



### 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

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

Last Name First Name Initial

### 2 Current Dealer Information

Current Dealer Name Current Dealer Number

Current Dealer Address

### 3 New Dealer Information

GP Wealth Management Corporation  
10 Four Seasons Place, Suite 600  
Toronto, ON M9B 6H7  
B.416-622-9969 F.905-366-0303  
E. [compliance@gpwealth.ca](mailto:compliance@gpwealth.ca) W. [www.gpwealth.ca](http://www.gpwealth.ca)

**Dealer Number 7597**

### 4 Account Change Information

Name of Fund Company/Intermediary	Account Number	Account type
Name of Fund Company/Intermediary	Account Number	Account type
Name of Fund Company/Intermediary	Account Number	Account type
Name of Fund Company/Intermediary	Account Number	Account type
Name of Fund Company/Intermediary	Account Number	Account type
Name of Fund Company/Intermediary	Account Number	Account type
Name of Fund Company/Intermediary	Account Number	Account type
Name of Fund Company/Intermediary	Account Number	Account type

### 5 Account Holder(s) Signature Required

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

### 6 Financial Advisor Signature Required

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

#### Attachments

- |   |  |
|---|--|
| <input type="checkbox"/> GP New Account Application Forms   | <input type="checkbox"/> Free/Matured Unit Disclosure Form                 |
| <input type="checkbox"/> Limited Trading Authorization Form | <input type="checkbox"/> Leverage Approval Form (Refer to Leverage Policy) |
| <input type="checkbox"/> Pre-authorized Chequing Agreement  | <input type="checkbox"/> Current Account Statements                        |