



1 Client Information (Please check one box and print name in full)

Account Holder (please check one box and print name in full) Mr. Mrs. Ms. Dr. Corporate

Last Name First Name Initial DOB (MM/DD/YYYY)

Co-Account Holder (please check one box and print name in full) Mr. Mrs. Ms. Dr. Corporate

Last Name First Name Initial DOB (MM/DD/YYYY)

2 Current Dealer/Agency Information

Current Dealer Name Current Dealer Number

Current Dealer Address

3 New Dealer/Agency Information

GP Capital Insurance Agency Ltd
600-10 Four Seasons Place, Toronto, ON M9B 6H7
B.416-622-9969 F.905-366-0303
E. compliance@gpwealth.ca W. www.gpwealth.ca

Dealer Number 3150

4 Account Change Information

Name Of Fund/Insurance Company/Intermediary	Account Number	Account type

5 Account Holder(s) Signature Required

X Account Holder's Signature MM/DD/YYYY X Co-Account Holder's Signature MM/DD/YYYY

6 Dealer/Financial Advisor Signature Required

X Financial Advisor Signature FA Name & Dealer Number MM/DD/YYYY

X Dealer Officer/Branch Manager Signature DO/BM Name MM/DD/YYYY

SIGNATURE GUARANTEE
(BANK, TRUST COMPANY OR DEALER)
OR STAMP (IF NECESSARY)

Attachments

- GP New Account Application Forms
- Limited Trading Authorization Form
- Pre-authorized Chequing Agreement
- Free/Matured Unit Disclosure Form
- Leverage Approval Form (Refer to Leverage Policy)
- Current Account Statements