

# OPEN AND REGISTERED PLAN APPLICATION FORM

**Dynamic Funds®**  
*Invest with advice.*

**DYNAMICEDGE  
PORTFOLIOS**



- NON-REGISTERED PLAN (OPEN)
- RETIREMENT SAVINGS PLAN (RSP)
- SPOUSAL RSP
- LOCKED-IN RETIREMENT ACCOUNT (LIRA)
- RETIREMENT INCOME FUND (RIF)
- SPOUSAL RIF
- LIFE INCOME FUND (LIF)
- PRESCRIBED RETIREMENT INCOME FUND (PRIF)
- LOCKED-IN RETIREMENT INCOME FUND (LRIF)
- RESTRICTED LOCKED-IN SAVINGS PLAN (RLSP)
- RESTRICTED LIFE INCOME FUND (RLIF)

**Head Office**

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Tel: 514-908-3217 (French)  
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# APPLICATION FORM

NEW ACCOUNT  
 EXISTING ACCOUNT # \_\_\_\_\_

## 1. PLAN INFORMATION

**TYPE OF PLAN (Please choose one):** PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH TYPE OF PLAN.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> NON-REGISTERED PLAN (OPEN)    | <input type="checkbox"/> LOCKED-IN RETIREMENT ACCOUNT (LIRA)*      | <input type="checkbox"/> RESTRICTED LIFE INCOME FUND (RLIF)*               |
| <input type="checkbox"/> RETIREMENT SAVINGS PLAN (RSP) | <input type="checkbox"/> LIFE INCOME FUND (LIF)*                   | * Attach the applicable Addendum <b>and/or</b> Spousal Waiver/Consent Form |
| <input type="checkbox"/> SPOUSAL RSP                   | <input type="checkbox"/> LOCKED-IN RETIREMENT INCOME FUND (LRIF)*  |  |
| <input type="checkbox"/> RETIREMENT INCOME FUND (RIF)  | <input type="checkbox"/> PRESCRIBED RETIREMENT INCOME FUND (PRIF)* |  |
| <input type="checkbox"/> SPOUSAL RIF                   | <input type="checkbox"/> RESTRICTED LOCKED-IN SAVINGS PLAN (RLSP)* |  |

## 2. ANNUITANT/PLANHOLDER INFORMATION

**LANGUAGE PREFERENCE:**  ENGLISH  FRENCH

MR.  MRS.  MISS  MS  DR.  CORPORATION (Attach Corporate Resolution)  FORMAL TRUST (Attach Trust Documents)

SURNAME  FIRST NAME AND INITIALS

NAME OF CORPORATION OR FORMAL TRUST (If applicable)

ADDRESS

CITY  PROVINCE

POSTAL CODE  EMAIL ADDRESS

HOME TELEPHONE (   )  BUSINESS TELEPHONE (   )  - EXT.

SOCIAL INSURANCE NUMBER  (MANDATORY) DATE OF BIRTH    (MANDATORY)

DAY MONTH YEAR

## 3. SECONDARY PLANHOLDER INFORMATION

- JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP\* (Not valid in the province of Quebec)  
 TENANTS IN COMMON\* (Joint plans, unless otherwise specified, will be set up as Joint Tenants with Rights of Survivorship)  
 Please check if any one of the two or more joint planholders may sign; otherwise all planholder signatures will be required.

- CONTRIBUTING SPOUSE'S INFORMATION  
 (For Spousal RSP and RIF only)  
 IN TRUST FOR\*  
 \* Not applicable for registered plans

MR.  MRS.  MISS  MS  DR.

SURNAME  FIRST NAME AND INITIALS

SOCIAL INSURANCE NUMBER  (MANDATORY) DATE OF BIRTH    (MANDATORY)

DAY MONTH YEAR

## 4. DEALER AND ADVISOR INFORMATION

DEALER NUMBER  (MANDATORY) ADVISOR NUMBER  (MANDATORY) DEALER ACCOUNT NUMBER

DEALER NAME  ADVISOR NAME

BUSINESS TELEPHONE (   )  - EXT.  FAX NUMBER (   )

DEALER EMAIL ADDRESS  ADVISOR EMAIL ADDRESS

## 5. BENEFICIARY DESIGNATION

**APPLICABLE ONLY TO REGISTERED PLANS**

In some provinces a beneficiary designation or revocation may only be made by will. In some cases the rights of your spouse may override a beneficiary designation. Also, your beneficiary designation may not automatically change as a result of a future marriage or marriage breakdown; you may need to complete a new designation in the future for this purpose. I designate the person(s) named below as my beneficiary(s) under the Plan and hereby revoke all prior designations. I reserve the right to revoke this designation. If a beneficiary predeceases me, I direct that their percentage allocation be divided equally among the surviving beneficiary(s). I understand that if I have completed the "Election of Spouse or Common-Law Partner as Successor Annuitant" in Section 11, the listed beneficiary(s) designation will only be effective if my spouse predeceases me or is not my spouse on the date of death. I acknowledge that it is my sole responsibility to ensure that the beneficiary designation is effective and is changed when appropriate.

BENEFICIARY SURNAME	FIRST NAME	SOCIAL INSURANCE NUMBER	RELATIONSHIP	ALLOCATION
				%
				%
				%

**6. INVESTMENT SELECTION**

PLEASE PROCESS MY DEPOSIT AND/OR TRANSFER(S) AND MAKE THE INVESTMENTS IN THE FUNDS I HAVE SELECTED.  
 T2033 OR TRANSFER AUTHORIZATION FORM ATTACHED  T2151 FORM ATTACHED  T2220 FORM ATTACHED

FUND NAME	FUND CODE FE	FE FEE* %	FUND CODE LL	FUND CODE DSC	INITIAL INVESTMENT <input type="checkbox"/> \$ <input type="checkbox"/> %	SYSTEMATIC WITHDRAWAL PLAN <input type="checkbox"/> \$ <input type="checkbox"/> %	PRE-AUTHORIZED CHEQUING PLAN \$	OPTIONAL AUTOMATIC REBALANCING SERVICE
							\$	%
							\$	%
							\$	%
							\$	%
							\$	%
							\$	%
							\$	%

\*Front end fee is zero unless otherwise specified.  
**For Registered Plans, U.S. Dollar Funds are not available.**  
**For RIF/LIF/PRIF/LRIF/RLIF, a deferred sales charge may apply to securities used to make your payments if no fund instructions are provided.**

TOTAL TOTAL TOTAL TOTAL  
 Now complete Now complete Now complete Now complete  
 section 9/11. section 10. section 12.

**7. SMART PLAN OPTION**

TRANSFER SECURITIES FROM ONE FUND TO ANOTHER FUND WITHIN THE SAME ACCOUNT.  TRANSFER SECURITIES TO ANOTHER ACCOUNT

START DATE: [DAY] [MONTH] [YEAR] END DATE: [DAY] [MONTH] [YEAR] FREQUENCY:  MONTHLY  QUARTERLY  SEMI-ANNUALLY  ANNUALLY

AMOUNT <input type="checkbox"/> Securities <input type="checkbox"/> \$ <input type="checkbox"/> %	NAME OF FROM FUND	FUND CODE	NAME OF TO FUND	FUND CODE

Please accept this authorization to switch from the fund noted above to the other fund(s) in the amount indicated. A Smart Plan allows a pre-arrangement to convert or switch a specified amount (\$100 Minimum) of one fund to another fund on a monthly, quarterly, semi-annual or annual basis.

**8. DISTRIBUTIONS**

ALL DISTRIBUTIONS WILL BE REINVESTED INTO SECURITIES OF THE SAME FUNDS UNLESS INDICATED OTHERWISE.

VOID CHEQUE REQUIRED

DEPOSIT DIRECTLY INTO BANK ACCOUNT  MAIL CHEQUE TO HOME ADDRESS  
 REINVEST DISTRIBUTIONS INTO THE FOLLOWING FUND(S):

FROM FUND NAME	FUND CODE	TO FUND NAME	FUND CODE	MUST EQUAL 100%	
				% TO BE PAID IN CASH (0-100%)	% TO BE REINVESTED (0-100%)

Distributions for registered plans are automatically reinvested and cannot be paid in cash. Cash distributions are also not available for Money Market Funds or the Dollar Cost Averaging Fund (DCAF). Planholders may elect to receive all or part of a distribution in cash. Please specify above the percentage of distributions to be paid to you in cash and/or to be reinvested in additional units of a Fund.

**9. SYSTEMATIC WITHDRAWAL PLAN**

APPLICABLE ONLY TO NON-REGISTERED PLANS IN CANADIAN DOLLAR FUNDS

VOID CHEQUE REQUIRED

START DATE: [DAY] [MONTH] [YEAR] FREQUENCY:  MONTHLY  QUARTERLY  SEMI-ANNUALLY  ANNUALLY

Please accept this authorization to redeem sufficient securities to provide a payment of \$ [ ]  GROSS or  NET OF FEES  
 Systematic Withdrawal Plans are not available for U.S. Dollar Funds. Unless otherwise specified, the systematic withdrawal will be provided as a gross payment. For Registered Plans see section 11.

SET-UPS AND CHANGES ARE REQUIRED 5 BUSINESS DAYS PRIOR TO CREDIT DATE.

**10. PRE-AUTHORIZED CHEQUING PLAN (PAC)**

NOT APPLICABLE TO LIRA/RIF/LIF/PRIF/LRIF/RLSP/RLIF OR U.S. DOLLAR FUNDS

VOID CHEQUE REQUIRED

START DATE: [DAY] [MONTH] [YEAR] FREQUENCY:  WEEKLY  EVERY TWO WEEKS  TWICE A MONTH\*  MONTHLY  
 EVERY TWO MONTHS  QUARTERLY  TWICE A YEAR  ANNUALLY \* 15th and end of month

Signature(s) required if Depositor(s) is/are other than the Annuitant/Planholder indicated in Section 2. For a joint account, each account holder must sign if more than one signature is required on cheques issued against the account. I/We hereby authorize and request 1832 Asset Management L.P. ("1832") to draw on my/our account as referred to on the attached void cheque to purchase fund securities as indicated in Section 6. Should my/our cheque be returned due to insufficient funds, I/we understand that a \$25.00 handling fee will be charged to my 1832 account. I/We acknowledge that I/we have read and agree to be bound by the Pre-Authorized Chequing Plan Terms and Conditions attached to this application.

SIGNATURE OF SIGNATORY ON BANK ACCOUNT  
 For payments from corporate bank accounts, please provide Corporate Resolution.

SIGNATURE OF CO-SIGNATORY ON BANK ACCOUNT

SET-UPS AND CHANGES ARE REQUIRED 5 BUSINESS DAYS PRIOR TO DEBIT DATE.

11. PLAN PAYMENT DETAILS APPLICABLE ONLY TO RIF/LIF/PRIF/LRIF AND RLIF PAYMENT DETAILS

VOID CHEQUE REQUIRED

START DATE: [DAY][MONTH][YEAR] FREQUENCY: [ ] MONTHLY [ ] QUARTERLY [ ] SEMI-ANNUALLY [ ] ANNUALLY

PLEASE ACCEPT THIS AUTHORIZATION TO REDEEM SUFFICIENT SECURITIES TO PROVIDE THE FOLLOWING PAYMENT (PLEASE CHOOSE ONLY ONE):

- [ ] THE MINIMUM ANNUAL AMOUNT (Payments will begin in the first full calendar year following the initial investment)
[ ] THE MAXIMUM ANNUAL AMOUNT (For LIF/LRIF and RLIF only. The annual payment may not exceed the maximum amount permitted by law)
[ ] THE ANNUAL AMOUNT OF \$ [ ] GROSS or [ ] NET OF FEES AND WITHHOLDING TAXES
Unless otherwise specified, the annual amount will be provided as a gross payment.

ELECTION OF PAYMENT BASED ON SPOUSE'S OR COMMON-LAW PARTNER'S AGE.

[ ] I ELECT THAT THE PAYMENT UNDER THE RIF/LIF/LRIF/PRIF/RLIF BE CALCULATED USING THE AGE OF MY SPOUSE OR COMMON-LAW PARTNER. For LIFs and RLIFs the minimum payment (based on the spouse's age) cannot exceed the maximum benefit based on the annuitant's age. I understand this election cannot be changed after the end of the year in which this application is made, even if my spouse or common-law partner should die or we should separate.

SPOUSE'S SURNAME [ ] SPOUSE'S FIRST NAME AND INITIALS [ ]
SPOUSE'S SOCIAL INSURANCE NUMBER [ ] SPOUSE'S DATE OF BIRTH [ ]

ELECTION OF SPOUSE OR COMMON-LAW PARTNER AS SUCCESSOR ANNUITANT. APPLICABLE ONLY TO RIFs.

[ ] WHERE PERMITTED BY LAW, I HEREBY ELECT THAT MY SPOUSE OR COMMON-LAW PARTNER BECOME THE ANNUITANT UNDER THE RIF IN THE EVENT OF MY DEATH BEFORE THE TERMINATION OF THE RIF, IF HE OR SHE SURVIVES ME. I RESERVE THE RIGHT TO REVOKE THIS ELECTION AS PERMITTED BY APPLICABLE LAW.

SPOUSE'S SURNAME [ ] SPOUSE'S FIRST NAME AND INITIALS [ ]
SPOUSE'S SOCIAL INSURANCE NUMBER [ ] SPOUSE'S DATE OF BIRTH [ ]

12. OPTIONAL AUTOMATIC REBALANCING SERVICE

- [ ] Dynamic Portfolio Service - is available to investors that maintain a minimum account balance of \$1,000 invested among eligible Dynamic Funds. Most Dynamic Funds are eligible to participate in this service. U.S. Dollar Funds, Hedge Funds, Dynamic Dollar Cost Averaging Fund, Dynamic Venture Opportunities Fund, Protected Funds and Marquis Products are not eligible. A full list of Dynamic Funds eligible to participate is specified in the Dynamic Reference Guide.
[ ] Marquis Portfolio Service - is available to investors of the Marquis Investment Program that maintain a minimum balance of \$10,000 invested among the Marquis Products. The Dynamic Funds eligible for the Marquis Investment Program are also eligible to participate in this service. A full list of Marquis Products eligible to participate is specified in the Marquis Reference Guide.

REBALANCING TRIGGER [ ] ± 2.5% [ ] ± 5.0% [ ] ± 7.5% [ ] ± 10.0% [ ] ± 15.0%
REBALANCING FREQUENCY [ ] Monthly [ ] Quarterly [ ] Semi-Annually [ ] Annually

Please note rebalancing is only permitted between funds of the same load type.

I (We) hereby authorize 1832 to automatically rebalance my account without further notice on the last Friday of my selected rebalancing frequency and based on the rebalancing threshold provided above by investing and switching among Securities of the Funds to return to my (our) asset mix as indicated in Section 6 of this application form. I (We) agree to assume full responsibility for tax implications that may result from the buying or selling rebalancing transactions for non-registered accounts. I (We) also understand that rebalancing may also trigger redemption fees on Securities where deferred sales charges apply.

I (We) understand that if one or more of my (our) Funds are fully redeemed or switched from my (our) account, the asset mix will not be updated and will remain unchanged unless 1832 receives written instructions with my (our) signature(s). I (We) agree to bear all the risks associated with my (our) rebalancing decisions.

INVESTOR SIGNATURE \_\_\_\_\_ SIGNATURE OF JOINT INVESTOR (IF APPLICABLE) \_\_\_\_\_
ENSURE SECTION 6 IS COMPLETED.

13. SPECIAL INSTRUCTIONS

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

14. AUTHORIZATION

I certify that the information contained in this Application is true and complete and that I have read and agree to comply with the applicable terms and conditions stated in this Application. I further acknowledge receipt of a copy of the current prospectus(es) of the Fund(s) in which I am investing.

I hereby apply for a 1832 Retirement Savings Plan (the "Plan") or a 1832 Retirement Income Fund (the "Fund") for investment as selected above and request of The Bank of Nova Scotia Trust Company that it apply to have such Plan or Fund registered in accordance with the Income Tax Act (Canada) and provincial income tax laws and acknowledge that I am aware of and agree to be bound by (a) the terms and conditions applicable to the Plan or Fund as set out in the Declaration of Trust on the reverse side hereof (and in the case of a Plan or Fund to which locked-in funds are being transferred, the applicable addendum thereto); (b) the fact that I, or my spouse as the case may be, am solely responsible for determining the amount constituting my, or my spouse's as the case may be, maximum allowable contributions and further, that I am aware of the tax consequences with respect to cumulative excess contributions according to applicable tax legislation; (c) the fact that income tax may be payable by me, my spouse, or my designee or by my estate, as the case may be, on any benefit derived under the Plan. I also agree to provide on request, proof of my age for myself and if applicable for my spouse and such further information as may be required in connection with the registration and administration of the Plan or Fund. I acknowledge the provisions of Section 5 of this Application concerning my right to designate a beneficiary under the provisions of the Plan.

I acknowledge that I have requested this subscription and all documents, notices and proceedings entered into, given or instituted pursuant hereto or relating directly or indirectly hereto be drawn up in English. Je reconnais avoir demandé à ce que ce formulaire ainsi que tous les documents conclus, avis donnés et procédures intentées relies, directement ou indirectement aux présentes, soient rédigés en anglais.

PRIVACY POLICY

By signing this application form, I acknowledge reading 1832's standards for privacy and protection which are disclosed on the reverse side hereof and I consent to my personal information being collected, held, used and disclosed by 1832 to administer my account. My personal information may be shared with others outside 1832 in limited circumstances including, but not limited to third party service providers, my financial advisor and dealer and as required or permitted by law. I acknowledge that I may obtain 1832's Privacy Policy by calling toll free 1.800.268.8186, or by visiting www.dynamic.ca.

ANNUITANT'S/PLANHOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
JOINT APPLICANT'S SIGNATURE (Not applicable for Registered Plans) \_\_\_\_\_ DATE \_\_\_\_\_

Authorized Signature of Acceptance
This application is accepted by 1832 Asset Management L.P.
As Agent for The Bank of Nova Scotia Trust Company



