



# Stewards Canada Tax-Free Savings Account APPLICATION

Branch	Contract Number

## Holder Information

Last name, first name

Gender	<input type="checkbox"/>	Birth Date	<input type="text"/>	SIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Surname, birthday and SIN must match CRA records.</b>	
(DD/MMM/YYYY)									

Employer Name	Title	Length of Time at Employer

## Residential Address Contact:

Street	<input type="text"/>	Apt./ Suite		H. Ph.	<input type="text"/>
City	<input type="text"/>	Prov.		B. Ph.	<input type="text"/>
PC	<input type="text"/>	Country	<input type="text"/>		

## Please Review Carefully and Sign Below

To: Concentra Trust – Trustee

- I hereby apply for participation in the Stewards Canada Tax-Free Savings Account (TFSA) in accordance with the Declaration of Trust supplied to me.
- I request the Trustee to file an election to register my qualifying arrangement as a TFSA under the *Income Tax Act* (Canada).
- I request that this contribution, and any subsequent contributions be deposited in the Stewards Canada and I acknowledge that the terms and conditions of such deposits have been and will be agreed upon between myself and the Stewards Canada and such deposits will be held by the Trustee.
- I hereby acknowledge that I am solely responsible for determining the amount of contribution to the TFSA.
- I hereby agree to notify the Trustee in the event that I am no longer a resident of Canada.
- I hereby acknowledge that I am at least 18 years of age.
- 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](http://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 officer, as agent for the Trustee

Date

Holder's Signature

**Stewards Canada**

**PO Box 1**

**Orono ON L0B 1M0**

**Telephone: 905-797-3003 Fax: 905-797-3131**