

# Non-Registered Account Application Form

## SECTION 1: EMPLOYER INFORMATION

\*Required information

Employer Name\*

Employer Address\*

City or Town\*

Province\*

Postal Code\*

## SECTION 2: APPLICANT INFORMATION

Surname\*

First Name and Initial\*

- Mr.    Mrs.  
 Ms.

Address\*

City or Town\*

Province\*

Postal Code\*

Contact Phone Number\*

S.I.N.\*

Birthdate

Y Y Y Y / M M / D D

Language Preference

- English  
 French

## SECTION 3: DEPOSIT INSTRUCTIONS (OPTIONAL)

Deposit \$ \_\_\_\_\_ (minimum \$25)

Please make cheque payable to "Canadian Western Trust".  
 Open Access may apply a charge of \$25 for NSF cheques.

## SECTION 4: PRE-AUTHORIZED CHEQUING REQUEST (OPTIONAL)

Frequency

- Monthly    Semi-annually  
 Quarterly    Annually

Contribution date

- 1st of the month  
 15th of the month

Amount

\$ \_\_\_\_\_ (subject to a \$25 minimum amount)

Start date\*

Y Y Y Y / M M / D D

Open Access may apply a charge  
 of \$25 for NSF cheques.

Bank Name\*

Bank Address\*

City or Town\*

Province\*

Postal Code\*

A VOID CHEQUE MUST BE ATTACHED TO THIS FORM TO ACTIVATE THIS REQUEST.

## SECTION 5: AUTHORIZATION

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Employee Signature

Y Y Y Y / M M / D D

Advising Representative Signature

Date

Once completed, please forward this form to:  
 Open Access Limited, ATTN: Customer Service  
 302 Bay Street, Suite 503-01, Toronto, ON M5H 0B6  
 Tel: 1 (866) 625-4777 | Fax: (416) 955-4878 | Toll-Free Fax: 1 (866) 955-4878  
 Please retain a photocopy of this form for your files.