

RRSP INVESTMENT APPLICATION

(Please Print) 



15233 Russell Ave.
White Rock, BC V4B 5C3

Ph: 604.538.3111 Toll Free: 1.800.663.4274

PLEASE MAKE YOUR CHEQUE PAYABLE TO FINANCIAL INSTITUTION

FINANCIAL INSTITUTION:

(Office Use Only)
AGENT NO:

New Client: Yes: Client No: _____ Agent's Ref No: _____ Tel: () - _____

Last Name First Name and Initials Telephone No. Social Insurance No.

Street Apt/Suite No. City Prov. Postal Code

Spousal Last Name First Name and Initials Social Insurance Number

Street Apt/Suite No. City Prov. Postal Code

Issue date: _____ Maturity Date: _____ Interest Rate: _____ Term: _____ Principal: _____
dd-MM-yyyy dd-MM-yyyy

Owner Birthdate: _____ Spouse Birthdate: _____
dd-MM-yyyy dd-MM-yyyy

Designation of Beneficiary

Last Name First Name and Initials Address Relationship

SPECIAL INSTRUCTIONS AND INFORMATION:

CLIENT ACKNOWLEDGEMENT

- * I/We hereby acknowledge and agree to the Financial Institutions Terms and Conditions for investment being applied for, which have been explained and/or given to me.
- * I/We confirm that the above instructions are correct and understand that interest ceases at maturity.
- * I/We can verify if this investment is insured by Canada Deposit Insurance Corporation (CDIC) at 1-800-461-2342 and accept full responsibility for principal and/or interest exceeding the limits of such insurance.
- * I/We shall advise all changes of address of owners and beneficiaries.
- * I/We have received a signed copy of this application and have given my advisor a cheque payable to or endorsed to the Financial Institution.
- * The agency will be paid a commission on this transaction.

Owner's Signature Date

Spouse Signature Date

ADVISOR'S ACKNOWLEDGMENT

I have received the principal and I have verified the client's identity

Advisor's Signature Date