

Dealer Change for Client Name Accounts



CLIENT INFORMATION

Title _____
First Name and Initial _____
Surname _____
Address _____ Phone _____
City _____ Province _____ Postal Code _____
Social Insurance Number _____

JOINT CLIENT INFORMATION

Title _____
First Name and Initial _____
Surname _____
Address _____ Phone _____
City _____ Province _____ Postal Code _____
Social Insurance Number _____

Fund Company

Account Number

Plan Type: Open RRSP RRIF RESP LIRA LRIF TFSA Other

Recipient: Individual Spousal Joint Company In - Trust

Leveraged Account: Yes No

If Yes, you must fill out second page.

Change Dealer To:

Dealer Number: _____ Rep Number: _____ Rep Name: _____

Note: Send all delays and rejections to Sterling Mutuals Inc. Head Office

Authorization:

I hereby request and authorize the transfer of my account and / or investments as described above.

Client Signature: _____

Date: _____

Joint Signature: _____

Date: _____

Signature Guarantee by Representative: _____

Date: _____

Scanned

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Client Name Accounts**



Internal use only, Not to be sent to Fund Company

CLIENT INFORMATION

Title _____
First Name and Initial _____
Surname _____
Address _____ Phone _____
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JOINT CLIENT INFORMATION

Title _____
First Name and Initial _____
Surname _____
Address _____ Phone _____
City _____ Province _____ Postal Code _____
Social Insurance Number _____

Leveraged Account

Is this a leveraged account? Yes No *If yes, complete the section below.*

Leveraged disclosure attached? Yes No *This document is mandatory.*

Loan Amount \$ _____ Monthly Payment \$ _____ Interest Rate _____ %

Type of Loan: 100% 3 For 1 2 For 1 1 For 1 Other _____

Payment Options: Interest Only Principal & Interest

Number of years with current employer. _____ Total monthly liability payments \$ _____

**If this account is held with an intermediary, ensure their dealer change form is included.

Authorization:

I hereby request and authorize the transfer of my account and / or investments as described above.

Client Signature: _____

Date: _____

Joint Signature: _____

Date: _____

Signature Guarantee _____
by Representative:

Date: _____

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