



**B2B BANK
DISCOUNT
BROKERAGE**

A division of B2B Bank Securities
Services Inc.

Guaranteed Investment Purchase Form

199 Bay Street, Suite 610
PO Box 35 STN Commerce Court
Toronto ON M5L 0A3
Fax: 416.413.0733

USE THIS FORM TO:

- PURCHASE B2B BANK GICS IN B2B BANK DISCOUNT BROKERAGE ("B2BBDB") ACCOUNTS, OR
- PURCHASE OTHER COMPANY'S ELIGIBLE GICS/GIAs AS INDICATED IN THE MOST RECENT LIST OF ELIGIBLE FUNDS AND GUARANTEED INVESTMENTS IN B2BBDB ACCOUNTS

1. CLIENT INFORMATION

B2BBDB ACCOUNT # (IF EXISTING) _____

1-MR. 2-MRS.
 3-MISS 4-MS.
 5-DR. 6-PROF.

_____ LAST NAME _____ FIRST NAME _____ INITIALS

2. GUARANTEED INVESTMENT INFORMATION – GICs / GIAs

\$ _____ PRINCIPAL _____ TERM (YEARS) _____ RATE %

INTEREST PAYMENT FREQUENCY: PAID ANNUALLY OR COMPOUNDED TO MATURITY

_____ NAME OF INSTITUTION

_____ AGENT CODE (AT ISSUING INSTITUTION)

_____ BRANCH ADDRESS

_____ CONTACT NAME (REQUIRED IF RATE HAS BEEN GUARANTEED BY ISSUING INSTITUTION)

_____ PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS

\$ _____ PRINCIPAL _____ TERM (YEARS) _____ RATE %

INTEREST PAYMENT FREQUENCY: PAID ANNUALLY OR COMPOUNDED TO MATURITY

_____ NAME OF INSTITUTION

_____ AGENT CODE (AT ISSUING INSTITUTION)

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_____ CONTACT NAME (REQUIRED IF RATE HAS BEEN GUARANTEED BY ISSUING INSTITUTION)

_____ PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS

Please note, rates can change without notice. Please provide contact name if your rate has been guaranteed by the issuing institution. B2BBDB does not guarantee rates.
Branch information is only required if you want the GIC/GIA placed with a specific branch of the issuing institution.

3. DEALER / ADVISOR INFORMATION

_____ DEALER # _____ DEALER NAME (PLEASE PRINT) _____ ADVISOR # _____ ADVISOR NAME (PLEASE PRINT)

4. SIGNATURES

_____ CLIENT'S SIGNATURE _____ DATE (mm/dd/yyyy) _____ ADVISOR'S SIGNATURE _____ DATE (mm/dd/yyyy)