



TAX-FREE SAVINGS ACCOUNT APPLICATION

14th Floor – 888 Dunsmuir Street
 Vancouver, BC V6C 3K4
 Phone: 604-683-2881 Fax: 604-683-5110
 Toll Free: 1-800-663-0324
 www.peoplestrust.com

Customer Number	Plan Number	Account Number
(For Office Use Only)		

Applicant Profile

Name		Phone # (incl. area code)	S.I.N.	D.O.B. (DD/MM/YY)
Address		City	Province	Postal Code
Applicant Email	Occupation*	Employer		

Must be age of majority according to province of residence. Must be a resident of Canada.

Investment Details

Peoples Trust TFSA (Savings) - Minimum Deposit \$1,000.00

or

Guaranteed Investment Certificate - Minimum Deposit \$1,000.00

Deposit Amount Issue Date (DD/MM/YY) Maturity Date (DD/MM/YY) Term Options 1-5 years Interest Rate

Source of Funds: Contribution Transfer In - from TFSA Transfer In – Death of Spouse Transfer In – Marriage Breakdown

Successor Holder/Beneficiary Designation

Successor Holder Designation – I designate my spouse or common-law partner whose name is set out below (if he or she survives me) to become the successor holder of this Tax-Free Savings Account on my death.

Mr. Mrs. Ms. Other D.O.B. ____/____/____ (DD/MM/YY)

Surname Given Name Initial(s) S.I.N.

Beneficiary Designation – I designate the beneficiary named below to receive the proceeds of this Tax-Free Savings Account on my death subject to the provisions of applicable law.

Beneficiary name (last, first, middle initial) Relationship to Account Holder

You direct the Trustee to administer the proceeds of this Tax-Free Savings Account ("TFSA") in accordance with the Declaration of Trust "set out" on the reverse of this application. On your death, and if you do not designate a successor holder who survives you, the trustee will, upon receipt of such documentation as the Trustee may reasonable require, distribute the proceeds of the TFSA in accordance with the operative designation of beneficiary, if any. If no person survives you or you make no designation, the proceeds will be distributed to your estate. On making any such payment, the Trustee shall be released from all further obligations under the TFSA. You acknowledge that the Declaration of Trust provides that, prior to making payments, the Trustee may require evidence that this designation has not been subsequently revoked or amended by you. Satisfactory evidence may include letters probate or similar documents.

Third Party Declaration:

Will this TFSA be used on behalf of anyone not disclosed on this application? (If yes, please provide details on a separate Third Party Information Form) YES NO

Politically Exposed Person (PEP)

Are you a PEP, a HIO, or a family member or close associate to a PEP or HIO? (If yes, please provide the specific details on a separate PEP Form) YES NO

A PEP is an individual who holds or has held office or a senior position in or on behalf of a country, government, military, or judiciary, or is or was a head of an international organization (HIO), a leader or president of an organization funded by multiple nations or states, regardless of their citizenship, residency status or birth place.

Intended Use of Account:

Saving/Investment Vacation Retirement Education Other (Please specify) _____

Application To Peoples Trust Company (TRUSTEE):

You hereby apply for a Peoples Trust Company Tax-Free Savings Account (TFSA) and request that we file an election with the Minister of National Revenue to register this account as a TFSA under section 146.2 of the *Income Tax Act* (Canada) and applicable *provincial income tax legislation* of your province of residence. You acknowledge having read the Declaration of Trust and understand the terms, conditions and stipulations, under said Account. You further declare that all interest rates, terms and fees have been fairly disclosed to you as set out in this application.

Application Date Applicant Signature Authorized Branch/Representative Signature

Acknowledgement Section

By signing this application I/we acknowledge that: I/we have received, read and understand the Terms & Conditions. I/we consent to the collection, use and disclosure of my/our personal information as outlined in the Terms & Conditions. I/we consent to an identification check to confirm my/our identity. I/we hereby apply to be the Registered Holder(s) of the account as set out above.

Applicant Signature _____ Date _____

After completing this application form, send it together with your pre-printed personal cheque payable to yourself to:

Peoples Trust Company, 1400 – 888 Dunsmuir Street, Vancouver, BC V6C 3K4

To transfer an existing TFSA from your other financial institution, visit our website: www.peoplestrust.com/high-interest-accounts/banking-with-us/banking-forms or call Vancouver: 604-331-3465 or Toll Free: 800-663-0324.

* If self-employed, state the nature of employment. If retired, please state your occupation before retirement.