

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