



AGF Investments Inc.
 CIBC SQUARE, Tower One
 81 Bay Street, Suite 4000
 Toronto, Ontario M5J 0G1

Toll Free: 1 800 268-8150
 Fax: 1 866 760-4217

Group company profile form

Please complete all sections

1. Employer information

Company Name _____

Address _____

City _____ Postal Code _____

Payroll Contact _____

Title _____

Telephone _____ Extension _____

Nature of Business _____

Anticipated Number of Participating Employees _____

For Administration use only

Group Program Number

Correspondence English French

Email Address _____

Fax _____

Number of Locations _____

Number of Eligible Employees _____

2. Plan specifications

Plan Types RRSP Spousal RRSP Cash RESP TFSA FHSA Locked-in Retirement Account*
* Transfers only. No new contributions permitted.

Frequency of Contributions Weekly Every 2 weeks Monthly Every 2 Months
 Quarterly Semi-Annually Annual Other _____

Contribution Source Employee (default) Employer Both Voluntary

Contribution Format Paper Hard Copy with Electronic Transfer or Cheque
 Online Remittance (At AGF.com) with Electronic Transfer

Redemption Restrictions None Notify Employer Require Employer Authorization

Special Instructions _____

Contribution Report Available online at AGF.com

3. Investment advisor information

Last Name _____ First Name _____

Telephone _____ Extension _____ Fax _____

Firm _____ Dealer Number _____ Rep. Number (one number only) _____

Address _____

City _____ Postal Code _____ Correspondence English French

4. Agreement

The employer named above agrees to implement an AGF Group program according to the specifications as stated on this form. The employees will purchase funds from AGF Investments Inc. with a sales charge as agreed upon by the employer and your investment advisor.

X _____
 Authorized Employer Signature

Title

X _____
 Investment Advisor Signature

Name (Please Print) _____

Y | Y | Y | Y | M | M | D | D |
 Date