

# NEWCAPELAND PROPERTIES CO-OP LTD.

## HOW TO: Invest in the CO-OP Through a

### RRSP/TAX-FREE SAVINGS ACCOUNT (TFSA)

#### Existing Account or New Accounts

Investing in your Co-op is not only a proven way to diversify your Investment portfolio, it also generates significant benefits to your community.

Investments made through a self-directed RRSP/TFSA are managed by the Canadian Worker Co-operative Federation (CWCF); a fellow co-operative institution that is registered with the Canada Revenue Agency.

This package contains all the forms necessary to purchase Newcapeland Properties Co-op Ltd. Shares that are held within a RRSP/TFSA. Follow the step-by-step instructions and read through the FAQ on our website [www.nclcoop.com](http://www.nclcoop.com) or at [www.canadianworker.com](http://www.canadianworker.com) for information on how to complete these forms.

**We are here to help.**

**Schedule a phone or in-person meeting;  
call us at 1 (780) 263-0651, or  
Email John Wall directly at [nclcoop@hotmail.com](mailto:nclcoop@hotmail.com)**

Who is the contact at CWCF?  
For questions concerning your account at CWCF  
account, contact:

**Josh Dyke, RRSP Program Manager**  
#1 - 41 Aberdeen St., Kentville, NS B4N 2M9  
Tel: 902-678-1683  
Email: [josh@canadianworker.coop](mailto:josh@canadianworker.coop)  
Website: [www.canadianworker.coop](http://www.canadianworker.coop)

# Step-by-step Instructions

There are four methods of supporting your co-op through a TFSA.

1. New contributions
2. Transfer from an existing RRSP/TFSA with another financial institution
3. Re-invest dividends from your existing CWCF account
4. All the above

Legend	
	#1, #2, #3, #4
	#1, #4
	#2, #4
	#3

<b>Subscription Form</b>	Complete sections B - D - E - F – G
<b>Payment Authorization Form</b>	Print name at top of form, date, and sign
<b>Deposit Form</b>	<ul style="list-style-type: none"> <li>• (TOP RIGHT) Leave "Contract Number" BLANK</li> <li>• (TOP RIGHT) Indicate " RRSP/TFSA"</li> <li>• Print your name as "Annuitant"</li> </ul> <p><b>For new contributions:</b></p> <ul style="list-style-type: none"> <li>• Select "Cash Contribution" in "Deposit Detail"</li> <li>• Date and sign</li> </ul> <p><b>For transfers from an existing account:</b></p> <ul style="list-style-type: none"> <li>• Select "Transfer from RRSP/TFSA" in "Deposit Detail"</li> <li>• Date and sign</li> </ul> <p><b>For both new contributions and transfers, complete TWO deposit forms.</b> <b>Direct Transfer</b></p>
<b>Direct Transfer Authorization</b>	<ul style="list-style-type: none"> <li>• Complete "Section A"</li> <li>• Complete "Section C"</li> <li>• Check " RRSP/TFSA"</li> <li>• TIP: Listing a FAX number will accelerate the transfer of funds</li> <li>• Complete "Section D" by signing and the dating where indicated.</li> </ul>
<b>Annuitant Declaration</b>	<ul style="list-style-type: none"> <li>• (TOP) Print your name</li> <li>• (TOP) Leave "(my "Plan")" BLANK</li> <li>• (TOP) Fill in the number of shares you are purchasing and the total purchase price.</li> <li>• (BOTTOM) Date and sign for "Annuitant"</li> </ul>
<b>Cash Redirection Letter</b>	<ul style="list-style-type: none"> <li>• Complete date</li> <li>• Designate the amount of dividend revenue you wish to reinvest. Consult your CWCF account statement mailed in September or contact CWCF</li> <li>• Designate the necessary top up amount in the form of a new contribution or a transfer</li> <li>• Designate how many shares you are purchasing (one share valued at \$1.00 minimum of 50 shares) or multiples thereof)</li> <li>• Sign and print your name</li> </ul>
<b>Payment Cheque</b>	• Write cheque for appropriate amount, payable to " <b>Newcapeland Properties Co-op Ltd.</b> "
<b>Mail Package to</b>	<ul style="list-style-type: none"> <li>• <b>Send completed forms and cheque to:</b> Newcapeland Properties Co-op Ltd. #1100-99 Wyse Rd. Dartmouth, NS B3A 4S5</li> </ul>

# NEWCAPELAND PROPERTIES CO-OP LTD.

## SECTION A – CLASS A COMMON SHARE

The undersigned is a member of Newcapeland Properties Co-op Ltd. who wishes to support the growth and expansion of the Co-operative. In support of that, the undersigned subscribes for:

SHARE PRICE	NUMBER OF SHARES	TOTAL PURCHASE AMOUNT	MAKE CHEQUE PAYABLE TO
\$		\$	NEWCAPELAND PROPERTIES CO-OP LTD.

## SECTION B – CLASS A PREFERENCE SHARE (REGISTERED – RRSP OR TFSA)

The undersigned is a member of Newcapeland Properties Co-op Ltd. who wishes to support the growth and expansion of the Co-operative. In support of that, the undersigned subscribes for:

SHARE PRICE	NUMBER OF SHARES	TOTAL PURCHASE AMOUNT	REGISTERED ACCOUNT	MAKE CHEQUE PAYABLE TO
\$		\$	<input type="checkbox"/> RRSP <input type="checkbox"/> TFSA	NEWCAPELAND PROPERTIES CO-OP LTD.

## SECTION C – CLASS A MEMBERSHIP INVESTMENT DEBENTURES

The undersigned is a member of Newcapeland Properties Co-op Ltd. who wishes to support the growth and expansion of the Co-operative. In support of that, the undersigned subscribes for:

TOTAL PURCHASE AMOUNT	PAYABLE TO:
\$	NEWCAPELAND PROPERTIES CO-OP LTD.

## SECTION D – INVESTOR INFORMATION

The said Shares or Debenture are to be registered as follows.

Name:	Social Insurance Number:
Address:	Date of Birth:
City:	Email Address:
Province:	Phone (Home):
Country:	Phone (Cell):

## SECTION E – DESIGNATION OF BENEFICIARY

Name:	Social Insurance Number:
Address:	Relation:
City:	Email Address:
Province:	Phone (Home):
Country:	Phone (Cell):

**SECTION F – PLEASE READ**

**The undersigned hereby declares, represents and warrants that:**

- a) the undersigned is purchasing the Shares or Debenture as principal;
- b) the undersigned has attained the age of 19 years and is a resident of Canada
- c) the undersigned is a member of the Co-operative;
- d) by virtue of the undersigned’s investment experience or by virtue of the undersigned’s consultation with or advice from Professional advisors, the undersigned is in a position to evaluate the prospective purchase as it compatible with the undersigned’s investment objectives; and
- e) the undersigned is not a resident of the United States of America or any place subject to the jurisdiction thereof and is not acting directly or indirectly for any person who is resident of the United States of America or any place subject to the jurisdiction.

**SECTION G – AUTHORIZATION**

Signature of  
Subscriber \_\_\_\_\_

Signature of  
Witness \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Note: The accepted subscription, share certificate and other documentation will be mailed or emailed to the subscriber at the contact details above. Shares will be registered and Debentures shall be issued in the manner in which the subscriber’s name appears above. Any change in the subscriber’s address will only be effective on receipt of written notice thereof by the Co-operative. Receipt and acceptance of the foregoing subscription and payment of the subscription price is acknowledged

**Per:** \_\_\_\_\_  
*This will be filled out by a representative of the Co-operative.*

**CANADIAN WORKER CO-OPERATIVE FEDERATION**  
**SELF-DIRECTED RETIREMENT SAVINGS PLAN DECLARATION OF TRUST**

We, Concentra Trust, declare that we accept the trust created between us and the Annuitant when the application was signed. The following are the terms of this trust:

**1. Definitions**

The following definitions apply:

**"Agent"** Canadian Worker Co-operative Federation

**"Annuitant", "you" and "your"** The individual applicant of the Plan and shall have the meaning of the term **"annuitant"** as set out in subsection 146(1) of the Income Tax Act.

**"Contributor"** The individual, either you or your spouse, who made a contribution to the Plan.

**"Contribution"** Any amount paid or qualified investment deposited in your Plan.

**"Income Tax Act"** Income Tax Act (Canada), and regulations thereto, as amended from time to time.

**"Plan"** The Canadian Worker Co-operative Federation Self-Directed Retirement Savings Plan consisting of the Application and this Declaration of Trust and the addendum or addenda thereto, where applicable.

**"Plan Maturity"** The date you eventually select for commencement of retirement income from the Plan. (This date must not be later than the maturity date provided in the Income Tax Act.)

**"Spouse"** As recognized in the Income Tax Act for the purposes of registered retirement savings plans and, where applicable, incorporates the meaning of the term "common-law partner" as set out in subsection 248(1) of the Income Tax Act.

**"Trustee"** Concentra Trust.

**2. Registration**

We will apply for registration of your Plan as required by the Income Tax Act.

**3. Contributions**

We will hold all contributions made to your Plan, and any income earned on these contributions, as outlined in this Declaration and as required by the Income Tax Act. No contributions may be made after the Plan Maturity.

**4. Record Keeping**

We will record the details of all contributions and transactions relating to your Plan. We will supply you with a statement of these details at least annually.

**5. Income Tax Receipts**

We will provide the contributor with a receipt or receipts, suitable for income tax filing purposes, for all eligible contributions.

**6. Refund of Contributions**

Upon receipt of your written application, and the written application of your spouse if your spouse was the contributor to your Plan, we will refund to the taxpayer the amount determined in accordance with paragraph 146(2)(c.1) of the Income Tax Act.

**7. Investment**

All contributions and other assets or amounts properly transferred into your Plan will be deposited and invested as directed by you. You shall be permitted to hold those assets and investments which are:

- a. authorized under the Income Tax Act; and
- b. acceptable to us; and
- c. agreed upon from time to time, between the Trustee and you.

We reserve the right to refuse to hold or accept certain investments even though they maybe qualified investments under Income Tax Act. We will not accept investment instructions for the purchase of a non-qualified investment or a prohibited investment. We may request additional

documentation from you proving the investment to be purchased is neither a non-qualified investment nor a prohibited investment.

**8. Retirement Income**

You must advise us in writing, at least 90 days prior to your Plan Maturity, of the type of retirement income you elect to receive from the proceeds of your Plan. You may choose to receive income from any one of, or any combination of, a life annuity, a fixed term annuity providing benefits for a term of years equal to 90 minus the age in whole years of the annuitant at the maturity of the plan (or the annuitant's spouse if the spouse is younger and the annuitant so elects to use the spouse's age), a registered retirement income fund or other retirement income option that may be provided for in the Income Tax Act. If the retirement income you choose to receive is an annuity, it must meet the following conditions:

- a. It must be paid out in a single lump sum if it becomes payable to someone other than your spouse upon or after your death.
- b. It must be paid in equal annual or more frequent periodic payments until such time as you fully or partially commute this retirement income and, where such commutation is partial, equal annual or more frequent periodic payments thereafter.
- c. It must not provide for any increase in the amount of the periodic payments as a result of your death where payments are to continue to your spouse following your death.
- d. It may not be assigned in whole or in part. If you have not advised us in writing, prior to the maturity date provided in the Income Tax Act, of your selection of a retirement income the proceeds of your Plan will be transferred to a Registered Retirement Income Fund trustee by us. If the funds held in your Plan at the Plan Maturity are not sufficient to produce a retirement income of greater than \$250.00 per annum the funds in your Plan will be paid to you as a single lump sum in the year following Plan Maturity.

**9. Beneficiary Designation**

You may designate a beneficiary, in those provinces where the law so permits, to receive the proceeds of your Plan in the event of your death prior to your Plan Maturity. Details of our requirements for making, changing or revoking such a designation are available from the office of the Agent.

**10. Death of Annuitant**

In the event of your death prior to the Plan Maturity, we will, once we have received the documentation we require, pay or transfer the Plan proceeds, less required income tax deductions, to your designated beneficiary and notify your estate representative of any resulting tax liability. When we have made the payment to your designated beneficiary, we will be considered as fully discharged from any further liability with respect to your Plan. In instances where you have not designated a beneficiary, as explained in Clause 9 of this Declaration, the proceeds of your Plan will be paid or transferred, less required income tax deductions, to your estate.

**11. Your Responsibilities**

It is your responsibility to ensure, that:

- a. the contributions to the Plan do not exceed the allowable maximum under the Income Tax Act;
- b. due care, diligence and skill of a reasonably prudent person is exercised to minimize the possibility that the Plan holds a non-qualified investment;
- c. we are advised, in writing, of any changes in your address;
- d. your birthdate as recorded on your application is accurate;

e. you will eventually elect, as spelled out by Clause 8 of this Declaration, the type of retirement income you choose to receive.

#### **12. Restriction on Trustee**

No advantage, as per subsection 207.01(1) of the Income Tax Act, that is conditional in any way on the existence of the Plan may be extended to you or to any person with whom you do not deal at arm's length other than those advantages or benefits which may be permitted from time to time under the Income Tax Act.

#### **13. Amendments**

We may from time to time amend your Plan by giving you notice in writing on such change. Any amendment cannot, however, be contrary to the provisions of the Income Tax Act. In the event of changes to the Income Tax Act or any pension legislation governing your Plan, your Plan will be considered to have been amended to conform to such changes effective the date such changes come into force.

#### **14. Notices**

Any notices given to us by you under this Plan shall be sufficiently given if mailed, postage prepaid by you, to any of our offices and shall be deemed to have been given on the day that such notice is received by us. Any notices given by us to you shall be sufficiently given if mailed, postage prepaid by us, to you at your last address supplied by you and shall be deemed to have been given on the day of mailing.

#### **15. Limits of Our Liability**

In the event a qualified investment becomes non-qualified, we will notify you and the Canada Revenue Agency (CRA) of details of that investment and you will be liable for payment of taxes owing to the CRA under Part XI.01 of the Income Tax Act. In the event a qualified investment or a non-qualified investment is deemed to be a prohibited investment, you are responsible for reporting details of that prohibited investment to the CRA and responsible for the payment of taxes under Part XI.01 of the Income Tax Act. We shall not otherwise be liable for the making, retention or sale of any investment or reinvestment as herein provided or for any loss or diminution of the assets comprising the Plan except due to our negligence or wrongful act. You and your heirs, executors and administrators shall at all times indemnify us and save us harmless in respect of any taxes, interest, penalties or charges levied or imposed upon us in respect of the Plan, excluding taxes, interest, penalties or charges imposed against us under the Income Tax Act.

#### **16. Withdrawals**

You may make withdrawals from your Plan, subject to the following conditions:

- a. we will withhold taxes from any withdrawals in such amounts as required by the Income Tax Act from time to time;
- b. withdrawals must be declared by you as income for the taxation year of receipt.

#### **17. Transfers**

The Plan may be amended to permit the payment or transfer, on your behalf, of any funds as allowed by the Income Tax Act. We may, at our discretion, charge a fee for each transfer out of the Plan.

#### **18. Trustee's Financial Conditions**

If applicable, we shall provide you with a copy of the fee schedule in effect from time to time. We shall be entitled to such fees and to reimbursement for all expenses reasonably incurred by it in administering the Plan as may be provided for in any fee schedule in effect at that time. The fees payable to us are subject to change provided that you shall be given at least sixty (60) days' notice prior to any change in such fees becoming effective. Notwithstanding any other provision contained herein, we shall be entitled to additional fees for extraordinary services performed by us from time to time commensurate with the time and responsibility involved. We are fully authorized by you to sell investments of the Plan in order to realize sufficient monies for the payment of the above fees and expenses and to withdraw payment from the assets of the Plan without seeking the prior approval or instruction of you. We shall not be entitled to recover from your Plan penalties and/or taxes imposed by the CRA that are attributable to us.

#### **19. Other Conditions**

While this Plan continues to be a Retirement Savings Plan under the provisions of the Income Tax Act, it shall constitute an inter vivos trust. Neither the Plan nor the assets of the Plan can be used as security for a loan.

#### **20. Resignation or Removal of Trustee**

We may resign as trustee under the Plan at any time by delivering thirty(30) days' written notice of our resignation to you. The Agent may also remove the Trustee as trustee of the Plan. If the Trustee is to be removed, the Trustee will deliver thirty (30) days' written notice to you. In the event of the resignation or removal of the Trustee, the Agent shall appoint a successor trustee or trustees who shall be acceptable to the Trustee. We shall deliver the property comprised of the investments within the Plan and the records relating thereto, and shall execute such deeds and assurances and do such things as may be requisite in order to ensure the continued and uninterrupted operation of the Plan. We will give the successor trustee or trustees all the information necessary for the continued administration of the Plan. Should the Agent neglect or refuse to appoint a success or trustee or trustees who shall be acceptable to the Trustee, we reserve the right to appoint a successor trustee on your behalf, or transfer assets in specie to you as a withdrawal from your Plan.

#### **21. Ultimate Responsibility**

We have entered into an Agency Agreement , with the Agent, for the purpose of administration of this Plan. However, we are ultimately responsible for the administration of the Plan.

**SELF-DIRECTED RRSP and TFSA**

**ASSOCIATE MEMBER FEE SCHEDULE**

I, \_\_\_\_\_ (hereinafter referred to as the “Planholder” hereby agree to pay to the Canadian Worker Co-operative Federation (hereinafter referred to as “CWCF”), the following:

Transaction Services (Charged at time of occurrence)

Note: Eligible investments in the plan are limited to the co-op’s offering and cash.

Annual Trustee Fee (including HST) \$55

• One deposit per annum	N/C
• Partial withdrawal/transfer in cash (including Refund of Excess Contribution)	\$50
• Transfer-in to Set Up New Account	\$50
• Unscheduled Statement of Account	\$50
• Additional Contribution in Kind or acquisition of securities per transaction	\$50
• Account closing	\$75

Other Fees (Charged at time of occurrence)

- All necessary incurred out-of-pocket charges, such as wire services, foreign currency services and courier charges
- When the Planholder requests detail of events that have been reported by a prior year’s statement, research fees are based on actual time charges\*
- Additional time charges\* where CWCF is instructed or obligated, by action of the Planholder to:
- carry out functions considered beyond the scope or obligation of normal administrative routine. \*Time charges billed at \$50.00 per hour, minimum \$50.00

Fees are subject to change upon thirty (30) days notice. A Planholder who is not in agreement with a new fee schedule may request the plan be transferred to a new trustee. If CWCF has not been notified of the request to the transfer the plan to a new trustee within thirty (30) days from receipt of said notification, the amended fee schedule will take effect from the stated date.

Annually, CWCF will provide the co-op, as its agent for the purpose of collecting fees, with a list, in duplicate, of contracts, together with an invoice for each Planholder, confirming the annual fee. The co-op is responsible for delivering the invoices to each Planholder and for collecting the fees. Said fees are to be remitted to the CWCF, together with a copy of the above-mentioned list, by the date specified by CWCF. Termination of the agency relationship between the Company and Trustee does not result in termination of the contract between the Trustee and the Planholder; that contract will continue in full force and effect under the terms provided in the Declaration of Trust.

\_\_\_\_\_  
DATE CONTRACT # SIGNATURE OF PLANHOLDER

**PAYMENT AUTHORIZATION FORM**

I, \_\_\_\_\_ agree to pay,  
\_\_\_\_\_, (Co-op),  
any and all of the self-directed RRSP or TFSA administration fees levied on my  
account by the Canadian Worker Co-operative Federation.

I authorize the Co-op to deduct from any of my Co-op wages or income the self-  
directed RRSP or TFSA administration fee and pay it on my behalf, as set out  
in the Agreement entered into by my Co-op and the Canadian Worker Co-operative  
Federation.

I understand that the annual fee is currently \$55.00 per year. If the fee  
changes, I will be notified by my Co-op.

Should I leave the employ of the Co-op and the Co-op has not remitted the fee  
for that calendar year, I will become responsible for remitting the fee. Also,  
I understand that a fee of \$75.00 will be charged when the SD RSP account is  
closed.

\_\_\_\_\_  
Date Planholder's signature





Self-Directed RRSP or TFSA  
DEPOSIT FORM

Contract Number

--	--	--	--	--	--	--	--

Indicate:

RRSP

TFSA

Personal Information

*Do not combine spousal and non-spousal RRSP deposits into the same contract.*

Annuitant (last name, first name)

**Complete this section only if making a deposit from/to a spousal RRSP.**

**Spousal RRSP Contributor Information**

Contributor (last name, first name):

Contributor's SIN

Deposit Detail / Transaction Code

- Cash Contribution, HBP / LLP Repayment, or Transfer from RRIF
- Contribution in kind  
\*complete Securities Deposits below
- Transfer from TFSA  
\*for in-kind transfers ONLY, complete Securities Deposits below
- Transfer from RRSP / RPP/ DPSP/ RRIF  
\*for in-kind transfers ONLY, complete Securities Deposits below
- Transfer from a Deceased Spouse's RRSP / RRIF / TFSA
- Transfer from a Retiring Allowance / Severance Pay

**CWCF OFFICE USE ONLY**

Deposit date:

MM DD YYYY

--	--	--	--	--	--	--	--

Deposit amount:

\$ \_\_\_\_\_.

**Complete this section only if making an in-kind contribution or transfer of shares.**

**Securities Deposits**

(Description of Securities)

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Date

Annuitant's Signature

Accented by Authorized Sub-Agent (signature)

Sub-Agent Name (print)

Sub-Agent Telephone

DF-CWCF (17/10)

*Produce three copies: one for CWCF (Agent), one for the Sub-Agent, one for the Annuitant.*



# DIRECT TRANSFER AUTHORIZATION

### Section A

Annuitant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_ Postal Code \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

### Section B

Receiving Institution (CWCF)

Receiving Institution Name: **Canadian Worker Cooperative Federation**  
Address: **1-41 Aberdeen Street Kentville, NS B4N 2M9** Phone: (902) 678-1683 Fax: (902) 678-0780

Please credit my:  RRSP  Spousal RRSP  TFSA

Contract Number \_\_\_\_\_ Specimen Plan:  SD-RSP 145-698  SD-TFSA 145-2416

Certified by \_\_\_\_\_, Canadian Worker Cooperative Federation  
(Authorized Agent) (Receiving Institution)

### Section C

Annuitant Direction to Relinquishing Institution

Relinquishing Institution Name \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contract or Plan # \_\_\_\_\_ Deposit # \_\_\_\_\_ Maturity Date (if applicable): \_\_\_\_\_

**PLEASE TRANSFER:** \_\_\_\_\_ all of the property  in cash  in-kind  
\_\_\_\_\_ lump Net Sum of \$ \_\_\_\_\_ (in cash)  
\_\_\_\_\_ part of the property (Specify investment description, amount, and share certificate #s)  
\_\_\_\_\_

FROM MY:  RRSP  Spousal RRSP  RRIF  RPP  DPSP  Retiring Allowance  TFSA

If from a Spousal RRSP: Contributor's Name \_\_\_\_\_ Contributor's SIN \_\_\_\_\_

If from an RPP/DPSP, I am the: \_\_\_ member, OR \_\_\_ beneficiary spouse, OR \_\_\_ former spouse due to marriage breakdown

### Section D

Annuitant Authorization

I hereby request the transfer of my account and its assets as specified above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature Guarantee \_\_\_\_\_  
(Authorized Sub-Agent)

### Section E

For Use By Relinquishing Institution Only

Amount transferred: \$ \_\_\_\_\_ from the  RRSP  Spousal RRSP  RRIF  RPP  DPSP

Retiring Allowance  TFSA as specified in Section C

RRSP Spousal Contributions: \_\_\_ NO \_\_\_ YES If yes, Contributor's Name: \_\_\_\_\_ SIN: \_\_\_\_\_

Locked-in Funds: **The CWCF SD-RSP Program does not accept Locked-in Funds**

(Date)

(Authorized signature of Relinquishing Institution)

(Contact Phone Number)