

1. CLIENT / ANNUITANT / HOLDER INFORMATION

| | |
|--|------------------------|
| Client Name | Dealing Representative |
| Account type | |
| <input type="checkbox"/> RRSP <input type="checkbox"/> SPRRSP <input type="checkbox"/> RRIF <input type="checkbox"/> SPRRIF <input type="checkbox"/> TFSA <input type="checkbox"/> Individual Investment Account | |
| Please use the below checklist as a reference to the documents required to open your account with Odyssey Trust Company | |
| Please ensure all forms have the appropriate signatures | |

2. DOCUMENTS REQUIRED

| | |
|---|--------------------------|
| If Forms are electronically/digitally signed, they must be accompanied with the provider's Certification/Summary page | <input type="checkbox"/> |
| Plan Application Form(s) | <input type="checkbox"/> |
| Beneficiary/Successor Form (per account) | <input type="checkbox"/> |
| Client Authorization Form (per account) | <input type="checkbox"/> |
| Transfer Authorization Form (per account, if transferring from an external account) | <input type="checkbox"/> |
| Contribution Form (per account, if completing a contribution) | <input type="checkbox"/> |
| Cheque for contribution (if applicable) | <input type="checkbox"/> |
| Purchase Direction & Indemnity Form (per account, if applicable) | <input type="checkbox"/> |
| Other (please describe) | <input type="checkbox"/> |

3. DELIVERY

Please affix this checklist with the above completed forms and deliver to Odyssey Trust Company:

Email: registeredplans@odysseytrust.com

Mail: Odyssey Trust Company
Employee and Registered Plans
Stock Exchange Tower
1230, 300 5th Avenue SW
Calgary, AB, T2P 3C4