



CLIENT INFORMATION

Last Name:	First Name:
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INTERNAL RECURRING EVENTS

From RJ Account #:	Credit Account #:
For TFSA: Please review your clients TFSA yearly contribution.	
Reason for recurring events:	

ELECTRONIC TRANSFER OPTIONS

(Funds electronically transferred to client bank account and Internal Recurring to RJ Account)

Please select one:

1. FIXED AMOUNT:	
<input type="checkbox"/> The 15 th monthly \$ _____	<input type="checkbox"/> Monthly at month-end \$ _____
<input type="checkbox"/> Weekly \$ _____	<input type="checkbox"/> Preferred date: _____ \$ _____
2. INCOME EARNED:	
<input type="checkbox"/> The 15 th monthly	<input type="checkbox"/> Monthly at month-end
<input type="checkbox"/> Semi-monthly (mid & last day)	<input type="checkbox"/> Preferred date: _____
3. Stop Date:	

PLEASE SELECT AND ATTACH ONE OF THE FOLLOWING

<input type="checkbox"/> Attached is a VOID personalized cheque. (Over the counter/non-personalized cheque(s) are not accepted.) <input type="checkbox"/> Attached is a bank information form. A bank employee has completed the form and branched stamped the document. This is to verify that I have ownership of the bank account.
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I hereby authorize Raymond James Ltd. to debit my investment account at the firm on the schedule indicated by me above.

Date (mm/dd/yyyy) Client Signature(s)

Date (mm/dd/yyyy) Client Signature(s)

Please note:

- Clients banking in rural locations may experience time delays in Automatic Funds Transfer. Time delays should not exceed five business days.
- Income Generated EFT: If a client's RJL account has a debit balance, the client's monthly payments will not be processed.
- Setting up Fixed/Income Earn option will also allow your Investment Advisor to perform one-time transfers to your bank account at your request.

BANK INFORMATION FORM

ACCOUNT # _____
IA # _____

RGF requires this information to set up and perform automatic electronic debit or credit money transfers.

BANK INFORMATION TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Bank Institution Number:	Bank Transit Number:
Bank Account Number:	

FINANCIAL INSTITUTION BRANCH STAMP

I hereby confirm the banking information indicated on this form is correct and that our client _____
has ownership of this bank account. *(First and Last Name)*

Bank Employee Signature: _____ Date: _____
(mm/dd/yyyy)

Bank Employee Name: _____

Title: _____

This form may be emailed to: recurringevents.nonmutualfund@raymondjames.ca or faxed to 604-654-1274