

CHOU FUNDS
RETIREMENT SAVINGS PLAN APPLICATION

PURCHASE INFORMATION	
Investment Fund	Investment Amount
<input type="checkbox"/> Chou Associates Fund	\$
<input type="checkbox"/> Chou Asia Fund	\$
<input type="checkbox"/> Chou Bond Fund	\$
<input type="checkbox"/> Chou Europe Fund	\$
<input type="checkbox"/> Chou RRSP Fund	\$
ANNUITANT INFORMATION	
Last Name, First Name, Initial, Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Account Number
Street Number Street Name Apt.	Date of Birth (dd/mm/yyyy)
City Province	Social Insurance Number
Email	
CONTRIBUTION OR TRANSFER INFORMATION	
Contribution Amount <input type="checkbox"/> Annuitant <input type="checkbox"/> Spouse	Date
Transferring Financial Institution	Account Number at Transferring Financial Institution
CONTRIBUTOR INFORMATION (for Spousal Plans Only)	
Last Name, First Name, Initial, Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Date of Birth (dd/mm/yyyy)
Contributor Address <input type="checkbox"/> Same as Annuitant. <input type="checkbox"/> As Below	Social Insurance Number
Street Number Street Name Apt.	City Province Postal Code
Email	
LOCKED-IN INFORMATION (for Locked-In RSPs Only)	
Check here if application is for a Locked-In <input type="checkbox"/> RSP or <input type="checkbox"/> LIRA	Provincial jurisdiction governing funds: _____ Note: Provisions contained in the Locked-In Addendum will take precedence over the Declaration of Trust for this Plan

DESIGNATION OF BENEFICIARY	
Last Name, First Name, Initial, Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Relationship to RSP Annuitant
Street Number Street Name Apt.	Date of Birth (dd/mm/yyyy)
City Province	Country Postal Code
Social Insurance Number	
<p>NOTE:</p> <ul style="list-style-type: none"> • Beneficiary designation is subject to applicable law. • Quebec residents must designate a beneficiary by Will or marriage contract. • Designated beneficiaries of Manitoba residents will not change as a result of marriage or divorce. Manitoba residents who wish to change their designated beneficiary due to marriage or divorce must do so by means of completing a new designation form. • You acknowledge that your estate may be responsible for reporting and paying income tax on proceeds paid to a designated beneficiary; • By signing below you acknowledge your sole responsibility to ensure that the beneficiary designation for this Retirement Savings Plan is correct at all times and changed when appropriate. 	
Signature of Holder	Date of Birth (dd/mm/yyyy)
Signature of Witness	Name of Witness
RETIREMENT SAVINGS PLAN AGREEMENT	
<p>To CIBC Mellon Trust Company Canada (the "Trustee"):</p> <p>I am applying to open a Chou Fund Retirement Savings Plan ("the Plan"), and request that the Trustee apply for registration of the Plan under the <i>Income Tax Act</i> (Canada) and any applicable provincial income tax legislation. I acknowledge and agree to be bound by the terms and conditions of this Plan as set out in the application, the Declaration of Trust, and any relevant addendum to the Plan.</p> <p>I am solely responsible for determining the amount of contribution to the Plan which I may claim as a deduction under applicable tax legislation, my investment decisions and whether an investment is qualified under the tax legislation, and I am aware of the consequences of acquiring and holding investments which are not qualified.</p> <p>I am fully aware of the terms under which contributions may be made to this Plan and that under the <i>Income Tax Act</i> (Canada) and, if applicable, the <i>Taxation Act</i> (Quebec), under which this Plan is constituted or registered, tax may be payable on any eventual benefits from the said Plan or on any holdings of non-qualified investments in the Plan.</p> <p>I confirm that the information provided to the Trustee is complete and accurate and hereby agree and consent to the Trustee, its agents or affiliates obtaining and retaining my personal information in order to ascertain my identity as required by the <i>Proceeds of Crime (Money Laundering) and Terrorist Financing Act</i> and as required by law.</p> <p>I declare that the information given in this application is true, correct and complete.</p> <p>In the event of my death, the proceeds of the Plan will be paid to the beneficiary, if any, whom I have designated in this application, if permitted by law. Otherwise, such proceeds will be paid to my estate.</p> <p>It is my wish that all documents relating to the Plan have been and shall be drawn up in the English language only. C'est mon désir que tout document de rapportant au régime (Plan) soient rédigés en anglais seulement.</p> <p>Signed on the day of , 20____ in the province of .</p>	
Signature of Holder	Accepted by Chou Associates Management Inc. as Agent for CIBC Mellon Trust Company