

Atlantic Baptist Foundation Retirement Income Fund - APPLICATION

Contract Number

Annuitant

Last name, first name

Address

Postal
code

SIN

Birthdate

(dd/mm/yyyy)

Telephone (residence)

Telephone (alternate)

Are you a resident of Canada? (✓) Yes (✓) No

Contract Detail

Pension Lock-in?

 (✓) No (✓) Yes (attach agreement)

Indicate Lock-in RIF type

Pension Jurisdiction

Qualifying RIF (✓) Yes (Pre-1993) (✓) No (Post-1992)Age Base (✓) Annuitant (✓) Spouse I hereby elect to base the term of payments under this arrangement on the age of my spouse whose date of birth is:

Spouse's birthdate (dd/mm/yyyy)

Designation

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

Contributor

Complete only if funds are being transferred from a spousal or common-law partner plan

Last name, first name

SIN

Authorization

- I authorize an individual designated by the Atlantic Baptist Foundation to handle all transactions in my RIF 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. This authorization will remain in effect until revoked by me in writing at any time by sending a written request to the Trustee c/o Concentra Trust, 333 3rd Avenue North, Saskatoon SK S7K 2M2.

Review Carefully and Sign Below

To: Concentra Trust – the "Trustee"

- I hereby apply for participation in the Atlantic Baptist Foundation Retirement Income Fund (the "Fund") in accordance with the Declaration of Trust supplied to me.
- I request that the Trustee apply for registration of my Fund as a registered 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 investments as defined in the *Income Tax Act*.
- I undertake to furnish proof of my age and the age of my spouse/common-law partner when required by the Trustee.
- 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 Agent, on behalf of the Trustee, aware of any changes to the personal information contained on this application form.

Accepted by Atlantic Baptist Foundation, as agent for the Trustee

date

signature of annuitant

Atlantic Baptist Foundation
10 Atlantic Ave
Montcon NB E1E 4N2
506-857-9482