



☐ 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 Withdrawal Details

FROM: ☐ OPEN (SWP) ☐ TFSA ☐ RIF ☐ SP RIF ☐ LRIF ☐ LIF ☐ PRIF ☐ RLIF

AMOUNT: ☐ Minimum ☐ Maximum ☐ Gross \$ ☐ Net \$
(LRFs, LIFs, and RLIFs only) (Subject to allowable limits) (Subject to allowable limits)

FREQUENCY: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
(Verify with fund companies for specific frequencies) Months of and Month

START DATE: (MM/DD/YYYY) NOTE:

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

3 Deposit 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) Start Date (MM/DD/YYYY) * Second Monthly Date (DD)

☐ Weekly ☐ Every 2 weeks * ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ One Time ☐ Other

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

Total

Note:



4 Banking Information

Important Notice: Banking Information must be completed first and then signed by the account holder to be valid

Bank Name Bank No. Transit Number Bank Account Number

- ☐ APPROVED BANKING INFORMATION ON FILE
- ☐ NEW BANKING INFORMATION (COMPLETE A NON-FINANCIAL ACCOUNT CHANGE FORM)

5 Terms and Conditions

- By signing this agreement, you hereby waive any pre-notification requirements as specified by section 17 of the Canadian Payments Association Rule H1 with regards to pre-authorized debit (PADs).
- You authorize GP Wealth Management Corporation and the Fund Company/Companies indicated in this agreement to debit the bank account(s) 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 PAD by the Canadian Payments Association (CPA) 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 where the payor and the payee are the same.
- If this is for a one-time or sporadic PAD request, only a single one-time PAD is permitted. Your authority is to remain in effect until the one-time PAD is completed, at which time this PAD agreement for the one-time / sporadic request will automatically terminate.
- You acknowledge that for a one-time or sporadic PAD, your PAD agreement is no longer valid once the payment has been fulfilled. Any subsequent one time or sporadic PAD request requires you to authorize a new PAD agreement.
- If this is for a set interval PAD request, your authority is to remain in effect until GP Wealth Management Corporation or the Fund Company/Companies has received written notification from you of any change or termination. This notification must be received at the address provided below at least ten (10) business days before the next debit is scheduled. A sample cancellation form and additional information may be available from GP Wealth Management Corporation or by visiting www.payments.ca. GP Wealth Management Corporation or the Fund Company/Companies may also cancel this PAD on no less than 10 business days' notice.
- You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, you may contact GP Wealth Management Corporation or visit www.payments.ca
- You confirm that all persons whose signatures are required to authorize transactions in the bank account(s) provided have signed this agreement. You may change these instructions or cancel this PAD agreement at any time, provided that GP Wealth Management Corporation or the relevant Fund Company receives at least 10 business days' notice by phone or by mail. You can also obtain further information regarding GP Wealth Management Corporation's or the Fund Company's practices related to personal information, privacy, and information security. To obtain a copy of a cancellation form or for more information regarding your right to cancel a PAD agreement, please consult with GP Wealth Management Corporation or visit the Canadian Payments Association website at www.payments.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 or the Fund Company may cease issuing your PAD agreement in accordance with Rule H1.
- The Fund Company is authorized to accept changes to this agreement from GP Wealth Management Corporation in accordance with our policies, and 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.
- For Quebec clients only:** I confirm that I have received the French version of this PAD agreement and that I have chosen to complete the English version of this document. I request that all related current and future documents be provided to me in English.

6 Account Holder(s) Signature Required

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

7 Financial Advisor Signature Required

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