



*A division of Dynamic Mutual Funds Ltd.*

# EDUCATION SAVINGS PLAN APPLICATION

CONTRACT NUMBER

1. **FOR BROKER/ DEALER USE ONLY**

BROKER/ DEALER CODE  REPRESENTATIVE NAME

BROKER/ DEALER NAME  BROKER/DEALER AUTHORIZED SIGNATURE

2. **PLAN SELECTION**  **FAMILY PLAN**  **NON-FAMILY PLAN**

MANDATORY – SELECT ONE

DYNAMIC ACCOUNT # (IF EXISTING)

3. **SUBSCRIBER INFORMATION**

MR.  MRS.  MISS  MS  DR.    JOINT ACCOUNT  YES  NO     ENGLISH  FRENCH

FIRST NAME & INITIALS  SURNAME

ADDRESS

CITY  PROVINCE  POSTAL CODE

SOCIAL INSURANCE NUMBER  (MANDATORY/REQUIRED BY CCRA)    BIRTH DATE  (MANDATORY)

HOME TELEPHONE ( )  BUSINESS TELEPHONE ( )

DAY MONTH YEAR

4. **JOINT SUBSCRIBER INFORMATION\***

ONLY IF JOINT ACCOUNT

MR.  MRS.  MISS  MS  DR.

FIRST NAME & INITIALS  SURNAME

ADDRESS

CITY  PROVINCE  POSTAL CODE

SOCIAL INSURANCE NUMBER  (MANDATORY/REQUIRED BY CCRA)    BIRTH DATE  (MANDATORY)

DAY MONTH YEAR

**FOR JOINT ACCOUNTS, UNLESS OTHERWISE SPECIFIED, ACCOUNTS WILL BE SET-UP AS JOINT TENANT WITH RIGHT OF SURVIVORSHIP**  
 (NOT VALID IN THE PROVINCE OF QUÉBEC)

JOINT TENANT WITHOUT RIGHT OF SURVIVORSHIP

5. **INVESTMENT SELECTION**

FUND CODE	FRONT END FEE ACQUISITION FEE IS ZERO UNLESS OTHERWISE SPECIFIED	LOW-LOAD (SRS)	DSC	FUND NAME	INITIAL INVESTMENT <input type="checkbox"/> \$ <input type="checkbox"/> %	SPECIFY BENEFICIARY	PRE-AUTHORIZED CHEQUING PLAN <input type="checkbox"/> \$ <input type="checkbox"/> %
	%	<input type="checkbox"/>	<input type="checkbox"/>				
	%	<input type="checkbox"/>	<input type="checkbox"/>				
	%	<input type="checkbox"/>	<input type="checkbox"/>				
	%	<input type="checkbox"/>	<input type="checkbox"/>				
	%	<input type="checkbox"/>	<input type="checkbox"/>				
	%	<input type="checkbox"/>	<input type="checkbox"/>				
	%	<input type="checkbox"/>	<input type="checkbox"/>				
	%	<input type="checkbox"/>	<input type="checkbox"/>				
	%	<input type="checkbox"/>	<input type="checkbox"/>				
<b>TOTAL</b>							<b>TOTAL COMPLETE PART 9</b>

NO PAYMENTS MAY BE MADE INTO THE PLAN BY OR ON BEHALF OF A SUBSCRIBER AFTER THE 21ST YEAR FOLLOWING THE YEAR IN WHICH THE PLAN IS ENTERED INTO.

**RE-GRANT:** UNLESS OTHERWISE SPECIFIED THE GRANT WILL BE INVESTED IN THE DYNAMIC MONEY MARKET FUND (FE).



8. BENEFICIARY DESIGNATION (CONT'D)

NON-FAMILY PLAN

BENEFICIARY DESIGNATION

BENEFICIARY'S NAME  RELATIONSHIP TO SUBSCRIBER  SEX  MALE  FEMALE

ADDRESS

CITY  PROVINCE  POSTAL CODE

SOCIAL INSURANCE NUMBER  (MANDATORY/REQUIRED BY CCRA) BIRTH DATE  (MANDATORY)

PARENT'S NAME  AMOUNT OF DEPOSIT ALLOCATED \$

ADDRESS

CITY  PROVINCE  POSTAL CODE

9. CANADA EDUCATION SAVINGS GRANT (CESG) APPLICATION

Completion of this section is voluntary; however, failure to provide this information will result in the beneficiary not being eligible for a Canada Education Savings Grant (CESG). Plan information will also be provided to Human Resources Development Canada, the federal government department responsible for the program, and Canada Customs and Revenue Agency, for taxation purposes.

	Beneficiary Designation 1 Family Plan	Beneficiary Designation 2 Family Plan	Beneficiary Designation Non-Family Plan
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- A. Do you wish Dynamic Mutual Funds Ltd. to apply for a Canada Education Savings Grant (CESG) on behalf of the beneficiary?
- B. To be eligible to receive a CESG, where the beneficiary was 16 or 17 years of age this year, at least one of the following conditions must have been met in order to receive the CESG. Check the conditions that apply (you may have to contact the custodial parent for this information).
- A minimum of \$2,000 of contribution has been made to, and not withdrawn from, Registered Education Savings Plans (RESPs) in respect of the beneficiary before the year in which the beneficiary attained 16 years of age.
  - A minimum of \$100 of annual contributions has been made to, and not withdrawn from, RESPs in respect of the beneficiary in any four years before the year in which the beneficiary attained 16 years of age.
  - If the year is 1999, the beneficiary has attained 17 years of age and the beneficiary was a beneficiary under an RESP in any four years before 1998.
- C. Residency Declaration  
I/we confirm that the beneficiary is a resident of Canada. I/we understand residency is a requirement for receiving a grant under the CESG Program. I/we undertake to advise the trustee if the beneficiary is no longer resident in Canada at the time of any subsequent contribution in relation to that beneficiary. I/we further undertake to advise the plan trustee if the beneficiary is a non-resident at the time an educational assistance payment is requested.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. DESIGNATION OF TERMINATION DATE AND EDUCATIONAL INSTITUTION

TERMINATION DATE  MUST NOT BE LATER THAN DECEMBER 31 OF THE 25TH YEAR FOLLOWING THE YEAR THE PLAN WAS ESTABLISHED.

DAY MONTH YEAR

NAME OF DESIGNATED EDUCATIONAL INSTITUTION

ADDRESS OF DESIGNATED EDUCATIONAL INSTITUTION

CITY  PROVINCE  POSTAL CODE

If, on the Maturity Date, I/we have not given the trustee(s) of the Plan written direction as to the final disposition of any amounts remaining in the Plan, I/we direct the Trustee to refund all contributions made to the Plan to me/us in accordance with the terms of the Plan and pay all remaining assets, less any fees and charges, to the foregoing Designated Educational Institution. I/we reserve the right to revoke this designation at any time.

11. APPLICATION AND SIGNATURE PLEASE READ CAREFULLY BEFORE SIGNING

I/we certify that the information contained in this Application is true and complete. I/we have read this Application together with the terms and conditions of the Dynamic Mutual Funds Education Savings Plan (the "Plan") provided to me/us, and agree to comply with their respective terms and conditions. I/we further acknowledge receipt of the current copy of the prospectus(es) of the Fund(s) in which I/we am/are investing. I/we hereby apply for a Plan for investment as selected above, request of Dynamic Mutual Funds Ltd. that it apply for registration of such Plan under section 146.1 (1) of the Income Tax Act (Canada), and acknowledge that I/we am/are aware of and agree to be bound by (a) the terms and conditions applicable to the Plan; (b) the fact that I/we am/are responsible for determining the permitted amounts that may be contributed to the Plan; (c) the fact that I/we am/are aware of the adverse tax implications for me/us if overcontributions are made to one or more education savings plans on behalf of a particular beneficiary; and (d) the fact that all payments made from the Plan will be subject to taxation as income in accordance with applicable tax legislation. I/we agree to provide any information required by the Plan trustee to enable it to apply for and administer the CESG in accordance with applicable legislation. I/we understand that the CESG Application herein contained is to be completed by the Subscriber(s) of the Plan, and that completion of such application is voluntary, however, failure to provide this information will result in the beneficiary not being eligible for the CESG. I/we understand that the information contained in the CESG application, as well as the amount of the contribution and the amount of the Plan, may be shared with the custodial parent, and that information will also be provided to Human Resources Development Canada and Canada Customs and Revenue Agency. I/we understand that the Plan trustee will make any CESG repayments required under the provisions of the legislation governing the CESG, and that the Plan will comply with the conditions imposed by the Department of Human Resources Development Act and the CESG Regulations. I/we hereby declare that the information given in this document is true, correct and complete in every respect. I/we acknowledge that I/we have required this subscription and all documents, notices and proceedings entered into, given or instituted pursuant hereto be drawn up in English. Je reconnais avoir demandé à ce que ce formulaire ainsi que tous les documents conclus, avis donnés et procédures intentées relatives, directement aux présentes, soient rédigés en anglais.

SIGNATURE OF SUBSCRIBER  DATE

JOINT SUBSCRIBER (IF APPLICABLE)  DATE

WITNESS TO SUBSCRIBER(S) SIGNATURE(S)  DATE

SIGNATURE  ACCEPTED BY DYNAMIC MUTUAL FUNDS LTD. AS PROMOTER AND AS AGENT FOR THE CANADA TRUST COMPANY, AS TRUSTEE.

DYNAMIC MUTUAL FUNDS MAY REFUSE A SUBSCRIPTION FOR UNITS WITHIN TWO DAYS FOLLOWING RECEIPT OF A SUBSCRIPTION.



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