

Section 1: Information about the Member

Contract No. _____ Last Name _____ First Name _____
Address (No.) _____ Street _____ Apt. _____ Date of Birth

Y	Y	Y	Y	M	M	D	D
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City _____ Province _____ Postal Code _____
Telephone (Home) _____ Telephone (Work) _____ Extension No. _____ E-mail _____

Section 2: Information about Financial Institution and Authorization **IMPORTANT : Enclose a personalized cheque specimen marked "VOID"**

Name of Financial Institution _____ Account Holder (Last Name / First Name) _____
Branch No. _____ Account No. _____ Joint Account Holder (Last Name / First Name) (if applicable) _____
Signature of Account Holder _____ Signature of Joint Account Holder (if applicable) _____ Date

Y	Y	Y	Y	M	M	D	D
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Reserved for SSQ
Contract No. _____