

INVESTOR INFORMATION FORM

T: 604 579 0849

F: 604 575 7410

FULL NAME	
MAILING ADDRESS	
RESIDENTIAL ADDRESS	
CELL PHONE NO.	WORK PHONE NO.
EMAIL ADDRESS	
DATE OF BIRTH	S.I.N.
IS THE INVESTOR A RESIDENT OF BC?	☐ YES ☐ NO
IF NO, PLEASE LIST THE COUNTRY OF RESID	DENCE
BENEFICIARY NAME	
RELATIONSHIP OF BENEFICIARY	
BENEFICIARY DATE OF BIRTH	BENEFICIARY S.I.N.
ACCOUNT YOU WOULD LIKE TO INVEST:	
□ NON-REG □ TFSA □ RRSP □ SF	POUSAL RRSP RRIF LIRA RESP
YES NO AMOUNT IF NOT FULL TRA	PRINTS FROM AN EXISTING RRSP OR TFSA ACCOUNT? ANSFER please provide a copy of your current investment statements. A VOID CHEQUE.
AMOUNT YOU WOULD LIKE TO INVEST:	
\$	
I ELECT TO RECEIVE QUARTERLY DIVIDENDS AS FOLI	LOWS:
Reinvest as Additional Prefer	rred Shares Receive Dividend as Cash
their events, announcements. You may unsubscribe from receiving the of e-mails received from us. Please refer to the PHL Privacy Policy or	
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By signing below, I certify all inform	ation is true and correct to the best of my knowledge.

Signature