THE KING'S UNIVERSITY COLLEGE

ACCOUNT NUMBER

The King's Group TFSA

9125 50th Street Edmonton AB T6B 2H3
(780) 465-8307 tfsa@kingsu.ca

Application Form

HOLDER INFORMATION

Last Name, Birthdate and Social Insurance Number must match Canadian Revenue Agency records.

LAST NAME

FIRST NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

PROVINCE

POSTAL CODE

SOCIAL INSURANCE NUMBER

BIRTHDATE Y Y Y Y M M D D

( ) -

PHONE NUMBER

PLEASE REVIEW CAREFULLY AND SIGN BELOW

To: Concentra Trust – Trustee

I hereby apply
- For participation in ***The King's Group Tax-Free Savings Account (The King's Group TFSA)*** in accordance with the terms and conditions set forth in the ***Declaration of Trust*** provided to me.

I request
- That the Trustee file an election to register my arrangement as a ***Tax-Free Savings Account*** pursuant to the provisions of the ***Income Tax Act (Canada)***.
- That this contribution and any subsequent contributions be deposited to ***The King's Group TFSA*** by the Trustee.

I acknowledge
- I am a supporter of ***The King's University College***
- I have read and agree to comply with the terms and conditions set out in the ***Declaration of Trust*** provided to me.
- I agree with and will agree with the terms and conditions of all contributions to ***The King's Group TFSA***.
- My contributions will be held in trust by the Trustee.
- My contributions will be invested in mortgages of ***The King's University College*** property at prevailing interest rates.
- I am solely responsible for determining the amount of contribution to ***The King's Group TFSA***.
- I am required to notify the Trustee in the event that I am no longer a resident of Canada.
- I am at least 18 years of age.

I confirm
- That the information provided to Concentra Financial Services Association, its agents or affiliates (collectively "Concentra Financial") is complete and accurate. I hereby agree and consent to, and accept this as notice of, the terms of the Concentra Financial Confidentiality and Privacy Statement (located at http://www.concentrafinancial.ca/confidential_privacy.asp). I further agree and consent to Concentra Financial obtaining and retaining my personal information in order to ascertain my identity as required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and as required by law.

I authorize
- ***The King's University College*** to act as agent for the Trustee.
- The following employer to act as agent for the purpose of deducting contributions by payroll deductions.

EMPLOYER

HOLDER SIGNATURE

DATE

ACCEPTED BY THE KING'S UNIVERSITY COLLEGE, AUTHORIZED AGENT FOR THE TRUSTEE

January 2009