

Atlantic Baptist Foundation Retirement Savings Plan - APPLICATION

Contract Number

Annuitant

Name (Last name, first name)

SIN

Address

Birthdate

Telephone (Residence)

Mailing Address (if different from home address)

Telephone (Business/)

Fax Number

Are you a resident of Canada?

 Y - Yes
 N - No

Pension Lock-In?

Attach agreement

Pension Jurisdiction _____

Contributor

Complete only if this deposit is being made by and claimed as a deduction by your spouse

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 RRSP 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 apply for participation in the Atlantic Baptist Foundation Retirement Savings Plan (Plan) in accordance with the Declaration of Trust supplied to me.
- I request that the Trustee apply for registration of my Plan as a retirement savings plan with the proper authorities pursuant to the provisions of the *Income Tax Act* (Canada).
- I hereby acknowledge that:
 - I am solely responsible for determining the amount of contribution to the Plan which I may claim as a deduction under applicable tax legislation.
 - Any payments received by me under the Plan 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 Plan are qualified as defined in the *Income Tax Act*.
- 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