

Personal Information (Annuitant)

A p p l i c a t i o n f o r M e m b e r s h i p

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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(completed by Contributor for Spousal/Common-law Partner Retirement Savings Plan)

Spousal/Common-law Partner Account Information

Contributor's Name	Contributor's Social Insurance No.

Note: If both you and your spouse/common-law partner are opening Retirement Savings Plans, each must complete a separate application.

To: Canadian Western Trust Company

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

I further acknowledge and agree that:

1. It is my sole responsibility to determine the amount of contribution, which may be made under the Plan. I also understand that I am only permitted to make contributions approved by the Committee for the Trinity Western University Group Retirement Savings Plan.
2. I will provide Canadian Western Trust Company with proof of my age if so requested.
3. I have read and understood the Declaration of Trust that governs the Plan and I agree to be bound thereby.
4. I understand that any benefit received under the Plan will be taxable in my hands in accordance with Section 146 of the Income Tax Act (Canada).
5. I hereby authorize Trinity Western University to act as my agent in connection with the Plan.
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 Plan but for no other purpose.

Date _____ Signature of Annuitant _____
 Date _____ Per Canadian Western Trust Company _____

Beneficiary Designation

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

Name and Address of Beneficiary (please print)	Relationship

I direct Canadian Western Trust Company to pay the proceeds from my plan to my Beneficiary in accordance with the terms of the Plan 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 Plan. 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 _____

