CIBC Group RSP

Group RSP Application

CIBC Securities Inc.

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NOTE: This document is intended only for the use of CIBC, its subsidiaries and the client. It may contain information that is private and confidential. **If you are not the intended recipient, do not read, copy, distribute or use the information. If you have received this in error, please phone the Wealth Management Call Centre immediately.** Thank you for your cooperation.

In this application, "Spouse" means your spouse as defined in the Declaration of Trust and "Booklet" means the CIBC Group RSP Account Agreement and Disclosures Booklet for a CIBC Group RSP ("Plan"), which includes the Account Agreement and Declaration of Trust.

Please call the Wealth Management Call Centre at 1 800 465-3863 if you need any assistance in completing this Application.

All required sections **MUST** be completed in order for the account to be opened.

1. Type of Plan

Check One ☐ Individual RSP ☐ Spousal RSP (Section 4 must be completed)

No contributions can be made to a Locked-in Plan.

2. Employment Information

Employment status:

☐ Employed ☐ Self-employed ☐ Student ☐ Homemaker ☐ Unemployed ☐ Retired ☐ Other _____

Employer's Name	Occupation	Type of Business	Division (Optional)

Employer's Address	City	Province/Territory	Postal Code

3. Planholder Information (ANNUITANT)

Planholder is ☐ Employee OR ☐ Spouse of Employee (If Spousal Plan)

☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss ☐ Dr.	Last Name	First Name & Middle Name(s)	Employee Number

Address	City	Province	Country
			Canada

Postal Code	Email Address	Date of Birth	Social Insurance Number
		M M D D Y Y Y Y	M A N D A T O R Y

Home Phone Number	Business Phone Number / Ext.	Language Preference	No. of Dependents
( )	(( ))	☐ English ☐ French	

We are required to collect your Social Insurance Number to comply with legal and tax reporting requirements.

4. Spousal RSP Account *(COMPLETE THIS SECTION IF CONTRIBUTIONS MADE TO THIS RSP WILL BE MADE BY YOUR SPOUSE (THE EMPLOYEE) AND CLAIMED AS A DEDUCTION FOR TAX PURPOSES BY YOUR SPOUSE)*

My Spouse (the Employee), whose name and personal information appear below, will be making all contributions to this RSP and claiming any related tax deductions.

☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss ☐ Dr.	Last Name of Contributing Spouse (Employee)

First Name & Middle Name(s) of Contributing Spouse (Employee)

Date of Birth of Contributing Spouse (Employee)	Social Insurance Number of Contributing Spouse (Employee)
M M D D Y Y Y Y	M A N D A T O R Y

Note: All income tax receipts for RSP contributions made by the Spouse (the Employee), will be issued in the contributing Spouse's (the Employee) name. The source of contributions comes from funds belonging to the contributing Spouse (the Employee). The application must also be signed by the Employee in Section 13.

If you are completing this section, we are required to collect your Spouse's Social Insurance Number to comply with legal and tax reporting requirements.

5. Know Your Client Information

What Are Your Needs and Objectives?

Applicable securities laws require us to determine the general investment needs and objectives of potential investors before executing purchase orders. Please complete a) to h) before submission.

a) Risk Profile

☐ Low
☐ Medium
☐ High

b) Investment Knowledge

☐ Minimal
☐ Basic
☐ Moderate
☐ Well-developed
☐ Extensive

c) Investment Objectives

Savings	%
Income	%
Growth	%
Total	100%

d) Gross Annual Income

☐ under $49,999
☐ $50,000 - $99,999
☐ $100,000 - $250,000
☐ over $250,000

e) Approximate Net Worth

☐ under $50,000
☐ $50,000 - $99,999
☐ $100,000 - $499,999
☐ $500,000 - $999,999
☐ over $1,000,000

f) Investment Time Horizon

☐ Less than 3 years
☐ 3-5 years
☐ 6-10 years
☐ 11-15 years
☐ More than 15 years

g) Investment Needs and Objectives

☐ Safety of Investment
☐ Income
☐ Income and Growth
☐ Growth

h) Financial Health

Looking a year down the road, do You feel that Your personal financial situation (net worth, regular income, and ability to pay your bills) will be secure?

☐ Agree
☐ Somewhat agree
☐ Disagree
☐ Strongly Disagree

5. Know Your Client Information (continued)

Planholder's Spouse's Information *(APPLICABLE FOR ALL ACCOUNTS IF YOU HAVE A SPOUSE)*

Last Name	First Name & Middle Name(s)	Date of Birth	Occupation
		M M D D Y Y Y Y	

Address	City	Province/Territory	Postal Code

Employer Name	Type of Business

6. How Would You Like to Invest Your Money?

Select your Investment: As the Planholder, I hereby direct CIBC Securities Inc., as agent for the Trustee to invest all contributions and all transfers into the Plan, as indicated below, or as subsequently directed by me by way of telephone from time to time.

		Allocation				Allocation
Investment Objective "Savings"				**Investment Objective "Growth"**		
Fund Number	Name			Fund Number	Name	
	Cash	%		MF477	CIBC Balanced Fund	%
GIC6M	6 Month CIBC RRSP GIC (Redeemable)	%		MF522	CIBC Dividend Income Fund	%
GIC1Y	1 Year CIBC RRSP GIC (Redeemable)	%		MF486	CIBC Dividend Growth Fund	%
MF480	CIBC Money Market Fund	%		MF479	CIBC Canadian Equity Fund	%
				MF507	CIBC Canadian Equity Value Fund	%
	Savings Total	0.00 %		MF485	CIBC Canadian Small-Cap Fund	%
Investment Objective "Income"				MF525	CIBC U.S. Equity Fund	%
Fund Number	Name			MF495	CIBC U.S. Small Companies Fund	%
GIC2Y	2 Year CIBC RRSP GIC (Redeemable)	%		MF524	CIBC International Equity Fund	%
GIC3Y	3 Year CIBC RRSP GIC (Redeemable)	%		MF494	CIBC European Equity Fund	%
GIC4Y	4 Year CIBC RRSP GIC (Redeemable)	%		MF488	CIBC Asia Pacific Fund	%
GIC5Y	5 Year CIBC RRSP GIC (Redeemable)	%		MF300	CIBC Canadian Index Fund	%
MF476	CIBC Canadian Bond Fund	%		MF500	CIBC U.S. Index Fund	%
MF512	CIBC Monthly Income Fund	%		MF510	CIBC International Index Fund	%
MF490	CIBC Global Bond Fund	%		MF230	CIBC Smart Balanced Solution	%
MF523	CIBC Global Monthly Income Fund	%		MF240	CIBC Smart Balanced Growth Solution	%
MF503	CIBC Canadian Bond Index Fund	%		MF250	CIBC Smart Growth Solution	%
MF511	CIBC Global Bond Index Fund	%				
MF210	CIBC Smart Income Solution	%			**Growth Total**	0.00 %
MF220	CIBC Smart Balanced Income Solution	%				
	Income Total	0.00 %		***Savings Total + Income Total + Growth Total = 100 %***		

Note: GIC contributions will accumulate in Cash until the minimum of $250 amount is reached at which time a GIC will be purchased automatically at the prevailing interest rate for the term indicated.

7. Source of Funds

- ☐ Payroll deduction (complete Section 9)
- ☐ Lump sum investment (see Booklet)
- ☐ RRSP Transfer in (attach 2033 / T2151 / TD2)

Do not complete for Payroll Deductions

Total Lump Sum Amount

$

8. Payroll Authorization

The Employee must authorize the payroll deduction by providing the payroll authorization to the Employer. The Employer is authorized to act as the Employee's agent for the purposes of these contributions.

I authorize my Employer to deduct _____ % **OR** $ _____ of my gross remuneration from each pay and

contribute it to this Plan effective M M D D Y Y Y Y

_____
Employee I.D. No. (if applicable)

Copy to: Customer, Employer, and Group Investment Services

9. CIBC Banking Information

To be used for Lump Sum Deposits or Redemptions.

Name of Financial Institution	Institution No.	Transit No.	Account No.
CIBC	010		

CIBC Branch Address

This account must be your account or your joint bank account.
If more than one signature is required to draw cheques on the account please have joint accountholder sign:

X _____
Joint Accountholder's Signature

For Spousal RSP Accounts, will the source of funds be from the contributing Spouse's bank account? ☐ No ☐ Yes

If yes, by signing here the contributing Spouse is authorizing the lump sum contribution as identified in section 8 to be made from the contributing Spouse's bank account.

X _____
Contributing Spouse's Signature

10. Leveraging Disclosure Document

Is this investment from borrowed funds? ☐ No ☐ Yes You have been provided with the "Risk of Borrowing to Invest" disclosure. You understand the implications of borrowing money to invest in mutual funds.

X _____
Planholder's Initial

11. Designation of Beneficiary *(OPTIONAL; DESIGNATIONS CANNOT BE MADE BY QUEBEC RESIDENTS)*

I revoke any prior designation of beneficiary I may have made for my Plan. I name the following person(s) to receive the proceeds of my Plan should I die before closing the Plan. To receive any Plan proceeds after my death, any person I name must survive me. If I name more than one person, the proceeds will be divided equally among only those eneficiaries who survive me. If only one beneficiary survives me, he/she will receive the entire proceeds. If no beneficiary survives me, the Plan proceeds will be paid to my estate. I am aware that the Declaration of Trust states that before the Trustee pays anyone, it may require evidence of my death and other documents to establish that I did not later revoke this designation in my Will or otherwise.

***Caution (required by law for Manitoba only)*: In Manitoba, your designation of a beneficiary by means of a designation form such as this will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your beneficiary in the event of a new marriage or divorce, you will have to do so by means of a new designation.**

I have read the instructions set out in CIBC Group RSP Account Agreement and Disclosures Booklet. My beneficiary is named below.

Name of Beneficiary **(1)**	Relationship (please check one) ☐ Spouse *or* ☐ Other (Specify)		
Address	City	Province	Postal Code
Name of Beneficiary **(2)**	Relationship (please check one) ☐ Spouse *or* ☐ Other (Specify)		

Address

12. Privacy

CIBC's privacy policy tells you how CIBC (including the CIBC group of companies) will handle your personal information. It also tells you about your rights and choices.
In summary:

a) **Purposes:** CIBC may handle your personal information to:

- identify you and confirm your eligibility for products, including registered plans
- obey the law
- personalize CIBC's relationship with you
- market and send you offers, including customized marketing and offers based on your account and transaction information
- manage risk and our business
- improve products and services
- enforce our rights (such as collecting a debt)
- protect both you and CIBC against fraud and error

b) **Who we share with:** CIBC will share information about you within CIBC and the CIBC group of companies, and with third parties, such as regulators and government agencies including the Canada Revenue Agency, group plan sponsors, program partners, mutual fund companies and other issuers, credit bureaus, other financial institutions, service providers and other third parties for the purposes above and as necessary to administer your estate upon your death. Some of these third parties may be outside of your province or Canada.

c) **How we collect:** CIBC may collect information about you from these third parties or by using technology (for example, voice or video recordings, website cookies, mobile apps).

d) **What we collect:** The types of personal information we handle depend on how you interact with us (including the information You provide us), but normally include contact and identity information, account and financial information, and information about how you use our products and services. We collect your social insurance number to comply with applicable legal and tax reporting requirements, and otherwise with your consent.

e) **Privacy rights and choices:** In some cases, you have a right to withdraw consent. For example, You can call CIBC at 1 800 465-CIBC (2422) to tell us not to send you marketing messages, including customized marketing and offers from us and trusted partners. You also have the right to see and correct the information we have about you.

Where you have provided information about a third party, you confirm you have the authority (where required) to provide this information and to consent to its collection, use, and disclosure as described above.

You can see CIBC's privacy policy at any banking centre or online at www.cibc.com/privacy. We may update this policy from time to time. We post our most up-to-date policy on Our website.

By signing this Application, You agree to CIBC handling Your personal information as described here and in CIBC's privacy policy, and confirm You understand Your privacy choices.

Copy to: Customer, Employer, and Group Investment Services

13. Acknowledgement

You acknowledge and understand that:

- The Funds are not covered by the Canada Deposit Insurance Corporation or by any other government deposit insurer;
- The Funds are not guaranteed by CIBC and may fluctuate in value; and
- CIBC Securities Inc. is a separate legal entity and a wholly-owned subsidiary of CIBC.
- You attest that no one has a financial interest in the RSP other than as provided in the Declaration of Trust and the *Income Tax Act* (Canada).

X _____
Planholder's Initial

I understand that I (and, in the case of a Spousal Plan, my Spouse, the Employee) shall be totally responsible for determining the amount of the annual deduction to which I or my Spouse, the Employee, as the case may be, may be entitled for income tax purposes. I confirm that I have received a copy of the Booklet. I have read and understand and agree to the terms set out in the Booklet including, without limitation, the Account Agreement, Declaration of Trust and the disclosures about fees and other matters which are set in the Booklet. I/We have read and understood the Account Agreement and Disclosures Booklet, including the provisions relating to the Limited Trading Authorization and I/we acknowledge receipt of and agree to be bound by the terms and conditions outlined in the Booklet, as amended or replaced from time to time. I certify that all information provided in this Application by me (and, where applicable, by my Spouse, the Employee) is accurate and complete.

I assert that I am a Canadian resident for tax purposes.

Quebec Residents Only: I acknowledge that the French version of the Application, the CIBC Group RSP Account Agreement and Disclosures Booklet and the Declaration of Trust have been remitted to me and confirm that it is my express wish to be bound by the English version of the Application, the CIBC Group RSP Account Agreement and Disclosures Booklet, the Declaration of Trust and related documents. *Je reconnais que la version française de la Demande, de la Brochure Ententes et informations relatives au compte RER collectif CIBC et de la Déclaration de fiducie m'a été remise, et confirme ma volonté expresse d'être lié par la version anglaise de la Demande, de la Brochure Ententes et informations relatives au compte RER collectif CIBC et de la Déclaration de fiducie et tous les documents s'y rattachant.*

I request that CIBC Trust Corporation apply for the registration of the CIBC Group Retirement Savings Plan (the "Plan") as a Registered Retirement Savings Plan under the *Income Tax Act* (Canada) (the "Applicable Legislation"). If this is a Spousal Plan, all contributions to this Plan will be made by my Spouse, the Employee and all income tax receipts will be issued to him or her. All contributions and transfers into the Plan are to be invested in accordance with my instructions by CIBC Securities Inc. as agent for CIBC Trust Corporation (the "Trustee"), the trustee of the Plan. I understand that all amounts withdrawn from the Plan are taxable under the Applicable Legislation.

Note #1: As an investor in CIBC Mutual Funds and CIBC Family of Portfolios, I understand that, notwithstanding acceptance of this application, this subscription and all future subscriptions are subject to acceptance by the respective Mutual Fund. CIBC Mutual Funds and CIBC Family of Portfolios are offered by CIBC Securities Inc., a wholly owned subsidiary of CIBC Commissions, trailing commissions, management fees and expenses all may be associated with mutual fund investments. Please read the Fund Facts or Simplified Prospectus before investing. Mutual funds are not insured by the Canada Deposit Insurance Corporation or by any other government deposit insurer, nor are they guaranteed by CIBC. There can be no assurances that Savings Mutual Funds will be able to maintain their net asset value per security at a constant amount or that the full amount of your investment will be returned to you. The values of Income and Growth Mutual Funds change frequently. Past performance may not be repeated.

X _____ _____
Planholder's (Annuitant's) Signature — Date

X _____ _____
Employee Signature if this is a Spousal Plan — Date

For Internal Use Only

Date Received:	Group RSP Account	Group Number	Plan Number
M M D D Y Y Y Y			

Please return the completed application to
Attention: CIBC Group Investment Services
P.O. Box 19022, STN BRM B,
Toronto, Ontario M7Y 3N8

_____ _____
Date — Mutual Fund Representative's Signature

Accepted by CIBC Securities Inc. in its own capacity and as Agent to the Trustee

_____ _____
Date — Authorized Signature

Save

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