Toll Free: 1 800 268-8150 Fax: 1 866 760-4217

Group company profile form

Investment Advisor Signature

1. Employer information For Administration use only Company Name **Group Program Number** Address City Postal Code Correspondence ☐ English ☐ French Payroll Contact Email Address Title Telephone Fax Extension Nature of Business Number of Locations Anticipated Number of Participating Employees Number of Eligible Employees 2. Plan specifications Plan Types ☐ RRSP ☐ Spousal RRSP □ Cash ☐ RESP ☐ TFSA ☐ Locked-in Retirement Account* * Transfers only. No new contributions permitted. Frequency of Contributions

Weekly ☐ Every 2 weeks ☐ Monthly ☐ Every 2 Months ☐ Quarterly ☐ Semi-Annually ☐ Annual □ Other _ ☐ Employer ☐ Both □ Voluntary **Contribution Format** □ Paper Hard Copy with ☐ Electronic Transfer or ☐ Cheque ☐ Online Remittance (At AGF.com) with Electronic Transfer **Redemption Restrictions** ☐ Notify Employer ☐ Require Employer Authorization **Special Instructions** Contribution Report Available online at AGF.com 3. Investment advisor information Last Name First Name Telephone Extension Fax Firm Dealer Number Rep. Number (one number only) Address Correspondence □ English □ French City Postal Code 4. Agreement The employer named above agrees to implement an AGF Group program according to the specifications as stated on this form. The employees will purchase funds from AGF Investments Inc. with a sales charge as agreed upon by the employer and your investment advisor. **Authorized Employer Signature** Name (Please Print) Title Date