



EXCEL INSURANCE AGENCY INC.

80 Acadia Ave., Suite #205 • Markham • Ontario • L3R 9V1
TEL: (905) 470-8222 FAX: (905) 470-8306

ADDITIONAL DEPOSIT / PAC CHANGE REQUEST FORM

Policyholder	Last Name	Given Name	Account Number
Joint Policyholder (for joint account)	Last Name	Given Name	Plan

New deposit to be allocated to your account or change PAC plan:

Lump sum deposit	Change PAC instruction	Effective date of change (between 1 st and 28 th - d/m/y)	
<input type="radio"/> Cheque attached \$ <input type="radio"/> RRSP loan / Investment leverage loan \$ <input type="radio"/> Transfer from another financial institution Name of institution Account number \$ Name of institution Account number \$ <input type="radio"/> Transfer from other account Account number \$ Account number \$	<input type="radio"/> Stop PAC <input type="radio"/> Set up new PAC (Complete the new or change PAC instruction & investment allocation) <input type="radio"/> Change PAC investment allocation (Complete investment allocation) <input type="radio"/> Change amount or date of deposit on your current PAC plan (Complete the new or change PAC instruction) <input type="radio"/> Change PAC banking information (Complete the new or change PAC instruction) New or change PAC instruction (Please attached cheque marked "VOID")		
	Amount of monthly deposit Month of first deposit Monthly deposit date \$ \$ (1 st - 28 th)		
	Name of financial institution Account number Transit number		

Investment allocation:

Fund Code	Fund Name	Lump Sum allocation (% or \$)	Monthly PAC allocation (% or \$)

Remarks/Special Insutructions:

Signature:

Signature of Policyholder	Signature of witness	Date (d/m/y)
Signature of Joint Policyholder (if applicable)	Signature of witness	Date (d/m/y)
Signature of Assignee/ Irrevocable Beneficiary	Signature of witness	Date (d/m/y)

With respect to the investment instructions above, I/we acknowledge receipt of the current Information Folder, or summary statement of the fund or investment and a signed copy of this order. I/we declare that I/we understand the charges, terms and provisions stated herein.

Representative (3443 -)	Name	Signature
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