

Atlantic Baptist Foundation Retirement Income Fund - APPLICATION

Contract Number

Annuitant

Name (Last name, first name)

SIN

Address

Birthdate

MMM DD YYYY

Telephone (Residence)

Telephone (Business)

Fax Number

Are you a resident of Canada?

 Y - Yes
 N - No

Pension Lock-In?

Attach agreement

Contract Detail

Designation

- S - Successor Annuitant (Complete designation form)
 B - Beneficiary (Complete designation form)
 N - No Beneficiary

Designation Date

MMM DD YYYY

Spouse's Birthdate

MMM DD YYYY

Age Base

- A - Annuitant
 S - Spouse

I hereby elect to base the term of payments under this arrangement on the age of my spouse whose date of birth is:

Contract Date

MMM DD YYYY

- (✓) LIF
 (✓) LRIF

Pension Jurisdiction:

- Qualify
 (✓) Yes (Pre 1993)
 (✓) No (Post 1992)

Contributor

Complete only if spousal contributions have been made to the RRSP transferred.

 Y - Yes N - No

Name (Last name, first name)

SIN

Authorization

I authorize an individual designated by the Atlantic Baptist Foundation to handle all transactions in my RRIF Contract that involve buying and selling of investments. I acknowledge that the Trustee shall not be responsible or liable for any advice, statements or representations made by the Atlantic Baptist Foundation, except as outlined in the Declaration of Trust provided by the Trustee. This authorization will remain in effect until revoked by me in writing.

Please Review Carefully and Sign Below

To: Concentra Trust - Trustee

- I hereby declare that the foregoing information is complete and true.
- I hereby apply for participation in the Atlantic Baptist Foundation Retirement Income Fund (Fund) in accordance with the Declaration of Trust supplied to me.
- I request that the Trustee apply for registration of my Fund as a retirement income fund with the proper authorities pursuant to the provisions of the *Income Tax Act* (Canada).
- I hereby acknowledge that:
 - Any payments received by me under the Fund must be included in my income for the taxation year of receipt and will be subject to tax under the applicable tax legislation.
 - It is my responsibility to ensure that all investments purchased for the Fund are qualified as defined in the *Income Tax Act*.
- I undertake to furnish proof of my age and the age of my spouse when required by you.
- I confirm that the information provided to Concentra Financial Services Association, its agents or affiliates (collectively "Concentra Financial") is complete and accurate. I hereby agree and consent to, and accept this as notice of, the terms of the Concentra Financial Confidentiality and Privacy Statement (located at http://www.concentrafinancial.ca/confidential_privacy.asp). I further agree and consent to Concentra Financial obtaining and retaining my personal information in order to ascertain my identity as required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and as required by law.

Accepted by Atlantic Baptist Foundation as Authorized Agent for the Trustee

Date

Annuitant's Signature

Atlantic Baptist Foundation
35 Atlantic Baptist Ave.,
Moncton NB E1E 4N3

Telephone: 506-857-9482