Concentra FINANCIAL

Self-Directed - STATUS CHANGE FORM

This form is being submitted to Concentra Financial as follows:

☐ Copy by facsimile (FAX) ☐ Original by mail or courier

Only one method is to be used to prevent duplication.

Personal Detail

Contract Number

Account Type

☐ RRSP/Locked-In ☐ RRIF/LIF/LRIF

Name of Annuitant Surname

Given Name

Pre-Authorized Chequing and Banking Authorization

Effective Date

DD MM YYYY

Note: PACs are processed on the 1st or the 15th.

Frequency: ☐ Monthly ☐ Quarterly

- ☐ Commence PAC for $_____
- ☐ Change existing PAC to $ _____
- ☐ Change PAC frequency to _____
- ☐ Terminate PAC _____
- ☐ Change PAC date to ☐ 15th ☐ 1st
- ☐ Change banking information
- ☐ Deduct the annual administration fees by PAC
- ☐ Other_____

Note: Ten (10) business days are required to change or process P.A.C. instructions.

Please complete banking authorization information section, where applicable.

I/We hereby authorize Concentra Financial to debit the following account.
Attach void cheque.

Financial Institution: _____

Branch Address: _____

Transit No. _____ Bank No. _____ Account No. _____

My/our financial institution is authorized to treat each debit as if I/we had issued a cheque authorizing such payment and debit.

_____
Client Signature

Non-Financial Changes

Change:

- ☐ Name
- ☐ Mailing Address
- ☐ Client Address
- ☐ Telephone Number

Surname

Given Name

Address

Postal Code

Telephone

Dealer/Financial Advisor Changes

☐ I/we wish to change my Dealer/Financial Advisor on all my Concentra Financial plans from to

Name of Dealer _____ Name of Financial Advisor _____

Address _____ Phone No. (____) _____ Fax No. (____) _____

☐ I/we with to authorize Concentra Financial to accept instructions from my Financial Advisor, _____

_____, as my/our Agent, to buy, sell and trade investments in my/our Concentra Financial account, with the same force and effect as if I/we had given the instructions.

Signature of Financial Advisor: _____

Dealer/Financial Advisor No.

Signature of Client: _____

Special Instructions

_____

_____

Date Completed

DD MM YYYY

Signature of Financial Advisor: _____

Signature of Client: _____

Dealer/Financial Advisor No.