

  
**INDEPENDENT**  
 — PLANNING GROUP INC. —

**DEALER REPRESENTATIVE CHANGE FORM**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ SIN#: \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Spousal Information: \_\_\_\_\_  
 (Name, SIN & DOB)

<b><i>Mutual Fund Company</i></b>	<b><i>Account Number(s)</i></b>	<b><i>Plan Type</i></b> <small>(rsp, spousal, open)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Effective immediately, please amend your records to change the representative for the above mentioned account(s) to:

**Rep Name**

Dealer Name      Independent Planning Group Inc.

Dealer / Rep #    9298 - \_\_\_\_\_ 3203- \_\_\_\_\_ 7640- \_\_\_\_\_

If you should have any questions please contact my advisor at \_\_\_\_\_.

Thank You.

**X:**

**X:** \_\_\_\_\_