

## INVESTOR INFORMATION FORM

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 PROVINCE OF RESIDENCE \_\_\_\_\_

BENEFICIARY NAME \_\_\_\_\_ RELATIONSHIP TO ME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BENEFICIARY NAME \_\_\_\_\_ RELATIONSHIP TO ME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Percentage of Allocation (must add up to 100%): 1. \_\_\_\_ 2. \_\_\_\_

SELECT ONE:

- Please add Beneficiaries as noted above to plan account(s) noted below only  
 Please add Beneficiaries as noted above to below plan account(s) and any plans opened in future

ACCOUNT YOU WOULD LIKE TO INVEST:

NON-REG  TFSA  RRSP  SPOUSAL RRSP  RRIF  LIRA  RESP

IF RESP, RRSP, OR TFSA, WILL YOU BE TRANSFERRING FUNDS FROM AN EXISTING RRSP OR TFSA ACCOUNT?

YES  NO AMOUNT IF NOT FULL TRANSFER \_\_\_\_\_

If transferring RESP, RRSP, or TFSA funds, please provide a copy of your current investment statements.

PLEASE PROVIDE A COPY OF DRIVER'S LICENCE AND A VOID CHEQUE.

AMOUNT YOU WOULD LIKE TO INVEST:

\$ \_\_\_\_\_

I ELECT TO RECEIVE QUARTERLY DIVIDENDS AS FOLLOWS:

Reinvest as Additional Preferred Shares  Receive Dividend as Cash

Please indicate if you would like to be added to our mailing list  YES  NO

By selecting Yes, you consent to *PHL Financial Group Ltd.* ("PHL") and Oakhill Lending Corporation ("Oakhill") contacting you electronically regarding their events, announcements. You may unsubscribe from receiving these e-mails at any time, including by clicking on the "unsubscribe" link at the bottom of e-mails received from us. Please refer to the PHL Privacy Policy or contact us if you have any questions.

Our Privacy Policy also explains how PHL and Oakhill manage the personal information that you provide to us on this form. The Privacy Policy is available on our website (<https://phlfinancial.com>), or from our Privacy Officer, whom you can contact at [privacy@phlfinancial.com](mailto:privacy@phlfinancial.com).

*By signing below, I certify all information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
*Signature*