

Atlantic Baptist Foundation Retirement Savings Plan - 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

Pension Lock-in?

- (✓) Yes (attach agreement)
 (✓) No

Pension Jurisdiction

Contributor

Complete only if this deposit is being made by and claimed as a deduction by your spouse/common-law partner

Last name, first name

SIN

Authorization

- I authorize an individual designated by the Atlantic Baptist Foundation to handle all transactions in my RSP 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 Savings Plan (the "Plan") in accordance with the Declaration of Trust supplied to me.
- I request that the Trustee apply for registration of my Plan as a registered 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 investments as defined in the *Income Tax Act*.
- 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 Baptist Ave
Moncton NB E1E 4N2

506-857-9482