

Please complete the following and submit to the contact person below.
Upon receipt, the information provided will be used to prefill the sign-up forms and an
Advisor will contact you to finalize prior to submitting to your Payroll.
Please note, a copy of your photo ID driver's license will be required.

Full Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address: _____

SIN: _____ Date of Birth: _____ Citizenship: _____

Drivers License # / Expiry Date: _____ Marital Status: _____

Annual Income: _____ Number of Dependents at Home: _____

Occupation: _____ Employer: _____

Number of Years with Current Employer: _____ Beneficiary Name: _____

Approximate value of: Fixed assets (ie. House, Vehicles): _____ Investment Knowledge: Sophisticated
Liquid assets (ie. RRSPs, Savings): _____ Good
Liabilities/debt: _____ Limited
 Poor/NIL

Spousal Plan: Yes No If yes to Spousal Plan, please fill in the following required information below:

Spouse Name: _____

Spouse Date of Birth: _____

Spouse Employer & Occupation: _____