HEAD OFFICE
1494 Islington Avenue
Toronto, Ontario M9A 3L5
Tel: (416) 233-4108 Fax: (416) 233-0856
Web: www.candorgroup.com

INVESTMENT ORDER FORM

Client Information: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Company

Surname | First Name and Initials

Date of Birth (dd/mm/yy) | Social Insurance Number (Req. by CRA)

Phone ☐ Home ☐ Work ☐ Mobile

Joint / Spousal Information (if applicable): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Surname | First Name and Initials

Date of Birth (dd/mm/yy) | Social Insurance Number (Req. by CRA)

Check one of the following:

1. ☐ New Account – application attached
2. ☐ No changes to KYC
3. ☐ Changes to KYC – updated application attached

Account Type:

☐ R.R.S.P. ☐ Non-Registered ☐ R.R.I.F. ☐ T.F.S.A. ☐ Other

☐ L.I.R.A. ☐ Spousal ☐ R.E.S.P. ☐ Intermediary (Self Directed)

Name | Account Number

Fund Name	Fund Number	DSC, LL or FE %	Account Number	PAC	Amount	%	Buy / Sell	Wire Order Number

Forms Attached:

☐ Account Application ☐ Cheque / Void Cheque ☐ T2033 / T2151 Transfer ☐ PAC / SWP / RRIF Forms ☐ Other

If Other please specify

Special Instructions:

*I acknowledge receipt of the current Fund Fact sheet for the above funds(s). I received a copy of the Dealer Disclosure Document and I declare that I understand it and agree with the changes, terms, conditions, provisions and contents therein.

Signed At

9929
Dealer # | Rep #

X
Client Signature (dd/mm/yy)

Advisor Name (Print)

X
Joint Signature (dd/mm/yy)

Advisor Signature (dd/mm/yy)

Processing (dd/mm/yy)

Accepted at CFG by (dd/mm/yy)

[Fund Co.] [Candor] [Advisor] [Client]