

PLEASE COMPLETE FIRST AND SECOND PAGE

A. Applicant Information

| | | | |
|--|------------|---|--------------------------|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss | | Sex <input type="checkbox"/> M <input type="checkbox"/> F | |
| Last Name | First Name | Middle Initial | Date of Birth (MM/DD/YY) |
| | | | |
| Social Insurance Number: | | | |
| Mailing Address | | | |
| | | | |
| Work Phone | Home Phone | Mobile Phone | |
| | | | |
| Email Address <input type="checkbox"/> Work <input type="checkbox"/> Personal | | | |
| | | | |
| Attach a certified copy of valid Passport ID or Driver's License or Government issued photo ID, and proof of address (i.e., utility bill, bank account statement, Land Tax invoice, etc. within the last 3 months) | | | |

B. Contingent Contact

| | | |
|-----------------|--------------|----------------|
| Last Name | First Name | Middle Initial |
| | | |
| Mailing Address | | |
| | | |
| Email Address | Phone Number | |
| | | |

C. Investment Options (Either Argus Select Funds Managed or Self-directed Funds)

1. Argus Select Fund Managed Option

Please check one option below based upon your risk profile (our Investment Strategy Questionnaire can be completed as a guide)

| | |
|--|--|
| Guaranteed Account <input type="checkbox"/> 1 Year OR <input type="checkbox"/> 5 Year | Conservative Fund <input type="checkbox"/> |
| Moderate Fund <input type="checkbox"/> | Balanced Fund <input type="checkbox"/> |
| Growth Fund <input type="checkbox"/> | Aggressive Fund <input type="checkbox"/> |

2. Self-Directed Investment Option

Please complete and submit the attached **Self-Directed Investment Election Form**

Individual Retirement Plan Application

D. Beneficiary

| Beneficiary Full Name | % of Benefit | Relationship to Applicant | Date of Birth (MM/DD/YY) | Address and Contact Number |
|-----------------------|--------------|---------------------------|--------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

Please assign a trustee if the above beneficiary(ies) is under 18 years of age, as minors cannot give a valid receipt and discharge for benefits payable.

| Trustee Full Name | % of Benefit | Relationship to Applicant | Date of Birth (MM/DD/YY) | Address and Contact Number |
|-------------------|--------------|---------------------------|--------------------------|----------------------------|
| | N/A | | | |

E. Payment and Method

| Initial Deposit Amount | Payment Method | Source of Funds |
|---|--|-----------------|
| <input type="checkbox"/> BMD <input type="checkbox"/> USD | <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Plan Transfer | |

I hereby apply for the above plan in accordance with the Argus Prescribed Retirement Product. I reserve the right to change the beneficiary(ies) subject to any restrictions under applicable legislation. I agree that the administration fee of 1.5% per annum will be deducted from my account.

Applicant's Signature

Date (MM/DD/YY)

Witness Signature

Date (MM/DD/YY)

Plan Number

Effective Date (MM/DD/YY)