

FOR OFFICE USE ONLY

Accepted by Lincluden _____

Date _____

Client of:
Name of Dealer _____
Dealer Code _____
Rep Name _____
Rep Code _____

LINCLUDEN BALANCED FUND

ACCOUNT APPLICATION

- New Client Relationship
 I am currently a Lincluden client and want to open a new type of account.
My existing account numbers are as follows: _____

ACCOUNT TYPE

Lincluden Retirement Savings Plan (RSP 524-018)

- Retirement Savings Plan (RSP) Spousal RSP
 Locked-In Retirement Account/Retirement Savings Plan (LIRA/LRSP)
 Restricted Locked-In Savings Plan (RLSP)

Lincluden Retirement Income Fund (RIF 1218)

- Retirement Income Fund (RIF) Spousal RIF
 Life Income Fund (LIF) or Saskatchewan RRIF (RRIF)
 Locked-In Retirement Income Fund (LRIF)
 Restricted Life Income Fund (RLIF)

ANNUITANT INFORMATION

Mr. Mrs. Miss Ms. Other _____ Marital Status _____

Full Name(s) (First, Initials, Last) _____

Address (including City, Province and Postal Code) _____

(_____) _____
Telephone – Home

(_____) _____
Telephone - Business

Social Insurance Number

Date of Birth (DD/MM/YYYY)

Email

SPOUSAL RSP OR SPOUSAL RIF (IF APPLICABLE)

If you are opening a Spousal RSP or Spousal RIF, your spouse, whose name and personal data appears below, will be claiming or has claimed the RSP contributions as a deduction.

Mr. Mrs. Miss Ms. Other _____

Full Name (First, Initials, Last) _____

Date of Birth (DD/MM/YYYY) _____

Social Insurance Number _____

Address Same as Annuitant or _____

INVESTMENT DIRECTION AND SOURCE OF FUNDS

Type of Account	Fund Name	Investment Amount \$			PAC (min \$100)	Systematic Withdrawal (min \$100)
		Cheque ¹	Wire Order	Transfer-In	Amount \$	Amount \$
	Lincluden Balanced Fund					

Transfer-In Details to Lincluden Retirement Savings Plan (RSP 524-018)

- To RSP or Spousal RSP
 - Transfer from another RSP or Spousal RSP
 - Transfer from a Deferred Profit Sharing Plan. Complete Canada Revenue Agency form T2151.
- To LIRA/LRSP or RLSP
 - Transfer from a Registered Pension Plan. Complete Canada Revenue Agency form T2151
 - Transfer from another LIRA/LRSP. For a LIRA/LRSP, please indicate the jurisdiction of the pension legislation which applies to the LIRA/LRSP _____.
 - Transfer from an existing RLSP.

Transfer-In Details to Lincluden Retirement Income Fund (RIF 218)

- To RIF or Spousal RIF
 - Transfer from my Lincluden RSP or Spousal RSP. Account Number: _____.
 - Transfer from another RSP or Spousal RSP.
 - Transfer from another RIF or Spousal RIF.
 - Transfer from a Registered Pension Plan. Complete Canada Revenue Agency form T2151.
 - Transfer from a Deferred Profit Sharing Plan. Complete Canada Revenue Agency form T2151.
- To LIF/RRIF, LRIF or RLIF
 - Transfer from my Lincluden LIRA/LRSP. Account Number: _____.
 - Transfer from my Lincluden RLSP. Account Number: _____.
 - Transfer from another LIRA/LRSP.
 - Transfer from another RLSP.
 - Transfer from another RLIF.
 - Transfer from a Registered Pension Plan. Complete Canada Revenue Agency form T2151.

¹ Payable to Lincluden Balanced Fund.

PRE-AUTHORIZED CHEQUING PLAN (PAC)

Set-up and change instruction is required 5 business days prior to transaction date.

ATTACH VOID CHEQUE HERE

Start Date: _____ 15th or the last business day of the month
DD/MM/YYYY

Frequency: Semi-Monthly Monthly Quarterly Semi-Annually Annually

I hereby authorize and request Lincluden to draw on my account on the date indicated above at the named financial institution shown on the void cheque, and to purchase units as indicated above.

Signature(s) of Bank Account Holder(s)

RIF, LIF, RRIF, RLIF PAYMENT INFORMATION

Set-up and change instruction is required 5 business days prior to transaction date.

ATTACH VOID CHEQUE HERE or Mail

Start Date: _____ 15th or the last business day of the month
DD/MM/YYYY

Frequency: Semi-Monthly Monthly Quarterly Semi-Annually Annually

Payout Instructions for LINCLUDEN RETIREMENT INCOME FUND only:

- Successor Annuitant: I designate my spouse as my successor annuitant for this account in the event of my death.
- Minimum Payment: I want to receive the minimum amount required by a RIF, according to the Tax Act.
- Minimum Payment: I want to receive the greater of the minimum amount required by (a) the applicable pension legislation or (b) a RIF, according to the Tax Act.
- Minimum Payment based on Age of my Spouse: I wish to have the minimum amount payable from the RIF calculated based on the age of my spouse (who might be younger than me). I understand that this election cannot be changed after the first payment is made from the RIF, even if my spouse dies or we separate.
- Spousal RIF: Funds to establish this RIF include those from a Spousal RSP and/or a Spousal RIF. If you have both a Spousal RSP and a regular RSP, you may combine these funds in a Spousal RIF. But, if you are planning to take out more than the minimum amount in a year and contributions have been made to any spousal RSP for you in that year or in the preceding two calendar years, attribution rules may apply.

Complete the following if any of the above has been indicated.

Spouse's Full Name (First, Initials, Last)

Date of Birth (DD/MM/YYYY)

Social Insurance Number

Another Amount: I want to receive a periodic payment of \$_____, subject to both the maximum amount allowed by the applicable pension legislation and the greater of the minimum amount required by (a) the applicable pension legislation or (b) a RIF, according to the Tax Act.

Maximum Payment: I want to receive the maximum amount allowed by the applicable pension legislation, subject to the minimum amount required by a RIF, according to the Tax Act.

DESIGNATION OF BENEFICIARY

I designate the person indicated below as my beneficiary for this account.

Full Name (First, Initials, Last)

Relationship

Note: In certain provinces, this designation can be made only by including a specific clause in your Will. Your designation of beneficiary may not automatically change as a result of your future marriage or marriage breakdown. You may need to complete a new designation for this purpose. For the following account types your spouse’s rights under the applicable pension legislation may over-ride this designation: LIRA, LRSP, LIF, RLIF, RLSP.

COMMUNICATION INFORMATION

National Instrument 81-106 requires an investment fund to send the registered holder or the beneficial owner the interim and annual financial statements, the interim and annual management report of fund performance. All these materials are publicly available through SEDAR (www.sedar.com) and Lincluden’s website (www.lincluden.com). Please check off the appropriate box if you want to receive a copy in the mail. Please note that this request will be honored every year unless you instruct Lincluden to revise this direction.

Yes, I want to receive all the materials in the mail.

I am interested in receiving the following materials in the mail: _____

LINCLUDEN’S PRIVACY DECLARATION

Protecting your personal information is important. We request only that information that is necessary for the proper administration of your account. The information that we request in this application is necessary to allow us to confirm transaction details to you, to update you on the Fund, and to satisfy CRA requirements, securities regulations and the requirements of registered plans. Certain information may be required by the Fund’s auditors or the Mutual Fund Dealers’ Association. We may be required to provide certain information under court order. It is always your choice to provide us with your personal and financial information. However, your decision to withhold particular details may limit our ability to service you.

APPLICATION, AUTHORIZATION, DISCLOSURE AND REGISTRATION OF YOUR RETIREMENT SAVINGS PLAN OR RETIREMENT INCOME FUND

By signing below, I acknowledge and agree that the information given in this Application is true, correct and complete in every respect. I acknowledge that I have read Lincluden’s Privacy Declaration above. Once my Application is approved, Lincluden Management Limited (“Lincluden”) may send me additional agreements and disclosures, depending upon the type of Account I have selected and I agree to be bound by these agreements.

I understand that this subscription is made on the terms and conditions described in the Simplified Prospectus. I acknowledge that Lincluden Management Limited has the right to reject my request for purchase within one day after receipt. I UNDERSTAND THAT MUTUAL FUNDS ARE SUBJECT TO FLUCTUATIONS IN UNIT VALUE. I UNDERSTAND THAT MUTUAL FUND INVESTMENTS ARE NOT COVERED UNDER THE CANADA DEPOSIT INSURANCE CORPORATION OR THE RÉGIE DE L’ASSURANCE-DÉPÔTS DU QUÉBEC.

I request CIBC Mellon Trust Company to apply for registration of the Lincluden Retirement Savings Plan (“RSP Plan”), as a retirement savings plan or the Lincluden Retirement Income Fund (“RIF Plan”), as a retirement income fund, as the case may be, under the Income Tax Act (Canada) (“Tax Act”) and any applicable law of the Province indicated in my address above. I acknowledge that the RSP Plan or RIF Plan, as the case may be, is subject to the terms and conditions set out above, in the applicable declaration of trust and in any relevant addendums to that declaration of trust and have read and agree to be bound to such terms and conditions. I understand that benefits paid out under the RSP Plan or RIF Plan, as the case may be, may constitute taxable income under the Tax Act.

Signature of Annuitant

Signature of Annuitant’s Spouse
(Mandatory for LIF, RRIF, LRIF and RLIF Accounts)

Date: _____

Date: _____