

RRSP/TFSA PROGRAM APPLICATION FOR WORKER CO-OPS

CANADIAN WORKER CO-OPERATIVE FEDERATION (Incorporated in 1992)

As a Worker Co-op that is currently a Regular Member of CWCF, we hereby apply to use the Canadian Worker Co-operative Federation's Self-Directed RRSP/TFSA Program, and agree to comply with all Program policies.

TELEPHONE:	EMAIL:
DESIGNATED REPRESENTATIVE	E (for purposes of the RRSP/TFSA Program):
(please print name)	(signature)
PRESIDENT:	
(please print name)	(signature)
DATE.	
DATE:	
DATE: We have completed and e Signing Officers forms.	enclosed the required Declaration of Directors and Officers and Authorized
We have completed and e Signing Officers forms.□ If requested by CWCF, we	
 We have completed and e Signing Officers forms. If requested by CWCF, we Qualified Investments for the second of th	enclosed the required Declaration of Directors and Officers and Authorized have enclosed a Letter of Opinion regarding the status of our securities as