

SUCCESSOR HOLDER and BENEFICIARY INFORMATION

Please note that the designation of a Successor Holder or Beneficiary in respect of the Account is subject to the laws of the applicable jurisdiction (Province or Territory). If the laws of the applicable jurisdiction do not permit such a designation, it may be made only in your will. If the laws of the applicable jurisdiction permit such a designation in the Account, the following applies:

SUCCESSOR HOLDER INFORMATION

I elect that my surviving spouse or common-law partner become the Successor Holder in the event of my death before termination of the Account, and confirm that my spouse or common law partner has the unconditional right to revoke any Beneficiary designation made by me.

Spouse / Common Law Partner's First Name*	Middle Name	Last Name*	Social Insurance Number*
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BENEFICIARY INFORMATION

I designate the person below as Beneficiary to receive, in the event of my death and in the absence of a Successor Holder, any property under the Account.

Beneficiary First Name*	Middle Name	Last Name*	Relationship to Applicant*
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AUTHORIZATION

I hereby confirm that the information provided is true and correct. I agree that ICICI Bank Canada the ("Bank") will verify the information provided above and will clear my cheque upon receipt. I have received, read and understood the following terms and conditions: (a) Tax Free Savings Account Terms and Conditions, (b) General Account Terms and Conditions, (c) Website Terms of Use, (d) Privacy Policy, (e) Access to Basic Banking, (f) Filing a Complaint, (g) Disclosure Statement (h) Coercive Tied Selling and (i) Interest Rate Chart. I hereby consent to the Bank collecting, using and disclosing my personal information for the purposes identified in the Bank's Privacy Policy, which I have received, read and understood. I understand that the Bank reserves the right to carry out any other additional checks, including credit checks for verification purposes on me. I request that the Bank file an election with the Minister of National Revenue to register the qualifying arrangement as a TFSA under section 46.2 of the Income Tax Act. I will notify the Bank if I change my country of residence. I understand that I may be liable for certain tax consequences in the case of a non-compliant qualifying arrangement. The arrangement shall be effective upon the later of January 1, 2009 and the date entered below.

Applicant's
Signature*: **X**

Date*: _____
(DD-MM-YYYY)

ACCOUNT APPLICATION PROCESS

1. Complete, print and sign the TFSA Online Application Form.

2. **(a) For new contribution:**

Write a cheque payable to yourself. The cheque must be personalized with your full name pre-printed on it and drawn on a Canadian financial institution for the amount you wish to deposit to your new TFSA account (minimum deposit of \$1,000 is required for TFSA GIC). Existing customers of ICICI Bank Canada can also request to debit any of their accounts (except TFSA accounts) in ICICI Bank Canada for depositing into TFSA.

(b) For transfer of your TFSA funds from other financial institution:

- (i) If you are a new customer of ICICI Bank Canada, write a cheque payable to yourself. The cheque must be personalized with your full name pre-printed on it and drawn on a Canadian financial institution for at least \$1.00. This step is mandatory and is required for identification purposes. Existing customers of ICICI Bank Canada DO NOT require to send us the cheque.
- (ii) Complete, print and sign the TFSA Transfer Authorization Form.

3. Mail the completed and signed TFSA Online Application Form, the cheque and the completed and signed TFSA Transfer Authorization Form (if applicable) to:

ICICI Bank Canada, P.O. Box 396, Don Mills, ON M3C 2S7

What happens next if you are a new customer?

If you are opening a TFSA Savings Account and it is opened successfully, the external chequing account which your initial deposit is drawn on will be linked to your TFSA Savings Account. You will receive a welcome package from us informing you of your Customer Identification (CIF) Number which is also your Online User ID. For security reasons, your Online Banking Password will be mailed to you under separate cover.



ICICI BANK CANADA INFORMATION (Issuer) (For office use)

Name: ICICI Bank Canada
Address* (branch domicile and transit stamp):

Authorized Name*

Authorized Designation

Authorized Signature*

Date* (DD-MM-YYYY)