



New Plan (a completed NAAF is required) Existing Plan

GP Plan Type/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 Investment Fund Details (not applicable for Locked-in RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF or RLSP)

Frequency Options (Choose one and verify with fund company for specific frequencies) Weekly Every 2 weeks * Monthly Quarterly Semi-annually Annually One Time Other

Start Date _____ * Second Monthly Date _____
(MM/DD/YYYY) (DD)

Fund Code Mandatory	Option				Fund Company Name	Account Number	Amount (\$ or # Shares)	Fund Facts	DSC	LL	FE%
	<input type="checkbox"/>	Start	<input type="checkbox"/>	Stop				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Start	<input type="checkbox"/>	Stop				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Start	<input type="checkbox"/>	Stop				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Start	<input type="checkbox"/>	Stop				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Start	<input type="checkbox"/>	Stop				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Change Funds/Investments Change PAC Amount

Total _____

Note: _____

3 Banking Information

Important Notice: New banking information must be completed first and then signed by the account holder to be valid

Financial Institution: _____ Transit No: _____ Bank No: _____ Acct. Type: _____

Branch Address: _____ Account No: _____ Approved Sample Cheque on File

4 Terms and Conditions

- By signing this form, you hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to pre-authorized debits.
- You authorize GP Wealth Management Corporation and the Fund Company/Companies indicated in this agreement to debit the bank account provided for the amount(s) and in the frequencies instructed. If additional space is required a separate sheet may be attached.
- If this is for your own personal investment, your debit will be considered a Personal Pre-Authorized Debit (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- You may change these instructions or cancel this plan at any time, provided that GP Wealth Management Corporation and the relevant Fund Company receives at least 10 business days notice by phone or by mail. Please consult each individual Fund Company to see if this may be reduced or waived. Contact information for the Fund Companies may be found at http://www.fundserv.com/english/code/fund_active.shtml. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association website at www.cdnpay.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- GP Wealth Management Corporation and the specified Fund Company is authorized to accept changes to this agreement from my financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You have requested this application form and all other documents relating hereto to be in English. Vous avez exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

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