



Non-Financial Transaction Request Form

Name: _____

Joint Name (if applicable): _____

Email: _____

Account Number: _____

Please Check (✓)

- RRSP
- Non-Registered
- RRIF
- RESP
- TFSA
- LIRA
- LIF

Change of Client Information

Name Change (Please include notarized or true copy of the original relevant legal document – i.e. Marriage Certificate)

Change Name

Primary Owner First Name: _____ Last Name: _____

Joint Owner First Name: _____ Last Name: _____

Address Change

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Information Change

Change contact details Add contact details

Home Number: _____ Business Number: _____ Cell Number: _____

Email: _____

Banking Information Change (Please include a void cheque)

Immediately Effective Date:

Y	Y	Y	Y	M	M	D	D
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Financial Institution: _____ Bank Number: _____

Transit Number: _____ Account Number: _____

Authorization

Account Holder's Signature

Name (Please Print)

Y	Y	Y	Y	M	M	D	D
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Date

Joint Account Holder's Signature
(if applicable)

Name (Please Print)

Y	Y	Y	Y	M	M	D	D
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Date

For a joint bank account, provide all signatures required on cheques issued against the bank account. If not an existing member of Educators Financial Group, please ensure a completed application form is provided.

Compliance Approval

