

Department

GCWCC RESP CAMPAIGN ENROLLMENT FORM

(For joint accounts please provide the SIN and date of birth of both applicants, Spouses Only)

1. Subscriber Information

1. Mr. 2. Mrs. 3. Miss. 4. Ms 5. Dr.

First Name and Initial _____ Surname _____ Date of Birth (mm/dd/yyyy) _____ Social Insurance Number _____

Joint Applicant First Name and Initial _____ Surname _____ Date of Birth (mm/dd/yyyy) _____ Social Insurance Number _____

Address _____ City and Province _____ Postal Code _____

Country of Residence _____ Home Phone _____ Business Phone _____

Email address _____

Language Preference

English French

2. Beneficiary Information

i)

Full Name (First, Middle, Last) _____ Relationship to Subscriber _____

Address _____ City _____ Province _____ Postal Code _____

SIN# _____ DOB (mm/dd/yyyy) _____ Gender _____

ii)

Full Name (First, Middle, Last) _____ Relationship to Applicant _____

Address _____ City _____ Province _____ Postal Code _____

SIN# _____ DOB (mm/dd/yyyy) _____ Gender _____

iii)

Full Name (First, Middle, Last) _____ Relationship to Applicant _____

Address _____ City _____ Province _____ Postal Code _____

SIN# _____ DOB (mm/dd/yyyy) _____ Gender _____

Please submit using one of the following methods:

85 Albert Street, Suite 1600 Ottawa, ON K1P 6A4

info@tradex.ca | www.tradex.ca | F: (613) 233-8191

If you have any questions please call: (613) 233-3394 or 1-800-567-FUND