



☐ Client Name ☐ Intermediary/Self Directed ☐ Leverage

GP Plan ID Number (Required)

**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 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
		\$	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
		\$	\$Total Amount					

**3 Redemption Details**

Investment		Redemption					
Fund Code (Mandatory)	Account No.	Amount	Net	Gross	No. of Units	No. of Free Units	Wire Order
		\$	<input type="checkbox"/>	<input type="checkbox"/>			
		\$	<input type="checkbox"/>	<input type="checkbox"/>			
		\$	<input type="checkbox"/>	<input type="checkbox"/>			
		\$	<input type="checkbox"/>	<input type="checkbox"/>			
		\$	\$Total Amount				

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

**4 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

**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