

TSFA – Tax-Free Savings Account

Investment

Additional Deposit Form



Additional Deposit Form and T2033 Form for

► Tax-Free Savings Account

TFSA UNIFLEX - ADDITIONAL DEPOSIT FORM

1. HOLDER INFORMATION

☐ Female ☐ Male

Last Name and First Name

☐ I confirm that the information on file is accurate.

☐ The information currently on file is inaccurate. Here is the information to be modified:

Address

App.

City

Province

Postal Code

Telephone (residence)

Telephone (work)

Ext.

Social Insurance Number

Date of Birth (yyyy/mm/dd)

E-mail

2. DESIGNATION OF GENERAL AGENT AND FINANCIAL ADVISOR

☐ I confirm that the information currently on file is still correct.

If not, **please complete this section 2.**

Name of General Agent

Name of Financial Advisor

General Agent's Code

Financial Advisor's Code

Contract Number

3. POLITICALLY EXPOSED FOREIGN PERSONS

This Section must be completed in case of a lump sum payment of \$100,000 or more.

Have you personally or a member of your family held a senior-level position in a foreign government or organization (political party, army, court of law or state-owned company)?

☐ Yes ☐ No

If yes, please provide the following information:

Last Name and First Name

Position Held

Source of Funds

4. BENEFICIARY ON THE DEATH OF THE HOLDER

If you wish to change your beneficiary designation, please complete the Change of beneficiary form (EQC013) found on our website at wpfinvestment.com, Investment - Forms section.

Last Name and First Name of the first beneficiary

Relationship

Date of Birth (yyyy/mm/dd)

_____ %

☐ Revocable ☐ Irrevocable

Last Name and First Name of the second beneficiary (if any)

Relationship

Date of Birth (yyyy/mm/dd)

_____ %

☐ Revocable ☐ Irrevocable

5. INVESTMENT

☐ Cheque: \$ _____
☐ Unique Pre-authorized Debit: \$ _____

Transfer: ☐ internal ☐ external _____ (approx.) Name of Delivering Institution: _____
☐ T2033 ☐ T2151 ☐ Other: _____
☐ I confirm that the transfer form has been sent to the delivering institution.

Name of Product	Allocation (\$ or %)	Interest Rate	Compound (C), Simple ann. (SA) / monthly (SM)		
1-Year Uniflex		%	☐ C	☐ SA	☐ SM
2-Year Uniflex		%	☐ C	☐ SA	☐ SM
3-Year Uniflex		%	☐ C	☐ SA	☐ SM
4-Year Uniflex		%	☐ C	☐ SA	☐ SM
5-Year Uniflex		%	☐ C	☐ SA	☐ SM
10-Year Uniflex		(1 st year) %	☐ C		
10-Year Step-Up Uniflex		(1 st year) %	☐ C		
Daily Interest Account (DIA)					

☐ **Pre-authorized Debit** : monthly payment of \$ _____ (min. = \$25/month)

Automatic Conversion : whenever the balance of the daily interest account reaches \$ _____ (minimum = \$500), it will be invested in the products specified below at current rates.

Name of Product	Allocation (\$ or %)	Compound (C), Simple ann. (SA) / monthly (SM)		
1-Year Uniflex		☐ C	☐ SA	☐ SM
2-Year Uniflex		☐ C	☐ SA	☐ SM
3-Year Uniflex		☐ C	☐ SA	☐ SM
4-Year Uniflex		☐ C	☐ SA	☐ SM
5-Year Uniflex		☐ C	☐ SA	☐ SM
10-Year Uniflex		☐ C		
10-Year Step-Up Uniflex		☐ C		

6. SURRENDER REQUEST

If you want to request the surrender of your contract or certificate, please fill out the Cash Value Request form (EQC031) on our website at wpfinvestment.com, Investment – Forms section.

7. DIRECT DEPOSITE AUTHORIZATION OR PRE-AUTHORIZED DEBIT

☐ Pre-authorized Debit

I hereby authorize my financial institution to debit my account and pay WPF Investment _____ ☐ per month or ☐ unique PAD.
Corp. an amount of \$

Date of first PAD or of unique PAD

(between the 1st and the 28th day of the month / yyyy/mm/dd)

☐ Direct Deposit Authorization

I hereby authorize WPF Investment. to deposit amounts owed to me in my account. I agree to reimburse any amount paid in excess of amounts I am entitled to, and I authorize my financial institution to refund any such amount to WPF Investment..

Financial Institution

Transit n°

Institution n°

Account n°

**Please attach a specimen cheque from the financial institution specified above.
If several signatures are required, please include these.**

X

Signature(s)

9. DECLARATION

The transaction represented by this Application is between the Holder and WPF Investment.. The Financial Security Advisor submitting the Application is an authorized representative of WPF Investment. and will receive compensation from WPF Investment. upon completion of this transaction. The Holder is not obligated to transact any other business with the Financial Security Advisor, WPF Investment. or any other organization as a condition of this Application.

I authorize WPF Investment. to use, for administrative purpose only, the information included in this Application, including my social insurance number. I have read and agree to the provisions of the Contract, including the provision about files and personal information. I also understand the general conditions of the investments I have selected. I declare that, to the best of my knowledge, I shall not become insolvent by proceeding with this transaction and that there are no reasonable grounds to believe that I am in precarious financial position. I hereby declare that the information provided in this Application and in all additional documentation is true, complete and accurately indicated and shall constitute the basis of any contract issued as a result of this Application. **I request that WPF Investment. file with the Minister of National Revenue an election to register the qualifying arrangement as a tax-free savings account under section 146.2 of the Income Tax Act (Canada).**

FINANCIAL SECURITY ADVISOR: I confirm that the information received to complete sections 2 and 8 of this Application was verified through official and original documents.

X

Signed at _____ date

Y	Y	Y	Y	M	M	D	D
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X

Signature of Holder

Signature of Financial Security Advisor

TDIRECT TRANSFER UNDER SUBSECTION 146.3(14.1) OR PARAGRAPH 146(16)(a) OR 146.3(2)(e)

AREA 1 – ANNUITANT

Last name	First name and initials	Social insurance number
Address		Telephone
Part A – Transfer from an ☐ RRSP, a ☐ RRIF or a ☐ TFSA Individual plan or arrangement name: _____ Number: _____		
Name of RRSP issuer, RRIF carrier or TFSA issuer		Address
Part B – Description of amount to be transferred Please transfer ☐ all of the property, ☐ the lump sum of \$ _____, or ☐ de _____ payments of \$ _____ which represents all or part of the property of my unmatured RRSP, RRIF or TFSA identified in Part A. ☐ In cash or ☐ in kind.		
Part C – Identifying the RRSP, RRIF, TFSA or RPP the funds are being transferred to		
☐ Please transfer the above-mentioned RRSP property to my RRSP.		Individual plan number and name
☐ Please transfer the above-mentioned RRSP or RRIF property to my RRIF.		Individual fund number and name
☐ Please transfer the above-mentioned TFSA property to my TFSA.		Arrangement number and name
☐ Please ensure that the transfer of the above-mentioned RRSP or RRIF property is credited to my account as a member of this registered pension plan (RPP).		Canadian Revenue Agency's registration number, and name
Name of RRSP issuer, RRIF carrier, TFSA issuer or RPP administrator		Address 4333 Still Creek Dr #390, Burnaby, BC V5C 6S6
WPF Investment. Date	Annuitant's Signature x	Signature of irrevocable beneficiary (in any) x

AREA 2 – TRANSFEREE

1. WPF Investment. agrees to the above request for a direct transfer of property. Upon reception of the property, WPF Investment. will credit it to the annuitant or 1. member under the plan, fund or arrangement identified in Part C of Area 1. If the plan, fund or arrangement is an RRSP, a RRIF or a TFSA that conforms to a specimen, it will conform with the specimen identified as: _____ (Specimen number and name). WPF Investment. will check the plan, or arrangement identification in Part C of Area 1, and add or correct information as necessary. fund 2. The plan, fund or arrangement is registered under the <i>Income Tax Act</i> (Canada) or, otherwise, WPF Investment. will apply for such registration according to Information Circulars 72-22 and 78-18.	
Transferee's name WPF Investment.	Date
Authorized person's signature x	Position or office

AREA 3 – TRANSFEROR (DO NOT ISSUE A T4RSP OR T4RIF SLIP FOR THE AMOUNT TRANSFERRED.)

1. We have transferred \$ _____ from the RRSP, RRIF or TFSA identified in Part A of Area 1 to WPF Investment.. If RRIF property is transferred to another RRIF or an RPP, we have paid or will pay the annuitant the minimum amount for the year.		
2. Is the transfer from a qualifying RRIF?		☐ Yes ☐ No ☐ Does not apply
3. Has the annuitant's spouse or common-law partner ever contributed amounts to the RRSP?		☐ Yes ☐ No ☐ Does not apply
4. Does the RRIF include amounts transferred from an RRSP to which the annuitant's spouse or common-law partner has contributed?		☐ Yes ☐ No ☐ Does not apply
Spouse or common-law partner's last name	First name and initials	Social insurance number
5. WPF Investment. has to continue to administer \$ _____ as a locked-in amount, as required by the <i>Pension Benefits Standards Act</i> or a provincial act (specify the act) _____. For some provinces, you can transfer pension funds and locked-in RRSP funds to a locked-in RRIF. I certify that the information given on this form is correct and complete. ☐ Does not apply		
Transferor's name		Date
Authorized person's signature x	Position or office	

AREA 4 – RECEIPT BY WPF Investment. (DO NOT ISSUE AN OFFICIAL RECEIPT FOR THE AMOUNT TRANSFERRED.)

We have received \$ _____ for transfer and administration according to Area 1 and, if applicable, Area 3.	
Transferee's name WPF Investment.	Date
Authorized person's signature x	Position or office