How To... fill out your TFSA application

CAPITAL ESTATE PLANNING CORPORATION
Provider of Your ATA Voluntary Benefits Program

Please print clearly or download our fillable PDF forms at www.capitalplanning.ca/forms, and fill out the application as completely as you can.

The highlighted sections sometimes give people difficulty, so we have put together some tips on how to fill out the application.

Questions? Connect with us!

Email us at rrsp@capitalplanning.ca OR call us at 780-463-6128

canada life™

Application for membership in a group tax-free savings account

The Alberta Teachers' Association Retirement Savings Plan

Return to Capital Estate Planning Corporation
4222 - 97th Street NW, Edmonton, AB, T6E 5Z9 Phone 1-800-661-8755 or (780) 463-6128 Fax: (780) 462-7523
e-mail: rrsp@capitalplanning.ca web: www.capitalestateplanning.com

In this application, "you" and "your" refer to the person who is applying to become a holder/member of the group tax-free savings account (the plan), and "we," "us," and "our" refer to the issuer, The Canada Life Assurance Company, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting grsaccess.com.

SECTION 1 – EMPLOYER/PLAN SPONSOR

Name of employer/plan sponsor

Policy/plan number **CEPC admin will fill this in**

SECTION 2 – INFORMATION ABOUT YOU (please print)

Last name | Middle initial | First name | ☐ Employee ☐ Non-employee | Division/subgroup **N/A** | Identification/employee number (if applicable)

Social insurance number (SIN) - -
You authorize the use of your SIN for tax reporting, identification and record keeping

Date of birth yyyy mm dd
Must be 18 or older

Language ☐ English ☐ French

Email address
Required for online access and to email information about the plan or services connected with it

Address (apt. no., street no., street)

City | Province | Postal code | Telephone no. - - Ext. | Alternate telephone no. - -

If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street) | City | Province | Postal code

Section 3 - Complete this section for your TFSA to transfer to your spouse upon your death.
If you do not have a spouse, leave section 3 blank.

SECTION 3 – SUCCESSOR HOLDER/MEMBER

Where permitted by law, in the event of your death, you appoint:

Full name of **spouse or common-law partner** (last name, then first)	SIN	Date of birth (yyyy, mm, dd)
	- -	

to become the successor holder and acquire all rights you have as holder instead of a lump sum death benefit. You understand that, if you have appointed your spouse or common-law partner as successor holder, a beneficiary designation will be effective only if the successor holder dies before you or is not your spouse or common-law partner at the date of your death. If you have appointed a successor holder, an irrevocable beneficiary cannot be designated.

Section 4 - If your spouse (in section 3) pre-deceases you, your TFSA will then be paid out to your Primary Beneficiaries.

Percentage of benefit must equal 100%

SECTION 4 – YOUR BENEFICIARY DESIGNATION

Where permitted by law, you can appoint one or more beneficiaries. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary, complete the *Designation of irrevocable beneficiary* form.

Primary beneficiary(ies)

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you – Select box below OR Specify under Other: Married	Quebec civil union spouse	Common-law partner	Other (child, friend, etc.)	% of benefit
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
							Total 100%

Important: Quebec residents

- If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary without their consent) unless you check the box below:
  I designate my married or civil union spouse revocably ☐
- The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section).

Your TFSA will be paid out to the Contingent Beneficiaries only if the Successor Holder and the Primary Beneficiaries have pre-deceased you.

Unless the law requires otherwise, if one of your primary beneficiaries predeceases you, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to your contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to your estate.

Contingent beneficiary(ies)

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you	% of benefit
				Total 100%

Fill this section out if (at time of application) your Beneficiaries are minors.

Application for membership in a group tax-free savings account (continued)

SECTION 4 – YOUR BENEFICIARY DESIGNATION (continued)

Trustee (to be completed if any of your beneficiaries are minors or otherwise lack legal capacity and do not reside in Quebec; do not complete if a formal trust exists)

Last name	First name	Trustee for (indicate beneficiary name)	Relationship of trustee to you

You authorize the trustee(s) named above 1) to receive benefits payable on behalf of any beneficiaries who are minors or otherwise lack legal capacity to give a valid discharge and 2) in their sole discretion, to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trust will terminate once the beneficiary is both of age of majority and has capacity to give a valid discharge. Legal advice should be obtained prior to appointing a trustee. Payment to the trustee(s) discharges us to the extent of the payment.

SECTION 5 – PAYROLL DEDUCTION AUTHORIZATION (to be completed where you are an employee)

You authorize your employer to deduct ___________ from each pay.

Section 6 - Leave this blank to invest your funds in the default program (Fidelity ClearPath).

SECTION 6 – YOUR INVESTMENT SELECTION

Select investment(s) for contributions to the plan. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
	%		%
	%		%
	%		%
	%		%
	%		%

Total allocation must equal 100%

SECTION 7 – ELECTION FOR REGISTRATION

You apply for membership in the plan and authorize your plan sponsor to act as your agent for the purpose of the plan. You request we file an election with the Minister of National Revenue to register the qualifying arrangement as a tax-free savings account under the *Income Tax Act* (Canada) and any similar provincial law. Your plan will be effective on the date this application is signed.

SECTION 8 – SIGNATURE

You confirm the information on this form and will update it in the future as it changes. You have read the terms of the member's certificate and this application, including the attached Protecting your personal information, and agree to be bound by their terms. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. If you cease to be eligible to participate in the plan, your plan will be transferred to a new policy/plan number with us unless we receive other instructions from you, and you appoint us as your agent for this and any related purpose.

Don't forget to sign your application!

Signature of holder ______________________ Date ______________

President and Chief Executive Officer

President and Chief Operating Officer, Canada

Email your completed application to: rrsp@capitalplanning.ca

Using your smart phone to take a photo of your application?

Follow these TIPS for a GOOD IMAGE!

- ✓ Use a well lit area
- ✓ Hold your camera/smart phone STEADY
- ✓ Use the auto focus function - to ensure a sharp image

Please note: an image that is blurry, dark, or illegible may delay the processing of your application.