

## INVESTOR INFORMATION FORM

FULL NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

IS THE INVESTOR A RESIDENT OF BC?  YES  NO

IF NO, PLEASE LIST THE COUNTRY OF RESIDENCE \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ S.I.N. \_\_\_\_\_

BENEFICIARY NAME \_\_\_\_\_

RELATIONSHIP OF BENEFICIARY \_\_\_\_\_

BENEFICIARY DATE OF BIRTH \_\_\_\_\_ BENEFICIARY S.I.N. \_\_\_\_\_

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ACCOUNT YOU WOULD LIKE TO INVEST:

NON-REG  TFSA  RRSP  SPOUSAL RRSP  RRIF  LIRA  RESP

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IF RESP, RRSP, OR TFSA, WILL YOU BE TRANSFERRING FUNDS FROM AN EXISTING RRSP OR TFSA ACCOUNT?

YES  NO

*If transferring RESP, RRSP, or TFSA funds, please provide a copy of your current investment statements.*

PLEASE PROVIDE A COPY OF DRIVER'S LICENCE AND A VOID CHEQUE.

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AMOUNT YOU WOULD LIKE TO INVEST:

\$ \_\_\_\_\_

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I ELECT TO RECEIVE QUARTERLY DIVIDENDS AS FOLLOWS:

Reinvest as Additional Preferred Shares

Receive Dividend as Cash

*By signing below, I certify all information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
*Signature*