

INVESTMENT ORDER FORM

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Client Infor	mation:	Mr. Mrs.	Ms. Dr.	Company	1	Joint / S	pousal Info	rmation (if applic	able):	Mr.	Mrs. Ms. Dr.
Surname First Name and Initials						Surname First Name and Initials					
Date of Birth (dd/mm/yy) Social Insurance Number (Req. by CRA)						Date of Birth (dd/mm/yy) Social Insurance Number (Req. by CRA)					
Phone TRADING AUTH	[limited trading	Yes No	Check one of the following: 1. New Account – application attached 2. 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.		ermediary f Directed)	Name Account Number					
Fund Name		Fund Code Lo		oad Type Acco		int Number PAC Amount % Buy / Sell Wire Order					Wire Order Number
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Forms At	tached:										
Account A	Application	Cheque	/ Void Chequ	ue T2	2033 / T2151	Transfer	PAC / S\	NP / RRIF Forms		Other	Other please specify
Special Instr	ructions:										
	dge receipt of the							Dealer Disclosure	Docu	ıment and	I declare that I
understand	it and agree with	Title Chang	jes, terris, cc	mailions, p	TOVISIONS AND	contents the	i eii i.		0.4	200	
Signed At										9 <u>29</u> ealer#	Rep#
X Client Signature	2			(dd/mm	1/ <u>///</u>)		dvisor Name (Pr	rint)			
X	5			(uu/IIIII	" J J J	A	uvisui inaille (Pl	пк)			
Joint Signature				(dd/mn	n/yy)	A	dvisor Signature)			(dd/mm/yy)
Processing		(dd/mm/yy)					Accepted at CFG by (dd/mm.				(dd/mm/yy)