



PROVINCE OF BRITISH COLUMBIA

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SELF-DIRECTED RRSP PURCHASE FORM

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the **Employee Investment Act, RSBC 1996 c. 112** (Act), and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits. For more information regarding this form and the FIPPA please contact the **Venture Capital Tax Credit Program, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1**

This form is to be completed only when new ESOP/EVCC shares are being purchased into a Self-Directed Registered Retirement Savings Plan ("SDRRSP") at the time of the Share Offering.

ESOP/EVCC Corporation Name	ESOP / EVCC No.
Employee Shareholder Name	S.I.N.
No. of shares to be purchased by the SDRRSP:	The shares were / are to be paid in full on the following date:

I am directing my SDRRSP Administrator ("Trustee") to purchase the above noted shares, and I have advised my Trustee that the shares are ESOP/EVCC shares, which are subject to the terms and conditions of the *Employee Investment Act* (the "Act"), and that such terms are stipulated in the Escrow Agreement (the "Agreement") signed between the ESOP/EVCC Corporation and RBC Dexia Investor Services Trust ("Escrow Agent").

(Please check applicable option)

- ☐ I request the Ministry to provide my Trustee with a Letter of Undertaking confirming that the Escrow Agent will keep my shares in escrow for **3 YEARS (ESOP) / 5 YEARS (EVCC)**, and that my Trustee will be contacted for instructions for any releases from escrow. OR
- ☐ My Trustee has a copy of the Agreement and does not require a Letter of Undertaking.

(Date)

(Signature of Employee Shareholder)

SHARES ACCEPTANCE BY SDRRSP TRUSTEE AND CONFIRMATION OF DESIGNATED BENEFICIARY

TO BE COMPLETED BY SDRRSP TRUSTEE (NOTE: Letter of Undertaking will be issued per information provided in this section)		
Trust Company Name	Contact Name (SDRRSP Administrator's Name)	
Mailing Address (Full Street address only, P.O. Box address not acceptable)	Contact Position	
	Contact Phone No.	Contact Fax No.

SHARES ACCEPTANCE AND CONFIRMATION OF DESIGNATED BENEFICIARY BY THE TRUSTEE:

We, the undersigned, accept the purchase of the above noted shares to SDRRSP Account No. _____, registered in the name of: _____, and we also confirm that the above mentioned accountholder has named the following person as his/her designated beneficiary:

(Name of Designated Beneficiary)

(Relationship)

(Date Accepted by RRSP Trustee)

(Trust Company Name)

per: _____
(Signature of Authorized RRSP Official)