



## INTEREST INFORMATION

Deposit my interest to my \_\_\_\_\_  
account at: (attach void cheque) Financial Institution Branch Account Number

Send interest to: \_\_\_\_\_  
Last Name First Name and Initials  
\_\_\_\_\_  
Street Address Postal Code

## SPECIAL INSTRUCTIONS AND INFORMATION

## CLIENT ACKNOWLEDGEMENT

- ◆ I/We hereby acknowledge and agree to the Financial Institution's Terms and Conditions for the investment being applied for, which have been explained and/ or given to me.
- ◆ I/We confirm that the above instructions are correct and understand that interest ceases at maturity.
- ◆ I/We can verify if this investment is insured by Canada Deposit Insurance Corporation (CDIC) at 1-800-461-2342 and accept full responsibility for principal and/or interest exceeding the limits of such insurance.
- ◆ I/We shall advise all changes of address of owners or beneficiaries.
- ◆ I/We have received a signed copy of this application and have given my advisor a cheque payable to or endorsed to the Financial Institution.
- ◆ I acknowledge that the above-named financial institution will pay the broker a sales commission in connection with the sale of the above-noted deposit product generally in the range of 10 to 35 basis points based on the value of the deposit and that I have been advised that I may obtain additional information regarding this commission by contacting the broker.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Joint Owner's Signature Date

## ADVISOR'S ACKNOWLEDGEMENT

I have received the principal  
and I have verified the client's identity.

\_\_\_\_\_  
Advisor's Signature Rep. Number