

Financial Account Changes Form (Mutual Funds Only)

□ Client Name □	☐ Intermediary/Self Directed	("Interme	ediary" may	v reanii	re nreso	cribed forms)		☐ Lever	age			(Mutuai Fuliu	s Only)
				_				_ Ecven	-	P Plan T	ype/Pla	an ID Number (Re	equired)
Client I	nformation (Please	check o	one box a	nd pri	nt nar	ne in full)							
Account Holder (p	please check one box and p	orint nar	ne in full)		☐ Mr.	□ Mrs. □	Ms.	□ Dr. [☐ Corpora	te			
Last Name First Nan								Ini	tial			DOB (MM/DD/	/YYYY)
Co-Account Holde	er (please check one box a	nd print	name in fu	ull) 🗆	□ Mr.	□ Mrs. □	l Ms.	□ Dr. [☐ Corpora	te			
Last Name			First Na	ame				Ini	tial			DOB (MM/DD/	/YYYY)
9 Purchas	se Details												
Source of Funds:	☐ Cash in Account ☐ Cl	neque Atta	ached \square	T2151/	/TD2/T2	.033 □ Red	lemption I	Proceeds/ICT	☐ Loan Pr	oceeds (L	ender)		
	Investment							Purcha	ise				
Fund Code	Account No.		Δ	Amoun	t	Front End	Fund Fact			Wire Order			ICT
(Mandatory)			,	unoun		%	Doc.		5.25				101
			\$										
				\$									
			ф Ф				 						
	Total Am	ount	φ \$										
Redemp	otion Details	io unic	Ψ										
	vestment						R	edemption					
Fund Code	Account No.	Am	ount Net Gross N			No. of Units		o. of Free Units		Wire Order			ICT
(Mandatory)		¢											
		\$											
		\$											
		\$											
Total Amount \$				Gross	(Before taxes and	nd fees)			arges & Fe	es (App	roximate Amount)		
					Net (Af	ter taxes and fee	s)						
Import	tant Notice: New or C	hange	of Ban	king	Info	rmation Re	quires	s a Non-F	Financial	Acco	unt Cl	nange Form	
			☐ Cheque payable to GP Wealth Management,					it, ITF "Client Name" Send to client address on file					
□ Approved sample cheque attached □ Approved sample cheque on file			☐ Send to Dealer Head Office☐ Send to Branch Office										
	· · · · · · · · · · · · · · · · · · ·		☐ Sen	o to Bra	inch Off	ice							
Switch I													
	This section is used to swit	ch within	n a Family	of Fu		•	n/Purch T	ase if switc	ching betwe			anies. ed Unit Switch	
Switch From					8	Switch To	h To			☐ Free/Matured U			ile
Fund Code	Account No.	Δmo	Amount (\$ or %		F	und Code	Account No.		lo	Sales Fund Fact Wire Orde			
(Mandatory)	Account No.	7 toodant rec.		0)	(N	Mandatory)				Charge	Doc.	Wile Order	
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				\Rightarrow	>								
				=	_								
					>		<u> </u>						
							Atta	chments					icited
Notes:									ed Unit For			or/Client Notes	_
									Position Fo			t Contact Record	Form
A	4 a a a a a							(YC Form (update —		Frade	e Rationale Form	
• Accoun	t Holder(s) Signati	ure Re	equired										
Х						X							
Account Holder's	Signature		N	/M/DD)/YYY		ount Hol	der's Signa	iture			MM/DD/YY	YY
6 Financi	al Advisor Signatu	re Re	quired										
<u>-</u>													
X	<u> </u>										IK, TRUST	IRE GUARANTEE COMPANY OR DEALER)	
Financial Advisor	Signature		FA Name	X Dea	ier Nii	mher	MM/DE	1/YYYY	1		OR STAME	P (IF NECESSARY)	1