

Tax-Free Savings Account APPLICATION

Branch Number <input style="width: 90%;" type="text"/>	Branch Member Number <input style="width: 90%;" type="text"/>	Contract Number <input style="width: 90%;" type="text"/>
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*hereinafter referred to as "Credit Union"

Holder Information

Last name, first name

Gender Birthdate (DD/MMM/YYYY) SIN **Surname, birthdate and SIN must match CRA records.**

Address

Telephone (residence)
Telephone (alternate)

Postal code

Beneficiary Designation/Appointment of Successor Holder

(Where the sole beneficiary is my spouse, this designation also stands as a Successor Holder appointment, whereby the original TFSA contract continues in my spouse's name.)

I hereby designate:

Name: _____ Relationship: _____
Address: _____ SIN: Minor (Y/N) _____

as the person entitled to receive the proceeds of this TFSA in the event of my death.

For additional and/or alternate beneficiaries complete Form #302-425.

The beneficiary(s) designated herein must survive me and accept this designation in order to receive benefits payable under this TFSA. If more than one beneficiary is entitled to receive benefits, they shall share the proceeds equally unless otherwise specified.

- CAUTION:**
- 1) **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) **Your estate may be responsible for reporting and paying income tax on proceeds paid to a designated beneficiary.**

Deposit Information

Amount Deposit Date (DD/MMM/YYYY)

Variable Term

Days	No.
Months	
Years	

 Interest Rate % Maturity Date (DD/MMM/YYYY)

Interest Proceeds:
Compound
Transfer to variable

Review Carefully and Sign Below

To: Concentra Trust – Trustee

- I hereby apply for participation in the above mentioned Tax-Free Savings Account (TFSA) in accordance with the Declaration of Trust supplied to me.
- I request the Trustee to file an election to register my qualifying arrangement as a TFSA under the *Income Tax Act* (Canada).
- I request that this contribution, and any subsequent contributions be deposited in the Credit Union named above by the Trustee and I acknowledge that the terms and conditions of such deposits have been and will be agreed upon between myself and the Credit Union and such deposits will be held by the Trustee.
- I hereby acknowledge that I am solely responsible for determining the amount of contribution to the TFSA.
- I hereby agree to notify the Trustee in the event that I am no longer a resident of Canada.
- I hereby acknowledge that I am at least 18 years of age.
- I understand and acknowledge that the personal information contained herein is being collected by Concentra Trust (the "Trustee") and that by signing below, I confirm that I have read and consent to the terms of the "Concentra" Privacy Policy located on the Concentra website at concentra.ca or by contacting the Trustee at 1-800-788-6311. "Concentra" refers to Concentra Bank and its wholly-owned subsidiary Concentra Trust. I confirm that the information provided herein is true and accurate and I agree to make the above named Credit Union, on behalf of the Trustee, aware of any changes to the personal information contained on this application form.

_____ accepted by Credit Union authorized officer, as agent for the Trustee

_____ date

_____ signature of holder