

# Canoe<sup>🍁</sup>

## FINANCIAL

[www.CanoeFinancial.com](http://www.CanoeFinancial.com)

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Calgary, AB T2P 3N9

[info@canoefinancial.com](mailto:info@canoefinancial.com)  
1.800.250.3303

### 1. INVESTOR INFORMATION

<input type="checkbox"/> <b>New Account</b> (a completed investment application is required)		<input type="checkbox"/> <b>Existing Account</b> Account Number:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Initial
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name (Joint if applicable)	First Name (Joint if applicable)	Initial
OR Corporate or Trust Name			

### 2. INVESTMENT PROFESSIONAL

Dealer Company's Name	Dealer Code	Rep Code
Investment Professional's Name	Phone Number	Fax Number

### 3. INVESTMENT INFORMATION

My first purchase is to commence (dd/mm/yyyy)		Frequency (select one)				
		<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month - which dates? _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually				
Fund Code	Fund Name	Account Number	Sales Charge			Amount
			Front End (0-6%)	Other (DSC/LL/F)	Percentage (%)	
<b>Totals</b>						

### 3. BANKING INFORMATION

Attach void cheque or provide banking information here:

Name of Financial Institution		Address	
Transit Number	Bank Code	Your Account Number	Name(s) on Account

### 4. TERMS AND CONDITIONS

**By signing this form, you hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to pre-authorized debits**

- You authorize Canoe Financial LP (Canoe) to debit the bank account provided for the amount(s) and in the frequencies instructed. If additional space is required a separate sheet may be attached.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD where the payor and the payee are the same.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.

- You may change these instructions or cancel this plan at any time, provided that Canoe receives at least 3 business days notice by phone or by mail. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult your financial institution or visit the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca). You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- Canoe is authorized to accept changes to this agreement from my registered dealer or my financial advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You have requested this application form and all other documents relating hereto to be in English. J'ai exigé que ce document soit rédigé en français.

Date (dd/mm/yyyy)	Signature	Joint Applicant Signature (if applicable)
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Accepted by Canoe Financial LP

Date (dd/mm/yyyy)	Authorized Signature
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