



PENSION MANAGEMENT CONTRACT

I, _____ [print name], of _____
_____ [print address], have asked The Bloom Group Community Services Society ("The Bloom Group") to assist me with the management of my income and expenses, which may include, without limitation, the receipt and management of my pension income from various sources (my "Pension Income") and my expenses and bills and any other services which may be required to facilitate the management of my income and expenses (the "Services").

Fees

I agree that the compensation to be paid to The Bloom Group for providing the Services will be as follows:

1. Opening Fee: an initial opening fee of \$25.00 at the time that an account is established for me by The Bloom Group;
2. Monthly Program Fee: a monthly program fee of \$45.00;
3. Investment Fee: a quarterly investment fee of 0.25% of the gross funds managed by The Bloom Group on my behalf (based on the average gross assets over the immediately preceding three month period); and
4. Closing Fee: a closing fee of 1.0% of the gross funds in my account with The Bloom Group at the time of the account closing;

(together, the "Fees").

Changes to Fees

I acknowledge and agree that the Fees will be reviewed by The Bloom Group annually and may be changed from time to time by The Bloom Group. The Bloom Group will use its reasonable efforts to advise me in advance of any fee changes.

Trust Funds

I acknowledge and agree that The Bloom Group will keep a separate record of any funds and assets received by and/or held by The Bloom Group on my behalf (my "Trust Fund") but for the purposes of investment and administration, The Bloom Group may hold my Trust Fund and other trust funds for The Bloom Group's other clients in one or more combined accounts and The Bloom Group will allocate all trust receipts and disbursements among the combined trust accounts proportionately. I acknowledge and agree that I will need to report any trust income receipts that I may receive from The Bloom Group on my personal income tax return for the appropriate tax year.

Investment of Trust Funds

I acknowledge and agree that The Bloom Group will invest my Trust Fund in accordance with The Bloom Group's Investment Policy (the "Policy"), as may be set or amended from time to time by The Bloom Group's Board of Directors and The Bloom Group will not be liable for any loss that may result from any investment. A summary version of the Policy may be made available by The Bloom Group on its website, from time to time, and a copy of the full version of the Policy is available upon request. In the event of any conflict or inconsistency between the summary version of the Policy and the full version of the Policy, the terms of the full version of the Policy shall prevail.



Out-of-Pocket Expenses

In addition to the compensation The Bloom Group will receive for providing the Services, I agree that The Bloom Group will be entitled to be reimbursed by me for all the reasonable out-of-pocket expenses that may be incurred by The Bloom Group in the provision of its Services to me (the "Expenses"), including, without limitation, courier expenses and long-distance telephone call charges.

Payment of Fees and Expenses

I agree that the Fees and Expenses are payable from the date of this Contract and will be payable to The Bloom Group monthly or at such other frequencies as The Bloom Group, in its sole discretion, considers reasonable. Unless otherwise agreed to between myself and The Bloom Group, all of The Bloom Group's Fees and Expenses shall be charged to and paid out of the my Trust Fund. If my Trust Fund is insufficient to pay the Fees and Expenses, I agree that I will be responsible for promptly paying to The Bloom Group any shortfall in the Fees and/or Expenses. Upon request, The Bloom Group will provide me with a printed record of my Trust Fund including a record of any payment of Fees and/or Expenses to The Bloom Group or any distributions to myself.

Personal Information & Authorization

I hereby authorize and agree:

1. to the release of my personal information to The Bloom Group to allow The Bloom Group to provide the Services to me (my Social Insurance Number is _____);
2. to give The Bloom Group signing authority with my Pension Income providers;
3. to have any Pension Income cheques payable to me prepared in the name of myself, _____ [print name] c/o The Bloom Group Community Services Society (TBGCSS) Adult Guardianship Program (AGP); and
4. to have my Pension Income cheques sent to The Bloom Group's address at 315B Powell Street, Adult Guardian Program, Vancouver, BC V6A 1G5.

I agree to sign any authorization forms or other documents or take any actions that may be required to provide The Bloom Group with the above authorizations and to allow The Bloom Group to provide the Services to me.



Termination of Contract

This Contract may be terminated by either me or The Bloom Group by written notice to the other party, such termination to be effective upon the receipt of the written notice of termination by the other party.

Dated this _____ day of _____, 20____

Witness Signature)
Print name:)

Client Signature

)
)
)
)

Address)

)

)

Occupation)

)

Phone Number:)

The Bloom Group Community Services)
Society by its authorized signatory:)

)
)

Print Name:)