



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	<input type="checkbox"/> RRSP	<input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> Cash	<input type="checkbox"/> RESP	<input type="checkbox"/> TFSA	<input type="checkbox"/> Locked-in Retirement Account*
	* Transfers only. No new contributions permitted.					
Frequency of Contributions	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 Months		
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annual	<input type="checkbox"/> Other _____		
Contribution Source	<input type="checkbox"/> Employee (default)		<input type="checkbox"/> Employer	<input type="checkbox"/> Both	<input type="checkbox"/> Voluntary	
Contribution Format	<input type="checkbox"/> Paper Hard Copy with		<input type="checkbox"/> Electronic Transfer or		<input type="checkbox"/> Cheque	
	<input type="checkbox"/> Online Remittance (At AGF.com) with Electronic Transfer					
Redemption Restrictions	<input type="checkbox"/> None	<input type="checkbox"/> Notify Employer	<input type="checkbox"/> 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 <input type="checkbox"/> English <input type="checkbox"/> 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