



**DEPOSIT TO AN EXISTING TFSA SAVINGS ACCOUNT** (ensure successor/beneficiary section is completed)

ACCOUNT HOLDER \_\_\_\_\_  
Last Name First Name Initial

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ SIN \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
(dd/mmm/yyyy)

Valid ID Type \_\_\_\_\_ ID # \_\_\_\_\_ Place of Issue \_\_\_\_\_

Valid ID Type \_\_\_\_\_ ID # \_\_\_\_\_ Place of Issue \_\_\_\_\_

**Investment Details**

**Intended Use of Account:** \_\_\_\_\_

**Guaranteed Investment Certificate**

Principal Amount \_\_\_\_\_ Interest Rate \_\_\_\_\_ Term \_\_\_\_\_

Issue Date \_\_\_\_\_ Maturity Date \_\_\_\_\_  
(dd/mmm/yyyy) (dd/mmm/yyyy)

**Sunrise Savings Account**

Deposit Amount \_\_\_\_\_ Rate of Interest Effective Today \_\_\_\_\_

**Source of Funds**

New deposit

Transfer from another Institution

Reinvest. of VB TFSA Cert \_\_\_\_\_

Other - specify \_\_\_\_\_

**A** In the event of my death I hereby designate my spouse, if living at my death, as the successor holder of this VB Tax-Free Savings Account to acquire all rights I have as the holder thereof. I reserve the right to revoke this designation.

Spouse's Name \_\_\_\_\_ Spouse's SIN \_\_\_\_\_

Address \_\_\_\_\_

**B** In the event that the successor holder designated by me in **A** predeceases me or where I have not named a successor holder in **A**, I hereby designate the following person as my designated beneficiary entitled to receive the proceeds of this VB Tax-Free Savings Account in the event of my death. I reserve the right to revoke this designation.

Name \_\_\_\_\_

SIN \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Politically Exposed Foreign Person Determination (PEFP)**

Yes I/We, my spouse, parents, children, brothers or sisters or my spouse's mother or father has been, in or on behalf of a foreign country: a head of state or government, a member of the executive council of government or a member of a legislature; a deputy minister or equivalent; an ambassador; an ambassador's attaché or counselor; a military general (or higher rank); a president of a state owned company or bank; a head of a government agency; a judge; or a leader or president of a political party in a legislature? If YES, please specify Name, Position Held, and Relationship to you: \_\_\_\_\_

No

I request the issuer to file an election with the Minister of National Revenue to register my arrangement as a Tax-Free Savings Account under Section 146.2 of the Income Tax Act (Canada). I declare that I have read, understand and agree to the terms and conditions described in the Tax-Free Savings Account agreement provided with this application.

\_\_\_\_\_  
**SIGNATURE OF ACCOUNT HOLDER**      **DATE** (dd/mmm/yyyy)

**AGENT DECLARATION** It is agreed that funds received by the Agent from the Account Holder are held in trust by the Agent for the Account Holder. I, as an Agent and authorized representative of the deposit broker, certify that I i) have personally met with the account holder, ii) have viewed the original identification records listed above, iii) having made reasonable inquiries, believe the correct PEFP determination has been made, and iv) have witnessed the individual sign this document.

\_\_\_\_\_  
 Signature of Agent      Agency #

\_\_\_\_\_  
 Name of Agent      Phone #

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OUR INSTRUCTIONS**

- You must receive a copy of this application. Make sure that all of the information is complete
- Your cheque should be payable to VersaBank or, under certain circumstances, to the agent (in trust).
- You will receive confirmation of purchase within 15 days. If you have not, contact your agent or VersaBank.**