

**1. EMPLOYEE (ANNUITANT) DATA**

Name Mr.  Mrs.  Miss  Ms.

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(yyyy/mm/dd)

Last Name

First Name

Middle Initial

Street Address

Street Name

Apartment Number

City

Province

Postal Code

Telephone Number - Home

Telephone Number - Work

Employee Number

Social Insurance Number

Retirement Savings Plan Account

Contract #

**2. AUTHORIZATION OF PLAN CONTRIBUTIONS TO BE DEPOSITED INTO MY RETIREMENT SAVINGS PLAN ACCOUNT:**

**For residents of Quebec only:** I confirm that it is my express wish to have this Application Form and Declaration of Trust, drawn up in the English language. Je confirme que c'est ma volonté expresse que la présente demande d'adhésion et le présent contrat soient rédigés en anglais.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(yyyy/mm/dd)

Signature \_\_\_\_\_  
Employee (Annuitant)

**3. RSP AUTHORIZATION**

I hereby apply for participation in the Canadian Western Trust and Solium Capital Group Retirement Savings Plan in accordance with the terms and conditions of the Declaration of Trust set out on the reverse hereof which I have read and with which I agree to comply (the "Plan"). I declare that the information given in this application is true, correct and complete. I acknowledge that I am solely responsible for determining my contribution limits, my investment decisions and whether an investment is qualified under the tax laws, and I am aware of the consequences of acquiring and holding investments which are not qualified or which exceed foreign property limits. I confirm that Canadian Western Trust has no obligation to give me investment advice in connection with the purchase, retention, or sale of any investment and that any benefit received under the Plan is taxable under the *Income Tax Act* (Canada).

I request Canadian Western Trust to apply for registration of the Plan as a retirement savings plan under the *Income Tax Act* (Canada) and if applicable, under any provincial income tax legislation. I further authorize my Company to act as my agent for the purpose of the Plan.

**4. RSP BENEFICIARY DESIGNATION**

I hereby revoke any previous designation of beneficiary made by me for the Plan and I hereby designate the following person, if living at the date of my death, as beneficiary under the Plan. I acknowledge that I am solely responsible for ensuring that this designation of beneficiary is legally valid. **CAUTION:** In some provinces, your designation of beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. In such case, if you wish to change your beneficiary, you may do so by means of a new designation.

**5. My signature on this form grants consent for my Social Insurance Number, Date of Birth and other personal information provided above, and Beneficiary information provided below, to be used by Canadian Western Trust and/or its Agent, for the purpose of administering, and assigning an account for, the Plan.**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(yyyy/mm/dd)

Signature \_\_\_\_\_  
Employee (Annuitant)

**THE DESIGNATION OF A BENEFICIARY IS NOT AVAILABLE FOR QUEBEC RESIDENTS. THEREFORE, IF YOU ARE A QUEBEC RESIDENT, THE PLAN PROCEEDS WILL BE PAID TO YOUR ESTATE UPON YOUR DEATH.**

Beneficiary Last Name

First Name

Relationship

Address

Street Name

Apartment

City

Province

Postal Code

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(yyyy/mm/dd)

Signature \_\_\_\_\_  
Employee (Annuitant)