GP CAPITAL INSURANCE AGENCY
INDEPENDENT THINKING WORKING FOR YOU

Financial Account Changes Form

Reset Form

☐ Client Name ☐ Intermediary/Self Directed ☐ Leverage

GP Plan ID Number (Required)

❶ 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)

❷ Purchase Details

Source of Funds: ☐ Cash in Account ☐ Cheque Attached ☐ T2151/TD2/T2033 ☐ Redemption Proceeds ☐ Loan Proceeds (Lender)

Investment		Purchase					GIC	
Fund Code (Mandatory)	Account No.	Amount	DSC	Low Load	Front End %	Wire Order	Term (yrs)	Annual Payout
		$	☐	☐				☐
		$	☐	☐				☐
		$	☐	☐				☐
		$	☐	☐				☐
		$	$Total Amount					

❸ Redemption Details

Investment		Redemption					
Fund Code (Mandatory)	Account No.	Amount	Net	Gross	No. of Units	No. of Free Units	Wire Order
		$	☐	☐			
		$	☐	☐			
		$	☐	☐			
		$	☐	☐			
		$	$Total Amount				

☐ Cheque payable to Client Name
☐ EFT to client bank account ☐ Send to client address on file
☐ Withdrawal specified amount gross (Before taxes and fees)
☐ Cheque payable to GP Capital Insurance Agency, ITF Client Name
☐ Send to Dealer Head Office ☐ Send to Branch Office
☐ Withdrawal specified amount net (After taxes and fees)

❹ Switch Details

This section is used to switch within a Family of Funds. Use Redemption/Purchase if switching between Fund Companies.

Switch From				Switch To			
Fund Code (Mandatory)	Account No.	Amount ($ or %)		Fund Code (Mandatory)	Account No.	Sales Charge	Wire Order
		$	⇒				
		$	⇒				
		$	⇒				
		$	⇒				
		$	⇒				

☐ Solicited ☐ Unsolicited

Special Instructions:

Attachments
☐ Advisor/Client Notes
☐ Client Contact Record Form
☐ Trade Rationale Form
☐ Other

❺ Account Holder(s) Signature Required

X
Account Holder's Signature MM/DD/YYYY

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

❻ 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)

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