



GIC Transaction Request

Client Information

Name _____

Account Number _____

Name of Joint Owner or Contributing Spouse _____
(If applicable)

Please Check
 RRSP
 NON-REGISTERED
 RRIF
 RESP
 TFSA

Source of Funds

Cheque Renewal - Certificate # _____ Proceeds of redemption (please specify below)

Fund Code	Fund Name	Amount (\$/%)	Gross	Net
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Non-Registered Investment Details

Non-redeemable		Amount	Interest Rate	Issue Date (MM/DD/YY)	Maturity Date (MM/DD/YY)	Interest Payment Frequency			
GIC Issuer	GIC (1-5 Years & 18 months)					Annual Compound paid at maturity	Annual	Semi-Annual	Monthly
		\$	%			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	%			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		\$	%			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RRSP/RRIF/RESP/TFSA Investment Details

Non-Redeemable		Amount	Interest Rate	Issue Date (MM/DD/YY)	Maturity Date (MM/DD/YY)
GIC Issuer	GIC (1-5 Years & 18 months)				
		\$	%		
		\$	%		
		\$	%		

<h3>Interest Payment Instructions*</h3> <p><input type="checkbox"/> Direct deposit (void cheque attached) <input type="checkbox"/> Cheque (customer's address)</p>	<h3>Maturity Instructions</h3> <p><input type="checkbox"/> Renewal at prevailing rate of interest for that term <input type="checkbox"/> Direct deposit (void cheque attached)* <input type="checkbox"/> Cheque* <input type="checkbox"/> Other (Please provide a letter of direction)</p>	<p>*Applicable for Non-Registered accounts only</p>
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Please be advised that if the maturity date falls on a non-business day the investment will be processed on the next business day. Interest is calculated per annum (365 Days). Eligible for insurance coverage by the Canada Deposit Insurance Corporation up to the applicable limits.

Planholder Signature _____	Date <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	KYC Verified By: _____
Y	Y	Y	Y	M	M	D	D			
Joint Signature (if required) _____	Date <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D	
Y	Y	Y	Y	M	M	D	D			