



Associate Office Application

To become a GICdirect Associate, please complete and fax this application to (250) 592-7330.

CONTACT INFORMATION

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|--|----------|------------|
| Firm or Associate Name: | | BIN#/SIN#: |
| Contact Name & Title: | | Phone: |
| Address: | | |
| Is it a business location*: Y <input type="checkbox"/> or N <input type="checkbox"/> | Website: | |
| <i>* If nonbusiness location, a PO Box is required.</i> | Email: | |

BUSINESS INFORMATION

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|---|---|
| What Financial Services do you provide: | |
| How long have you been in business (min. 5yrs required): | |
| What is your annual GIC sales volume (min. \$3M required): | |
| Are you an RDBA Member: Y <input type="checkbox"/> N <input type="checkbox"/> | Do you have E& O Insurance: Y <input type="checkbox"/> or N <input type="checkbox"/> |
| What is your Designation: | Are you a Monarch Wealth Advisor: Y <input type="checkbox"/> N <input type="checkbox"/> |
| Have you ever been investigated by the MFDA, IIROC or other Self-Regulatory Organization? Y <input type="checkbox"/> N <input type="checkbox"/> | If yes, please provide details on a separate document. |
| Do you have/have you had an agreement with any other Deposit Broker(s), if yes who: | |

ADMINISTRATIVE/TECHNOLOGY INFORMATION

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| Do you have administrative support: |
| What is your (your staff) computer skill level: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> |
| Do you use a manual or online client management system: |
| Are you familiar with / have you used VieFUND: |
| Will you be setting up a PO Box for business use: Y <input type="checkbox"/> N <input type="checkbox"/> |

I hereby certify that I am authorized to sign on behalf of the firm and that the information given above is complete and true. I authorize GICdirect.com to conduct, as its sole discretion, an investigation into our business and to obtain and share information about the firm with others with whom the firm may have dealings as well as any other person as may be permitted or required by law.

Signature

Print Name & Title

Date