Arrangement beneficiary entitled to receive all amounts payable under the Arrangement upon my death.
- This beneficiary designation forms part of the Application and Declaration of Trust for the Arrangement and will apply to all property held under the Account on my death.
- In certain provinces, a beneficiary designation, or any revocation thereof, can only be made by will. In some cases, the rights of my spouse or common-law partners as may be defined under applicable provincial law may override such beneficiary designation. Also, a beneficiary designation will not automatically change as a result of a future relationship or relationship breakdown; it may be necessary to complete a new designation for this purpose.
- I am solely responsible for ensuring that this beneficiary designation is valid under the laws of Canada, its provinces or territories and that this beneficiary designation is changed when appropriate. If I am domiciled in Canada when I die, I acknowledge that this beneficiary designation will be governed under the laws of the province or territory of my domicile at the time of my death. If I am not domiciled in Canada at the time of my death, then the laws of the province or territory where I was domiciled at the time of execution of this form will apply. Otherwise, the laws of Ontario will apply.
- I declare that any property passing to a beneficiary from the Plan, the value of such property, and any and all income or capital gain or other benefit arising from such property, shall remain the exclusive property of a beneficiary and shall be excluded from a beneficiary's net family property or community of property or the value of a beneficiary's assets for the purposes of division of property on a beneficiary's separation, divorce, annulment or death as contemplated by any statute dealing with matrimonial or family property in any jurisdiction to the extent allowed by law.

*continued on next page*

### 3. Beneficiary Designation *continued*

Please indicate the number of beneficiary designations:

Number of Designations
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Use percentages only,  
not dollar amounts.

#### Primary Beneficiaries

First Name	M.I.	Last Name
Social Insurance Number	Relationship	Allocation
		%

First Name	M.I.	Last Name
Social Insurance Number	Relationship	Allocation
		%

First Name	M.I.	Last Name
Social Insurance Number	Relationship	Allocation
		%

First Name	M.I.	Last Name
Social Insurance Number	Relationship	Allocation
		%

Do you wish to add a Contingent Beneficiary  Yes  No

### 4. Agreement

I am applying to open a Fidelity Clearing Canada ULC Self-Directed Tax-Free Savings Account (the "Account"), and request TSX Trust Company (the "Trustee") to file an election with the Minister of National Revenue to register this qualifying arrangement as a Tax Free Savings Account under section 146.2 of the Income Tax Act (Canada).

The Trustee may delegate certain of its duties relating to the Account to Fidelity Clearing Canada ULC ("Fidelity")

I agree that I have read, understood and agree to the terms and conditions of the Declaration.

I acknowledge that I am responsible for determining my contribution limits, my investment decisions and whether an investment is permitted or prohibited under the tax laws, and I am aware of the consequences of acquiring and holding investments which are prohibited and/or non-qualified. The Trustee and Fidelity have no obligation to give me investment advice in connection with the purchase, sale or retention of any investment.

I declare that the information given in this Application is true, correct and complete.

I will notify Fidelity, in a form acceptable to Fidelity and the Trustee, should I no longer be resident in Canada. I understand that I may be liable for certain tax consequences arising in connection with a non-compliant qualifying arrangement.

I acknowledge that I must and will notify Fidelity should I wish to use my interest or right in the Account as security for a loan or other indebtedness. All capitalized terms shall have the meanings given to them in the Declaration forming part of the Tax-Free Savings Account.

I acknowledge and agree to be bound by the terms and conditions of this Account as set out in the application, the Declaration, and any relevant addendum to the Account.

In the event of my death and as permitted by law, I acknowledge that the proceeds in the Account will be paid to the Successor Account Holder I have designated, or, failing such designation, to the beneficiary(ies), if any, whom I have designated. Otherwise, such proceeds will be paid to my estate.

**Note to Holders Domiciled in Quebec:** Successor Holder Designations and Beneficiary Designations are not accepted in Quebec.

It is my wish that all documents relating to the Account have been and shall be drawn up in the English language only. *C'est mon désir que tout document de rapportant au régime soient rédigés en anglais seulement.*

## 5. Consent to Collection and Use of Information

I hereby consent and agree to allow Fidelity Clearing Canada ULC ("Agent") and TSX Trust Company (the "Parties") to collect personal information about me from me and from other sources (the "Information") and to use such information to verify my identity; to administer the Arrangement; to provide me with products and services I may request, or which are required to be provided to me by law or applicable regulatory policies; and as otherwise required or permitted by law.

The Parties may use and disclose: i) the information to third parties as necessary to administer the Arrangement or as required by law or by applicable regulatory policies; ii) my social insurance number as required by law, including for income tax reporting purposes. The Parties may make the Information available to their employees, agents, and service providers, who are required to maintain the confidentiality of the Information. In the event a service provider is located outside of Canada, the service provider is bound by, and the Information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. The Parties may also use the information to manage their risks and operations and those of their affiliates and to comply with valid requests for information about me from regulators, government agencies, public bodies, or other entities who have a right to issue such requests.

If I provide personal information about a third party (such as my spouse or beneficiary), I shall have first obtained appropriate consent from those third parties to the collection, use, and disclosure of their personal information by the Parties in the course of the administration of the Arrangement, for the purpose for which I have provided it to any Party including the purpose described herein.

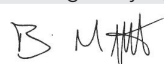
By writing to the Agent, I may obtain access to the Information at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law.

## 6. Signature and Date *Form cannot be processed without signature and date.*

By signing below, you:

- Certify that you are applying to open a Fidelity Clearing Canada ULC Self Directed Tax-Free Savings Account ("the Arrangement"), and request TSX Trust Company ("TSX Trust") to file an election with the Minister of National Revenue to register this qualifying arrangement as a Tax-Free Savings Account under Section 146.2 of the Income Tax Act (Canada).
- Represent that you will notify Fidelity, in a form acceptable to Fidelity and TSX Trust, should you no longer be resident in Canada. You understand that you may be liable for certain tax consequences arising in connection with a non-compliant qualifying arrangement.
- Acknowledge that you must and will notify Fidelity should you wish to use your interest or right in the Arrangement as security for a loan or other indebtedness.
- Acknowledge and agree to be bound by the terms and conditions of this Arrangement as set out in the Application and the Declaration
- Understand that it is your wish that all documents relating to the Arrangement have been and shall be drawn up in the English language only. *C'est mon désir que tout document de rapportant au l'arrangement soient rédigés en anglais seulement.*

Holder Signature	Date MM - DD - YYYY
<b>SIGN</b> ▶	▶

Authorized Signatory Signature
<b>SIGN</b> ▶ 

Accepted by **Fidelity Clearing Canada ULC**  
as Agent for TSX Trust Company