

CHOU FUNDS TAX FREE SAVINGS ACCOUNT 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	\$
HOLDER 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
Country Postal Code	Home Phone Business Phone
Email	
DESIGNATION OF BENEFICIARY	
1.	
Last Name, First Name, Initial, Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Relationship to Tax Free Savings Account Holder
Street Number Street Name Apt.	Date of Birth (dd/mm/yyyy)
City Province	Country Postal Code
Social Insurance Number	Email
2.	
Last Name, First Name, Initial, Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Relationship to Tax Free Savings Account Holder

Street Number	Street Name Apt.	Date of Birth (dd/mm/yyyy)
City	Province	Country Postal Code
Social Insurance Number	Email	
3.		
Last Name, First Name, Initial, Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Relationship to Tax Free Savings Account Holder
Street Number	Street Name Apt.	Date of Birth (dd/mm/yyyy)
City	Province	Country Postal Code
Social Insurance Number	Email	
4.		
Last Name, First Name, Initial, Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Relationship to Tax Free Savings Account Holder
Street Number	Street Name Apt.	Date of Birth (dd/mm/yyyy)
City	Province	Country Postal Code
Social Insurance Number	Email	
<p>I designate the person(s) named above as my primary and, if any, contingent beneficiary. My primary beneficiary will receive any benefit payable under my Tax Free Savings Account ("TFSA") upon my death. If my designated primary beneficiary predeceases me and I have not designated any contingent beneficiary, payment will be made to my estate. Where permitted by law, I hereby revoke any previous designations made with respect to this TFSA. I reserve the right to revoke this designation in whole or in part, at any time. If the sole primary beneficiary is the spouse, the spouse will also be deemed a Successor Holder.</p> <p>NOTE:</p> <ul style="list-style-type: none"> • The validity of a designation of beneficiary is subject to the laws of the provincial jurisdiction where you reside. • Your designation of Beneficiary by means of a designation form will not be revoked or changed automatically by any future marriage or divorce. • Should you wish to change your Beneficiary, you will have to do so by means of a new designation. • Beneficiary designation must be signed below and signature must be witnessed by someone other than the beneficiary or relative of the holder. 		
Signature of Holder		Date of Birth (dd/mm/yyyy)
Signature of Witness		Name of Witness

TAX FREE SAVINGS ACCOUNT AGREEMENT

To CIBC Mellon Trust Company Canada (the "Trustee"):

I request that the Trustee file an election to register my arrangement as a TFSA under the *Income Tax Act* (Canada). I have read and agree to comply with the terms and conditions set out in the Declaration of Trust which accompanies this application.

I hereby acknowledge that I am solely responsible for determining the contribution amount to the TFSA, 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.

I hereby agree to notify the Trustee in the event that I am no longer a resident of Canada.

I confirm that the information provided to CIBC Mellon Trust Company Canada, its agents or affiliates (collectively "CIBC Mellon") is complete and accurate.

I hereby agree and consent to CIBC Mellon Trust Company Canada obtaining and retaining my personal information in order to ascertain my identity as required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and as required by law.

It is my wish that all documents relating to the TFSA have been and shall be drawn up in the English language only. C'est mon désir que tout document de rapportant au régime (TFSA) soient rédigés en anglais seulement.

Signed on the day of , 20____ in the province of .

Signature of Holder

**Accepted by Chou Associates Management Inc.
as Agent for CIBC Mellon Trust Company
Canada**