

Personal Information (Annuitant)

Application for Membership

Last Name	First Name	Middle Initial(s)	Contract no.
Address			Social Insurance No.
City			Prov. Postal Code
Telephone (Home)	Telephone (Work)	Date of Birth (dd - mm - yyyy)	
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To: Canadian Western Trust Company

I hereby make application for a Trinity Western University Group Retirement Income Fund and request that you apply for registration of the Fund as a Retirement Income Fund under the Income Tax Act (Canada).

I further acknowledge and agree that:

1. I will provide Canadian Western Trust Company with proof of my age if so requested.
2. I have read and understood the Declaration of Trust that governs the Fund and I agree to be bound thereby.
3. I understand that any benefit received under the Fund will be taxable in my hands in accordance with Section 146.3 of the Income Tax Act (Canada).
4. I understand that if I do not provide my Social Insurance Number, registration of the contract will not be given by Canada Customs and Revenue Agency.
5. I hereby authorize Trinity Western University to act as my agent in connection with the Fund.
6. I hereby consent to the use and disclosure by Trinity Western University and Canadian Western Trust Company of my personal information, contained herein, (and such other personal information as may be provided by me to Trinity Western University or Canadian Western Trust Company, from time to time) to third parties for identification, tax reporting, record keeping, and other purposes associated with the administration of the Fund.

Date _____ Signature of Annuitant _____

Date _____ per Canadian Western Trust Company _____

Payment Direction

Until such time as I may amend these instructions in writing, you are hereby directed to make payment from my Fund on the following basis:

Payment Frequency: Monthly Quarterly Semi-annually Annually

Payment Amount: The minimum amount as prescribed by Canada Customs and Revenue Agency.
 Payments higher than the required minimum amount of \$ _____.

Payments commence on _____, 2 _____ (must be 16th or 30th of month).

- I elect to use: My age as a base in the calculation for receiving any payments.
 My spouse's/common-law partner's age as a base in the calculation for receiving my payments.
 My spouse's/common-law partner's date of birth is |-||-|||||
 (d d m m y y y y)
 Proof of age attached.

Beneficiary Designation

I, the undersigned, do hereby revoke any previous designation of Beneficiary made by me under my Fund and designate as my Beneficiary to receive all benefits payable to me under the Fund the following:

- to my spouse / common-law partner as the successor annuitant (name): _____
- as a lump sum to (name): _____ relationship _____ SIN _____
- as a lump sum to my estate

I direct Canadian Western Trust Company to pay the proceeds from my Fund to my Beneficiary in accordance with the terms of the Fund and subject to the provisions of the Income Tax Act (Canada) and Provincial Acts having application and any amendments or regulations thereto. If the above named beneficiary is not living at the time of my death, I designate my estate as beneficiary under the Fund. I am aware that this designation can only be altered or revoked by me in writing and is only effective when the receipt of the alteration or revocation has been acknowledged by Canadian Western Trust Company.

Date _____ Signature of Annuitant _____

