



# CERTIFICATE OF COMPLIANCE AND DUE DILIGENCE CHECKLIST

Date: \_\_\_\_\_

Deadline for completion: \_\_\_\_\_

As a participant in the Canadian Worker Co-operative Federation (CWCF)'s Self-Directed RRSP/TFSA Program, your organization is required to submit a Certificate of Compliance and Due Diligence Checklist for review on an annual basis. The information contained in this document is your confirmation that your organization understands and is upholding its responsibilities as a Sub-Agent of CWCF, in accordance with our Agency Agreement. This form must be completed by a current Authorized Signing Officer for the organization.

Failure to complete this report by the deadline may result in CWCF ceasing to process pending transactions for the organization and its investors until the report has been received by CWCF.

Please ensure you tick the appropriate boxes and provide all requested information where indicated.  
Thank you for your cooperation.

To maintain the accuracy of CWCF's records, please provide the following information:

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (        ) \_\_\_\_\_ **Fax:** (        ) \_\_\_\_\_

**Email:** \_\_\_\_\_

A) Since the completion of the last checklist (or since your application for membership with CWCF – whichever was more recent), has any regulatory body placed any restrictions on your organization or its key personnel?

No

Yes *(please explain below and if needed, attach a separate page outlining the restrictions)*

Additional Comments: \_\_\_\_\_

B) Since the completion of the last checklist (or since your application for membership with CWCF – whichever was more recent), are there any pending lawsuits against your organization?

No

Yes *(please explain below and if needed, attach a separate page describing the situation)*

Additional Comments: \_\_\_\_\_



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**WE HEREBY CERTIFY THAT we have satisfied the following procedural requirements and are fulfilling our responsibilities, as outlined below:**

- 1) The Designated Representative and all other authorized individuals are referring to the most up-to-date version of CWCF's Support Manual as needed.
  - a. Date of Support Manual (front page): \_\_\_\_\_
  
- 2) We are using the current approved version of the Application Form and Declaration of Trust for the acceptance of new RRSP and/or TFSA accounts.
  - a. Name/Date of Application Form (bottom left corner of form): \_\_\_\_\_
  - b. Name/Date of Declaration of Trust (bottom left corner of form): \_\_\_\_\_
  
- 3) We are aware of the annual RRSP contribution deadline of 60 days after December 31 and will ensure all contributions, both in-cash and in-kind, including all corresponding funds and paperwork, are received by CWCF on or before this deadline. We further understand that this contribution deadline does not apply to TFSA contracts.
  
- 4) We understand that all RRSP annuitants who turn 71 years of age in a given year must have their accounts closed by December 31 of that year before the account matures, and will work together with CWCF to ensure that maturing accounts are handled in a timely manner. We further understand that the maturing account deadline does not apply to TFSA contracts.
  
- 5) Our securities, which are held in registered plans administered by CWCF, are Qualified Investments for such purposes, as prescribed under the Income Tax Act and Regulations, to the best of our knowledge. We are aware that there are serious adverse consequences for our investors in the event that their registered plan holds a Non-Qualified investment.
  
- 6) We understand that CWCF must be notified in writing of any change in the Organization's Designated Representative.
  - a. Our current Designated Representative is: \_\_\_\_\_
  - b. Email address: \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
  
- 7) We understand that under certain circumstances (e.g. in the event our organization dissolves), CWCF may need to reach out to our lawyer and/or accountant. Our current lawyer/accountant is: \_\_\_\_\_  
We agree to notify CWCF in the event of a change to this individual.

DATE COMPLETED: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_  
*(name of authorized signing officer – please print)*

SIGNED: \_\_\_\_\_