



P.O. Box 4241, Station A
Toronto, ON M5W 5R3
Telephone : 1-888-288-2588

Direct Deposit Information

TO BE COMPLETED AND RETURNED TO THE ivari DISTRIBUTION COMPENSATION AND CONTRACTING DEPARTMENT

Distributor Name: _____ Distributor Code: _____
(first, middle and last name)

Contract Name: _____ Advisor Code: _____
(first, middle and last name)

PLEASE ATTACH VOID CHEQUE IN THE CONTRACT NAME

ADVISOR AUTHORIZATION

I/We hereby authorize ivari to use a direct deposit system, to deposit payments directly to the bank account indicated on the void cheque provided. ivari reserves the right to reverse any deposit made to this bank account in error.

Name of Advisor/Authorized Representative (first, middle and last name)

Signature of Advisor/Authorized Representative

Date: _____
(DD/MM/YYYY)