



**AGF Investments Inc.**  
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## Group program Proposal request form

Please fax the filled-in form to: 416 814-9031 or email: [groupsales@AGF.com](mailto:groupsales@AGF.com)  
ATTENTION: AGF GROUP SALES DEPARTMENT

Rep name

Dealer no.

( )

Rep code

Phone number

Address

City

Province

Postal code

Y Y Y Y M M D D

Date requested

Y Y Y Y M M D D

Date required (please allow four business days for delivery)

### Proposal customization details (please print)

Name of company you are prospecting

Contact name (if applicable)

Language: ☐ English ☐ French

Number of copies (one for each decision-maker)

Deliver via: ☐ ICS ☐ Canada Post

Additional information: