

Canada Revenue Agency Agence du revenu du Canada

Application for a Tax-Free Savings Account Identification Number

As an issuer entering into a qualifying arrangement (defined in subsection 146.2(1) of the Income Tax Act) you have to complete this form to apply for a tax-free savings account (TFSA) identification number. Along with this completed form, send us a copy of your specimen plan. Use a separate application form for each specimen plan that you send to us. When you file a TFSA election/information return, you will use your TFSA identification number. Do not use this form to send us an amendment to a specimen plan.

Send this completed form to: Registered Plans Directorate Canada Revenue Agency Ottawa ON K1A 0L5						DO NOT USE THIS AREA						
				F	S	Α						
Issuer's name												
Address												
City		F	Province/1	erritory					F	Postal Co	ode	
								<u> </u>				
Telephone number (include area code)	Business Nu	Imper (E	3N)	1 1	I	1 1	1 1		anguage of	· ·	_	
Contact name							e number (ii		English		Frenc	n
Contact name						elephone						
Names and contact information for agents (if applicable) who are authorized to offer your specimen plan through an agency agreement with you. (Use a separate sheet if necessary.)												
Name of specimen plan												
Type of arrangement (check the box that applies.)	Is the arrangement a group TFSA? (An association, employer, or other organization car					If the arrangement is an arrangement in trust, is it						
Arrangement in trust	sponsor a group TFSA. A gro	oup TFS	SA is esse	ntially a	. (<i>i</i>	self-directed? (A self-directed arrangement is one in which the account holder						
Annuity contract	collection of individual TFSAs members of the applicable or					ol of, or is re its held by t			ne decisio	ons relati	ng to the	
		-			<i>,</i>			Г				
Deposit	Yes	No					Yes	L	No			
For trust type arrangements, specify the types of in	vestments permitted under t	he spe	cimen pla	an:								
Marketable securities – Includes money, deposits, guaranteed investment certificates, mutual funds, annuity contracts, government debt, publicly listed securities, and insured mortgages.												
Shares of private corporations Non-listed options or warrants												
CERTIFICATION												
As the authorized officer of the issuer identified above,												
I,					, certi	ify that the i	informati	ion given o	n this			
(print name) form is, to the best of my knowledge, correct and complete. I also certify that the issuer and (if applicable) its authorize						-		-		manta a	defined	
in subsection 146.2(1) of the <i>Income Tax Act</i> , and will c terms of the specimen plan, including any amendments	omply with all of the conditions	s listed u	under tha	subsec								
Signature of authorized person					Date							
Position or office							Telep	phone nu	umber (incl	ude area	a code)	
RC236 E (Vous pouvez obtenir ce formulaire en français à www.arc.gc.ca ou au 1-800-959-3376.) Canada												