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| ACCOUNT NUMBER | MASTER NO. |
|----------------|------------|

| Account Holder Information | | | |
|--|--------------------------------|---|---------------|
| SURNAME | | GIVEN NAME(S) | |
| Have you had a change of address or phone number? <input type="checkbox"/> Yes (Please complete) <input type="checkbox"/> No | | | PHONE NUMBER |
| NEW STREET ADDRESS | CITY | PROVINCE | POSTAL CODE |
| Has your beneficiary changed? <input type="checkbox"/> Yes (Please attach a Designation of Beneficiary form) <input type="checkbox"/> No | | | |
| If you wish to access statements online, we will contact you with login information by: | | | EMAIL ADDRESS |
| <input type="checkbox"/> Secure email | <input type="checkbox"/> Phone | <input type="checkbox"/> I/We decline online statements | |

| Deposit Details | | | | | | |
|-----------------------|---|------------|----------|-------------------------|--------------------------|--|
| TRANSACTION CODE | 240 New Dollars • 218 Internal Transfer • 258 External / Death Transfer • 263 Marriage / Partner Transfer | | | | | |
| PRINCIPAL AMOUNT (\$) | <input type="checkbox"/> Term <input type="checkbox"/> Variable | YRS / MTHS | RATE (%) | DEPOSIT DATE (MM/DD/YY) | MATURITY DATE (MM/DD/YY) | |

| Signatures | | |
|-----------------------------|-----------------|--------------------------------|
| SIGNATURE OF ACCOUNT HOLDER | DATE (MM/DD/YY) | ACCEPTED BY AUTHORIZED OFFICER |

| Additional Notes |
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| LSM - Internal Use Only | SOURCE | BONUS LEVEL | CLASSIFICATION | SERVICE NO. | POTENTIAL INTEREST | CLASS |
|---|-------------|-------------|----------------|-------------|--------------------|-------|
| <input type="checkbox"/> Cheque Deposit <input type="checkbox"/> ICU Deposit <input type="checkbox"/> Internal Transfer | | | | | | |
| NAME OF FINANCIAL INSTITUTION | TRANSIT NO. | INST. NO. | ACCOUNT NO. | CHECKED BY | | |