**AGF Trust Company**
One Toronto Street, 10th Floor
Toronto, Ontario, Canada M5C 2V6
**t** 1 866 273-9971 **f** 1 866 713-1187 **w** AGF.com

# AGF TRUST COMPANY
# CLIENT INFORMATION AND CONSENT FORM

## Your Personal Information (please print)

### PRIMARY OWNER INFORMATION

For the purpose of: ☐ Opening an investment account
☐ Other (Please state): _____

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First Name | Middle Name | Last Name

M M D D Y Y Y Y
Date of Birth

Social Insurance Number

Address | Suite#

City | Province | Postal Code

( ) Primary Phone

( ) Business Phone

Occupation/ Principal Business

Employer's Name and Address

**RESIDENCY INFORMATION FOR TAXATION PURPOSES**

Country and Province of Residence

Citizenship

Are you a United States Person: ☐ Yes ☐ No ☐ Non Resident

**Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA) Requires the Verification of Identification Issued by a Canadian Government Agency**

Type of Identification | Reference Number | Place of Issue | Expiry Date

Type of Identification | Reference Number | Place of Issue | Expiry Date

### CO-OWNER INFORMATION

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First Name | Middle Name | Last Name

M M D D Y Y Y Y
Date of Birth

Social Insurance Number

Address | Suite#

City | Province | Postal Code

( ) Primary Phone

( ) Business Phone

Occupation/ Principal Business

Employer's Name and Address

**RESIDENCY INFORMATION FOR TAXATION PURPOSES**

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## Consent to the Collection, Use and Disclosure of Information

By signing this client information and consent form below, I/ we consent to the deposit broker collecting my/ our personal information contained in this form and from time to time providing this information to the AGF Trust Company for the sole purpose of transacting deposit business on our behalf. I/ we also consent to the use, retention and disclosure of my/ our personal information by the AGF Trust Company, as is reasonably required by them in connection with the establishment and maintenance of an account in my/ our name, to meet legal and regulatory and for statistical, audit and security purposes in the manner set out in the AGF Trust Company published privacy policy. I/we have read the above paragraph and hereby give my/ our consent to the collection use and disclosure of the personal information contained herein. I/we confirm that the information provided is true and accurate and I/ we agree to make the deposit broker aware of changes to any of the personal information contained in this form. I/we acknowledge that at or before entering into subsequent investments, the deposit broker will provide me/ us with the terms and conditions applicable to each such investment and any regulatory disclosure required.

**Will this account be used for the benefit of or on behalf of any one not disclosed on the application?** ☐ No ☐ Yes (Complete the Third Party Declaration on AGF Trust GIC Application)

☐ No
☐ Yes

I/ we, my spouse, parents, children, brothers or sisters or my spouse's mother or father has been one of the following for a country *other than Canada*; a head of state or government, a member of the executive council of foreign government or a member of a legislature; a deputy minister or equivalent; an ambassador; an ambassador's attaché' or councillor; obtained the rank of general or higher in foreign military; a president of a state owned company or bank; a head of a government agency; a judge or a leader or president of a political party in a legislature. **If "yes" please provide the specific details on a separate PEFP form.**

I/ we further confirm that the deposit broker named below is authorized to accept my/our verbal instructions with respect to the investment in and/ or the renewal of GIC investments. Where investments are registered to two or more persons and the words "and/or", "& or" or "or" appear between the names of the registered owners, interest and principal may be paid to or to the order of any one of them and the receipt of such payment shall be a valid discharge. The deposit broker or the AGF Trust Company may take instructions from or deal with, any joint owner on all matters concerning the investment.

☐ Application has more than 2 purchasers, additional applicant information on the attached application in the name of

_____ Applicant initials ☐ ☐

_____ Primary Owner's Signature

M M D D Y Y Y Y Date

_____ Co-Owner's Signature

M M D D Y Y Y Y Date

## Broker Declaration

I, as an authorized representative of the deposit broker, certify that (i) I have personally met with the authorized signatories listed above, (ii) I have seen the original identification records listed above, (iii) the identification documents were valid and not expired, (iv) having made reasonable inquiries, I have no reason to believe that the client is acting on behalf of a third party or if so, have completed the required Third Party Declaration on an attached AGF Trust GIC Application, (v) have witnessed the individuals sign this document.

Deposit Broker Name | Representative Name | Signature | M M D D Y Y Y Y Date

( ) Phone | ( ) Fax | E-mail

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