

1. Application Type

Select One: **New Plan** Effective Date of Plan _____ (Date first contribution will be made to plan)
 Transfer of an Existing Plan - (Attach copy of existing plan document and any amendments if applicable)

Current Administrator _____

Effective Date of Transfer _____

Federal Registration Number _____

2. General Information

Applicant/Plan Sponsor's Full Legal Name _____
 Full Legal Name of Employer _____

Applicant/Plan Sponsor's Address _____
 Type of Business _____ Plan Fiscal Year End _____ Company Year End _____
 Street _____ City _____ Province _____ Postal Code _____
 Name and Title of Plan Administrator _____
 Telephone Number _____ Fax Number _____ E-mail Address _____
 Language Preference: English French Number of Employees _____ Number of Employees Participating _____

3. Variable Terms of the Plan

1. Method for Contributions: "Out of Profits" The contribution can be expressed in various ways, and profits can be defined either as profits of the year or as undistributed profits of the year and previous years. At any time, the company, without prior notice, may increase, reduce or eliminate contributions to the Plan.

2. Contribution Method: The Company will contribute to the Plan in accordance with subsection 147(5.1) of the Income Tax Act (Canada), an amount determined with the Company's policy consistently applied. At any time, the Company, without prior notice, may increase, decrease or eliminate contributions to the Plan.

3. Selection of Investments: Select One:

- Option A: The Company will make all investment selections.
 Option B: The Employee will be solely responsible for all investment selections.

4. Vesting Options: Select One:

Option A: Any amount allocated to a Member will vest irrevocably on the earlier of (based on months as Plan Member):

- i) the day on which the Member completes a period of **24 consecutive months as a Member** and such period will include the period during which the Member was a Member under another deferred profit sharing plan for which the Plan can reasonably be considered to have been substituted;
- ii) the day a Member ceases to be an Employee of the Company due to the inability of the Member to perform his or her duties of employment with the Company by reason of physical or mental impairment which, in the opinion of a physician selected by the Company, can be expected to reduce the life expectancy of the Member or to be of long-continued or indefinite duration which prevents the Member from engaging in uninterrupted employment with the Company;
- iii) the day the Member ceases to be an Employee of the Company due to retirement at age 65 or an earlier age which is consistent with the Company's policy;
- iv) the death of the Member; or
- v) the termination of the Plan.

Option B: Any amount allocated to a Member will vest irrevocably on the earlier of (based on months of employment):

- i) the day on which the Member completes a period of **24 consecutive months of employment** with the Company and such period will include the period during which the Member was a Member under another deferred profit sharing plan for which the Plan can reasonably be considered to have been substituted;
- ii) the day a Member ceases to be an Employee of the Company due to the inability of the Member to perform his or her duties of employment with the Company by reason of physical or mental impairment which, in the opinion of a physician selected by the Company, can be expected to reduce the life expectancy of the Member or to be of long-continued or indefinite duration which prevents the Member from engaging in uninterrupted employment with the Company;
- iii) the day the Member ceases to be an Employee of the Company due to retirement at age 65 or an earlier age which is consistent with the Company's policy;
- iv) the death of the Member; or
- v) the termination of the Plan.

Option C: Any amount allocated to a Member will vest irrevocably in the Member at the time of allocation.

FORFEITURE AMOUNTS

Forfeiture amounts arising upon termination of employment of a Member will be credited to the Employer's forfeiture account to be applied in part or full payment of future Employer contributions. Forfeiture amounts must be allocated by the end of the second calendar year from the date they arise.

In the event a Member forfeits his entitlement under the plan, it is the sole responsibility of the Employer to ensure a Pension Adjustment Reversal (PAR) is reported on a T10 PAR Slip for the member and filed according to Canada Revenue Agency (CRA) provisions.

4. Agreement and Signature

The Applicant:

- i) hereby agrees to provide CI Investments Inc. (acting as agents for Canadian Western Trust) with the data needed to establish and maintain a Member's record of participation and benefit entitlement under the Deferred Profit Sharing Plan for the Employees of _____ **NAME OF EMPLOYER** _____;
- ii) understands and agrees that the terms and conditions of the Trust Agreement and the Deferred Profit Sharing Plan will govern the determination and payments of the benefits. Further, the Applicant requests that the Deferred Profit Sharing Plan contain the provisions cited on this application;
- iii) requests that Canadian Western Trust provide the services cited in the Trust Agreement.

Signed at _____ Signature of Authorized Signing Officer _____ Title of Signing Officer _____ Date _____
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Witness _____ Main Contact Name _____ Telephone Number _____ E-mail Address _____

5. For Financial Advisor / Dealer Use Only

Dealer Name _____ Representative Name _____ Dealer / Representative Number _____
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Representative Signature _____ Representative Telephone Number _____ Representative E-mail Address _____

6. CI's Privacy Policy

Upon receipt of this application, CI will establish a file in which will be placed personal information about you concerning this application, endorsement, rider or other documents issued in connection with this application, and other documents or information relating to the investigation, servicing and administration of this application. We collect personal information about you from this application and any supplementary forms, and from your representative and other organizations and persons you identify in support of your application. We use your personal information for the purposes of servicing and administering this application, and for such other purposes as are specified in this application. Your information may be shared with your representative of record for the purposes identified above. Your Social Insurance Number will be used for income reporting purposes in the context of the administration of your account. Your banking information

will be disclosed to the financial institution(s) processing your pre-authorized deposit plan.

Employees or authorized representatives of CI who will be responsible for functions relevant to the purposes identified above, and other persons authorized by you or by law, will have access to the personal information contained in your file. Subject to exceptions set out in applicable legislation, you may access your file and request corrections to your personal information by sending a written request to CI Investments Inc, Attn: Privacy Officer, 2 Queen Street East, Twentieth Floor, Toronto, Ontario, M5C 3G7. **By completing and signing this application, you consent to the collection, use and disclosure of your personal information as described herein. CI's Privacy Policy is available on the CI website, www.ci.com.**