



3i Financial Investment Services Inc.
Member of the MFDA

UPDATE AND CHANGE FORM

Account # _____
 A/C Registration:
 Individual Joint Corporate
 (Joint-AND)
 A/C Type:
 Non-Registered Registered / RRSP
 TFSA Spousal RRSP
 RESP LIRA / LRSP / RRRIF / LIF
 Leverage Others _____

PERSONAL INFORMATION

Title _____ Last Name _____ First Name _____
 Address _____ City _____
 Province _____ Postal Code _____
 Social Insurance Number _____ E-mail _____
 Home Phone _____ Work Phone _____ Cell Phone _____

CO-APPLICANT

Title _____ Last Name _____ First Name _____
 Address _____ City _____
 Province _____ Postal Code _____
 Social Insurance Number _____ E-mail _____
 Home Phone _____ Work Phone _____ Cell Phone _____

KNOW YOU CLIENT (KYC)

Investment Objective: Safety Income Balanced Growth Speculation
 Risk Tolerance: Low Medium High
 Knowledge of Investments: Novice Fair Good Sophisticated
 Time Horizon (Years): Less than 1 1-3 3-5 5-10 10 and over
 Individual or Joint Income: Under 25,000 25,000 - 49,999 50,000 - 99,999 100,000 - 250,000 Over 250,000
 Household Networth: Under 25,000 25,000 - 49,999 50,000 - 99,999 100,000 - 250,000 Over 250,000

CHANGE OF ADDRESS

Applicant: _____
 Address _____ City _____
 Province _____ Postal Code _____

Co-Applicant: _____
 Address _____ City _____
 Province _____ Postal Code _____

EMPLOYMENT INFORMATION

Applicant Co-Applicant

Employer _____ Type of Business _____
 Address _____ Occupation/Position _____

BANKING INFORMATION

(Please attach a specimen of cheque marked "VOID")

Applicant: _____
 Bank Name _____
 Transit Number _____ Account Number _____

Co-Applicant: _____
 Bank Name _____
 Transit Number _____ Account Number _____

OTHER UPDATE AND CHANGE

SIGNATURE GUARANTEED	
Date: _____	

I/We certify that all of the information provided in this Update and Change Form is true, accurate and complete in every respect.

Applicant Signature _____	Date (yyyy-mm-dd) _____
Co-Applicant Signature _____	Date (yyyy-mm-dd) _____

Advisor Name _____	
Advisor Signature _____	
7844 ON	
Dealer/Advisor Code _____	Date (yyyy-mm-dd) _____

Reviewed And Approved By _____
Branch Manager _____
Date: _____
Entered By _____

Reviewed And Approved By _____
Head Office _____
Review Date _____