

**COUNSEL | PORTFOLIO SERVICES**

# Investment *Application*

(One application must be completed per account)

Counsel Client Services

180 Queen Street West, Toronto, ON M5V 3K1

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## 1. PLAN INFORMATION – Please complete

<b>New Account</b> <input type="checkbox"/>	<b>Existing Account</b> <input type="checkbox"/>	Account Number  
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### TYPE OF ACCOUNT - Please check

- Non-Registered (Investment Account)  
  Retirement Savings Plans (RSP)  
  Spousal RSP  
  Retirement Income Fund (RIF) – Indicate which of the following apply ▶
  Spousal RIF  
  Qualifying RIF  
  Non-Qualifying RIF
- \*Locked-in Retirement Savings Account (LRSP)  
  \*Locked-in Retirement Income Fund (LRIF)  
  \*Locked-in Retirement Account (LIRA)  
  \*Life Income Fund (LIF)  
  \*Prescribed RIF (PRIF)  
  \*Restricted Locked-in Savings Plan (RLSP)
- \*Restricted Life Income Fund (RLIF)  
  Group RSP \_\_\_\_\_  
 Group RSP Name and Employer Name

### \* Locked-in Plan, please complete

#### A Spousal Information – Please select one

- I am not married or living common law.  
 I am married or living common law.  
 Spouse's name \_\_\_\_\_

**B** Please attach a spousal consent/waiver form if your plan is a LIF, PRIF or LRIF governed by Alberta, British Columbia, Manitoba or Saskatchewan pension legislation.

#### C My plan is a new Ontario LIF.

- I wish to withdraw/transfer to a RSP or RIF up to 50% of the assets transferred into my plan. I attach the required documents to authorize this withdrawal/transfer.  
 I do not wish to withdraw/transfer to a RSP or RIF up to 50% of the assets transferred into my plan.

#### D My Plan is a RLIF and I have reached age 55 or above at the date of this application

- I wish to transfer to a RSP or RIF up to 50% of the assets transferred into my plan. I attach the required documents to authorize this transfer.  
 I do not wish to withdraw/transfer to a RSP or RIF up to 50% of the assets transferred into my plan.

## 2. PLANHOLDER/ANNUITANT INFORMATION – Please print

Mr.    Mrs. \_\_\_\_\_ (\_\_\_\_\_)   Social Insurance Number  
 Miss    Ms. Last Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 Dr. \_\_\_\_\_ (\_\_\_\_\_)   Date of Birth \_\_\_\_\_  
 First Name and Initials \_\_\_\_\_ Business Telephone \_\_\_\_\_  
 Day | Month | Year

**OR** CORPORATION/TRUST (attach corporate resolution or trust document) Business/Trust Identification Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ Email Address (not mandatory) \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Business No. \_\_\_\_\_

### APPLICABLE TO REGISTERED PLANS

Contributing Spouse's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address:  Same as Planholder OR \_\_\_\_\_

**COMPLETE IF APPLICABLE**  
  \*Joint Tenants with Rights of Survivorship  
  Tenants in Common  
  In Trust For ...

Joint Account  
  All Joint Owners to sign  
  Any Joint Owner to sign  
 Include Signing Authority  
  Corporation  
  Sole-Proprietorship  
  Formal Trust

Last Name and First Name \_\_\_\_\_  
 Address \_\_\_\_\_

Social Insurance Number		
Date of Birth		
Day	Month	Year

Social Insurance Number of Contributing Spouse		
Date of Birth of Contributing Spouse		
Day	Month	Year

Social Insurance Number of Joint Tenant or ITF beneficiary		
Date of Birth of ITF Beneficiary		
Day	Month	Year

## 3. DEALER/AGENT INFORMATION

Dealer Number _____	Representative Number _____	Dealer Name _____	Representative Name _____
Dealer Account Number _____	Dealer Authorized Signature _____	Date _____	

**4. FUND SELECTION – Please complete.**

**Please make the investments in the funds that I have selected below.**

Direct Purchase    T2033    T2151    Transfer(s) from existing Counsel plan(s) ⇨ \_\_\_\_\_ Fund Name \_\_\_\_\_ Account Number \_\_\_\_\_

Fund Number	Fund Name	Purchase \$ or %	Sales Charge %	Pre-Authorized Debit Plan (\$ OR %)	Systematic Withdrawal Plan % or \$ (Gross)	Commission Rebate (if applicable)* \$	Wire Order Number	Series D or F
CGF								
CGF								
CGF								
CGF								
CGF								
CGF								
CGF								
CGF								
CGF								

⇨ Now complete Section 6   ⇨ Now complete Section 7

**SERIES D OR F PLANHOLDER AUTHORIZATION FOR PAYMENT OF ADVISORY FEE**

I hereby authorize and direct Counsel Portfolio Services Inc. ("Counsel") to deduct the advisory fee from my account on the basis set out in your Simplified Prospectus by redeeming a sufficient number of units of Fund Name: \_\_\_\_\_  
 (if you do not designate a fund from which to deduct the advisory fee, or if the designated fund does not have sufficient units, Counsel will redeem units of the fund with the highest market value in your account).  
 I further authorize and direct Counsel to remit this advisory fee directly to my dealer.

\* If Commission rebate is to be allocated to a different fund, please specify: \_\_\_\_\_

NEGOTIATED ADVISORY FEE (0-1.50%)  
 (Please indicate in 5bp intervals, default 0%)

Planholder Signature \_\_\_\_\_

**Please check this box if you wish to receive confirmations of systematic transactions or distributions. Systematic transactions and distributions are reported on your annual statement.**

**5. DISTRIBUTION OPTION FOR COUNSEL FUNDS**

**A**  Reinvest distributions   **B**  Pay distributions in cash\* and,  deposit directly to my bank account **(Void specimen cheque attached) or**  
 same account    issue cheque to me and mail to my home address  
 direct to other account \_\_\_\_\_    send cheque to the address below

Address \_\_\_\_\_

**C**  Exchange my reinvested distributions to the fund(s) specified below\*\*:

**FROM** Fund/Account Number \_\_\_\_\_ **TO** Fund/Account Number \_\_\_\_\_

**FROM** Fund/Account Number \_\_\_\_\_ **TO** Fund/Account Number \_\_\_\_\_

\* If units are bought under a RC or LL purchase option, cash distributions from a fund will reduce your free redemption units. You cannot receive cash distributions on units held in Counsel-sponsored registered tax plans, these distributions must be reinvested in additional units of the Fund.

\*\* **I understand that my dealer will be paid a higher trail commission after the transfer: generally 0.5% on fixed income funds and 1% on all others. More information is contained in the funds' Simplified Prospectuses. This transfer is not a taxable event only when transfers of free redemption units are moved to the sales charge purchase option (SC) of the same fund.**

**6. PRE-AUTHORIZED DEBIT PLAN (PAD) – Applicable only to Investment Accounts, RSPs and Spousal RSPs.**

To: \_\_\_\_\_ AND TO: Counsel Portfolio Services Inc. **(Void specimen cheque attached)**  
 Undersigned's bank

Frequency (please choose one):  Weekly    Bi-Weekly    Semi-Monthly\*  
 \* 15th and end of month    Monthly    Bi-Monthly  
 Quarterly    Semi-Annually    Annually   **Start Date** ⇨ \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

**Inflation Fighter PAD**

Please increase my PAD by (indicate by \$ or %) \_\_\_\_\_ annually based on  the anniversary date of when the PAD started **or**  
 to commence January 1 each year

I/we hereby authorize and request Counsel Portfolio Services Inc. to draw on my/our account at the Bank named above, whether the account continues to be maintained at the named branch or is transferred to another branch of the Bank. I/We acknowledge that I/We have read and agree to be bound by the Pre-Authorized Debit Terms and Conditions attached to this application.

**X** \_\_\_\_\_ Date \_\_\_\_\_ **X** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature(s) of all Depositor(s) as shown in the Bank Records   Joint Bank Account Holder's Signature

**7. SYSTEMATIC WITHDRAWAL PLAN** Investment Account, RIF, LRIF, LIF, RLIF & PRIF Payment Instructions – Not available for Counsel RSPs, LIRAs, RLSPs & LRSPs.

**I understand that:**

**For RIFs, LIFs, RLIFs** my annual payment may not be less than the minimum amount, and **for LRIFs, LIFs, RLIFs** my annual payment may not exceed the maximum amount permitted by law. I select:

Minimum amount     Maximum amount    Minimum calculation is to be based on:
 Spouse's Date of Birth  
Day    Month    Year  
 \$ \_\_\_\_\_     My age     The age of my spouse ⇨
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

**Please process my RIF, LRIF, LIF, RLIF and PRIF payment, or the systematic withdrawal amount I selected in section 4.**

Weekly\*    Bi-Weekly    Semi-Monthly    Monthly    Bi-Monthly    Quarterly    Semi-Annually    Annually; with the first payment to commence ⇨
 Day    Month    Year  
\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

**I wish my payments to be:**

**A**  Mailed to me    **B**  Deposit directly to my bank account - **Void specimen cheque attached**    **C**  Mail to the address below

Address \_\_\_\_\_

**For a Systematic Withdrawal on an Investment Account** I may instruct you in writing to: (a) change the frequency of the options permitted, (b) change the amount of payment, or (c) redeem sufficient securities to provide me with additional payment in whatever amount I may specify. I understand that regular withdrawals in excess of distributions and net capital appreciation will eventually exhaust my original capital.

\* Only available for investment accounts

**8. SYSTEMATIC TRANSFER/EXCHANGE PROGRAM INSTRUCTIONS**

**Frequency** (please choose one):     Weekly     Bi-Weekly     Semi-Monthly     Monthly     Bi-Monthly     Quarterly     Semi-Annually     Annually    **Start Date** ⇨ \_\_\_\_\_ Day    \_\_\_\_\_ Month    \_\_\_\_\_ Year

Transfer my free annual redemption amount to the fund(s) specified below\*:     Transfer from my investment account to the fund(s) specified below:    Exchange Fee \_\_\_\_\_%

Transfer the amount \$/Units \_\_\_\_\_ **FROM** Fund/Account No. \_\_\_\_\_ **TO** Fund/Account No. \_\_\_\_\_%  
 from one fund to another as follows:    \$/Units \_\_\_\_\_ **FROM** Fund/Account No. \_\_\_\_\_ **TO** Fund/Account No. \_\_\_\_\_%

**\* I understand that my dealer will be paid a higher trail commission after the transfer: generally 0.5% on fixed income funds and 1% on all others. More information is contained in the funds' Simplified Prospectuses. This transfer is not a taxable event only when transfers of free redemption units are moved to the sales charge option (SC) of the same fund.**

**9. DOLLAR COST AVERAGING (DCA)**

**A Starting Fund**

Starting Fund Code	Check appropriate box	Fund Name	Amount (\$)	Sales Charge (%)
004*	<input type="checkbox"/>	Counsel Money Market SC		
204*	<input type="checkbox"/>	Counsel Money Market RC		N/A
304*	<input type="checkbox"/>	Counsel Money Market LL		N/A

\* Minimum purchase amount \$500

**B Allocation Instructions**

**Start Date** ⇨ \_\_\_\_\_ Day    \_\_\_\_\_ Month    \_\_\_\_\_ Year    **To End** ⇨  6 Months     12 Months    **Frequency** (please choose one):  Weekly     Monthly     Bi-Monthly

Target Fund(s)	Fund Code	Fund Name	%
<b>TOTAL:</b>			<b>100%</b>

Please make regular switches or withdrawals from the Starting Fund specified in Section A, to units of Counsel mutual funds indicated above ("Target Fund(s)"), in the percentages shown. Please note that switches under Counsel DCA Service must be within the same purchase option (SC to SC, RC to RC). The switch or withdrawal amounts are pro-rated systematic switches or withdrawals from the Starting Fund to the Target Fund(s). Where the selected switch or withdrawal date is not a business day, the switch will be moved to the next eligible business day. At the end of the DCA service any distributions or interest paid on the Starting Fund will be moved to the Target Fund in Section B with the lowest fund code number. You may terminate your DCA service at any time by redeeming or withdrawing your holdings in the Starting Fund. You may also provide us with instructions to stop further switches or withdrawals from the Starting Fund at any time.

**10. BENEFICIARY DESIGNATION – Applicable only to Counsel Registered Plans.**

**A** In the event of my death I designate my spouse\*, if living at my death, as my beneficiary and the person entitled to receive my interest in this Counsel Registered Plan(s), and I select the following payment method for my spouse.

Transfer to Surviving Spouse     Lump Sum Payment     Successor Annuitant (Continued Periodic Payments to the surviving spouse - not available for RSPs, RLSPs, LRSPs and LIRAs)

Spouse's Name \_\_\_\_\_ Spouse's Social Insurance Number \_\_\_\_\_

**B** In the event that I have not designated a spouse and my spouse is not entitled to the benefits under this Plan\*\*, I hereby designate the following person as my designated beneficiary and the person entitled to receive my interest in my Counsel Registered Plan(s), if living at my death. I reserve the right to revoke this designation.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

In the absence of a designated beneficiary, the proceeds of this Plan will be paid to your Estate. The designation of a beneficiary is subject to the laws of each jurisdiction.

\* Spouse refers to a person recognized as your spouse or common-law partner for the purposes of the *Income Tax Act* (Canada).

\*\* Your spouse may automatically be entitled to benefits under your LRSP, LIRA, RLSP, RLIF, LIF, PRIF or LRIF.

