



Stewards Canada Retirement Income Fund - APPLICATION

Contract Number

Annuitant

Name (Last name, first name)

SIN

Address

Birthdate

MM DD YYYY

Postal Code

Telephone (Residence)

Telephone (Business)

Fax Number

Employer Name

Title

Length of Time at Employer

Are you a resident of Canada? Yes No

Contract Detail

Designation

- S - Successor Annuitant (complete designation form)
- B - Beneficiary (complete designation form)
- N - No Beneficiary

Age Base

- A - Annuitant
- S - Spouse

I hereby elect to base the term of payments under this arrangement on the age of my spouse whose date of birth is:

Designation Date

MM DD YYYY

Spouse's Birthdate

MM DD YYYY

Qualify

(✓) Yes (Pre 1993) (✓) No (Post 1992)

Spousal Contributor

Complete only if spousal contributions have been made to the RRSP transferred.

Yes No

Name (Last name, first name)

SIN

Payment Election

I hereby request to receive annual semi annual quarterly monthly payments starting _____ month _____ Day _____ in the amount of \$ _____ I understand that an annual minimum payment is required.

Payment Instructions

Mail cheque to above address Deposit directly to my account at:

PLEASE ATTACH A VOID CHEQUE

Please Review Carefully and Sign Below

To: Concentra Trust - Trustee

- I hereby apply for participation in the **Stewards Canada** Retirement Income Fund (Fund) in accordance with the Declaration of Trust supplied to me.
- I request that the Trustee apply for registration of my Fund as a registered retirement income fund with the proper authorities pursuant to the provisions of the *Income Tax Act* (Canada).
- I hereby acknowledge that:
 - Any payments received by me under the Fund must be included in my income for the taxation year of receipt and will be subject to tax under the applicable tax legislation.
 - I will exercise due care, diligence and skill of a reasonably prudent person to minimize the possibility that the Fund holds a non-qualified investment.
- I undertake to furnish proof of my age and the age of my spouse when required by the Trustee.
- I understand and acknowledge that the personal information contained herein is being collected by Concentra Trust (the "Trustee") and that by signing below, I confirm that I have read and consent to the terms of the "Concentra" Privacy Policy located on the Concentra website at concentra.ca or by contacting the Trustee at 1-800-788-6311. "Concentra" refers to Concentra Bank and its wholly-owned subsidiary Concentra Trust. I confirm that the information provided herein is true and accurate and I agree to make the Agent, on behalf of the Trustee, aware of any changes to the personal information contained on this application form.

Accepted by **Stewards Canada**
Authorized Agent for the Trustee

Date _____

Annuitant's Signature _____

Stewards Canada
PO Box 1
Orono ON L0B 1M0
Telephone: 905-797-3003 Fax: 905-797-3131