

15 York Street, 2nd Floor Toronto, ON M5J 0A3 Canada
 Phone: 1.877.310.1088 Fax: 416.288.8611

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Please provide book value for equities.			
Registered type <input type="checkbox"/> RRSP <input type="checkbox"/> LIRA <input type="checkbox"/> LRSP <input type="checkbox"/> RLSP <input type="checkbox"/> Qualified RRIF <input type="checkbox"/> Non-Qualified RRIF <input type="checkbox"/> LRIF <input type="checkbox"/> RLIF <input type="checkbox"/> LIF <input type="checkbox"/> TFSA <input type="checkbox"/> FHSA <input type="checkbox"/> OTHER _____			
Spousal Plan <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes :			
Locked-In : <input type="checkbox"/> No <input type="checkbox"/> Yes	Last Name _____	First Name _____	Initial _____
Locked-in confirmation attached	Locked-in funds _____		Social Insurance Number _____
Governing Legislation _____			
Contact Name _____		Telephone Number _____	Fax Number _____
Authorized Signature _____		Date _____	

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