

Mackenzie Account No. _____

Subscriber's Last Name _____ First Name _____

Joint Subscriber's Last Name _____ First Name _____
(if applicable)

ADDRESS AND PERSONAL INFORMATION UPDATE

<input type="checkbox"/> Address Update (check one only) <input type="radio"/> All (Subscribers & Beneficiaries) <input type="radio"/> Beneficiaries only <input type="radio"/> Subscribers only <input type="radio"/> Specific Beneficiary <input type="radio"/> Specific Subscriber Name _____ Name _____	Enter new address here:	
<input type="checkbox"/> Personal Information Update <input type="radio"/> Subscriber <input type="radio"/> Primary Caregiver (PCG) <input type="radio"/> Beneficiary – Name _____	<input type="radio"/> Name <input type="radio"/> Social Insurance Number <input type="radio"/> Date of Birth <input type="radio"/> Gender	Enter change here:

ACCOUNT INFORMATION UPDATE

<input type="checkbox"/> Grant Fund Change	Fund Number: _____	Fund Name: _____	
<input type="checkbox"/> Grant Validation Cancellation Effective immediately, cease grant validation requests for the: <input type="radio"/> Beneficiary – Name _____ <input type="radio"/> All Beneficiaries	<input type="radio"/> Basic Canada Education Savings Grant (CESG) <input type="radio"/> Additional Canada Education Savings Grant (CESG) <input type="radio"/> Saskatchewan Advantage Grant for Education Savings (SAGES)	<input type="radio"/> Canada Learning Bond (CLB) <input type="radio"/> Quebec Education Savings Incentive (QESI) <input type="radio"/> British Columbia Training and Education Savings Grant (BCTESG)	
<input type="checkbox"/> Contribution Allocation Standing Instructions Effective immediately, allocate all future purchases based on this allocation	Beneficiary _____ _____ _____ _____	Percent Allocation (%) _____ _____ _____ _____	
<input type="checkbox"/> Contribution Allocation Current Purchase Trade Date _____ Purchase Amount \$ _____	Beneficiary _____ _____ _____ _____	Percent Allocation (%) _____ _____ _____ _____	
<input type="checkbox"/> Contribution Reallocation Contributions made within previous three years (based on trade date of purchases) Total Contributions \$ _____	Current Beneficiary with Unassisted Contributions _____ _____ _____ _____	Reallocate to New Beneficiary _____ _____ _____ _____	Reallocation Amount (\$) _____ _____ _____ _____

Advisor Name _____ Dealer Advisor Code _____

Advisor Signature _____
Subscriber(s) signature not required

Date _____