



One focus, many solutions.

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

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"/>
		\$	%			<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)				
		\$	%		
		\$	%		
		\$	%		
		\$	%		
		\$	%		

Interest Payment Instructions*

- Direct deposit (void cheque attached)
- Cheque (customer's address)

Maturity Instructions

- Renewal at prevailing rate of interest for that term
- Direct deposit (void cheque attached)*
- Cheque*
- Other (Please provide a letter of direction)

*Applicable for Non-Registered accounts only

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 _____

Y | Y | Y | Y | M | M | D | D

Date

Joint Signature (if required) _____

Y | Y | Y | Y | M | M | D | D

Date

KYC Verified By: _____

