

RETIREMENT SAVINGS PLAN APPLICATION

<p>Annuitant Information</p>	<p>Account Number _____</p> <p>_____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.</p> <p>Last name, first name, initial</p> <p>Address _____</p> <p>City _____ Province _____ Date of Birth (mm/dd/yyyy) _____</p> <p>Country _____ Postal Code _____ Social Insurance Number _____</p> <p>Occupation _____ Phone Number _____</p>
<p>Contribution or Transfer Information</p>	<p>Contribution Amount _____</p> <p>Date _____</p> <p>Annuitant <input type="checkbox"/> Spouse <input type="checkbox"/></p> <p>Transfer From _____</p>
<p>Spousal RSP Information</p>	<p><i>Provide the following if contributions to the Plan include spousal contributions, or if transfers to the Plan include amounts which were transferred from a spousal RRSP or RRIF.</i></p> <p>_____ <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.</p> <p>Spouse's last name, first name and initial</p> <p>Address _____</p> <p>City _____ Province _____ Date of Birth (mm/dd/yyyy) _____</p> <p>Country _____ Postal Code _____ Social Insurance Number _____</p>
<p>Locked-In RSP Information</p>	<p>Check here if application is for:</p> <p><input type="checkbox"/> Locked-In Retirement Savings Plan</p> <p><input type="checkbox"/> Locked-In Retirement Account</p> <p><input type="checkbox"/> Restricted Locked-In Savings Plan</p> <p>Jurisdiction governing the locked-in funds: _____</p> <p><i>Provisions contained in the Locked-In Addendum will take precedence over the Declaration of Trust</i></p>

<p>Designation of Beneficiary</p>	<p>Beneficiary's last name, first name, initial _____ Relationship to Annuitant _____</p> <p>Address _____ Date of Birth (mm/dd/yyyy) _____</p> <p>City _____ Province _____ Social Insurance Number _____</p> <p>Country _____ Postal Code _____</p> <p>Not Applicable for Annuitants Domiciled in Quebec.</p> <p>I hereby revoke all previous beneficiary designations made in respect of the Plan, including any such designation made in my will, and I designate the person identified above as the Plan beneficiary entitled to receive all amounts payable under the Plan upon my death.</p> <p>This beneficiary designation forms part of the Application and Declaration of Trust for the Plan and will apply to all property held under the Plan on my death.</p> <p>In certain provinces, a beneficiary designation, or any revocation thereof, can only be made by will. In some cases, the rights of my spouse or common-law partner as may be defined under applicable provincial law may override such beneficiary designation. Also, a beneficiary designation will not automatically change as a result of a future relationship or relationship breakdown; it may be necessary to complete a new designation for this purpose.</p> <p>I am solely responsible for ensuring that this beneficiary designation is valid under the laws of Canada, its provinces or territories and that this beneficiary designation is changed when appropriate. If I am domiciled in Canada when I die, I acknowledge that this beneficiary designation will be governed under the laws of the province or territory of my domicile at the time of my death. If I am not domiciled in Canada at the time of my death, then the laws of the province or territory where I was domiciled at the time of execution of this form will apply. Otherwise, the laws of Ontario will apply.</p> <p>I declare that any property passing to a beneficiary from the Plan, the value of such property, and any and all income or capital gain or other benefit arising from such property, shall remain the exclusive property of a beneficiary and shall be excluded from a beneficiary's net family property or community of property or the value of a beneficiary's assets for the purposes of division of property on a beneficiary's separation, divorce, annulment or death as contemplated by any statute dealing with matrimonial or family property in any jurisdiction to the extent allowed by law.</p>
<p>Agreement</p> <p>Consent to Collection and Use of Information</p> <p>Signature</p>	<p>I am applying to open a Stacey Muirhead Capital Management Ltd. Retirement Savings Plan (the "Plan"), and request The Royal Trust Company to apply for registration of the Plan as a registered retirement savings plan under the <i>Income Tax Act (Canada)</i> and any applicable provincial income tax legislation. I acknowledge and agree to be bound by the terms and conditions of the Plan as set out in the application, the Declaration of Trust, and any relevant addendum to the Plan.</p> <p>I have expressly requested that all documents relating to the Plan be drawn up in the English language only. J'ai expressément requis que tous les documents se rapportant au régime (Plan) soient rédigés en anglais seulement</p> <p>I hereby consent and agree to allow Stacey Muirhead Capital Management Ltd. and The Royal Trust Company (the "Parties") to collect personal information about me from me and from other sources (the "Information") and to use such Information to verify my identity; to administer the Plan; to provide me with products and services I may request, or which are required to be provided to me by law or applicable regulatory policies; and as otherwise required or permitted by law.</p> <p>The Parties may use and disclose: (i) the Information to third parties as necessary to administer the Plan or as required by law or by applicable regulatory policies; and (ii) my social insurance number as required by law, including for income tax reporting purposes. The Parties may make the Information available to their employees, agents and service providers, who are required to maintain the confidentiality of the Information. In the event a service provider is located outside of Canada, the service provider is bound by, and the Information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. The Parties may also use the Information to manage their risks and operations and those of their affiliates and to comply with valid requests for information about me from regulators, government agencies, public bodies or other entities who have a right to issue such requests.</p> <p>If I provide personal information about a third party (such as my spouse or beneficiary), I shall have first obtained appropriate consent from that third party to the collection, use and disclosure of their personal information by the Parties in the course of the administration of the Plan, for the purposes for which I have provided it to any Party, including the purposes described herein.</p> <p>By writing to Stacey Muirhead Capital Management Ltd., I may obtain access to the Information at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law.</p> <p>Signed on _____, 20_____ in the Province of _____.</p> <p>_____ Annuitant Signature</p> <p>_____ Accepted by Stacey Muirhead Capital Management Ltd. as Agent for The Royal Trust Company</p>