



New / Change Advisor Information

Agora Dealer Services Corp.
10 King Street E, 15th Floor, Toronto, ON, M5C 1C3
Toll Free: 1-855-GO-AGORA (462-4672)
Trade Fax: 1-888-642-4312

NEW CHANGE

1. ADVISOR INFORMATION

ADVISOR FIRST NAME		ADVISOR LAST NAME		REP CODE	
OFFICE ADDRESS		CITY		PROVINCE	POSTAL CODE
OFFICE PHONE	CELL PHONE*	FAX	EMAIL*		

*REQUIRED FOR ADVISOR PORTAL ACCESS

2. ADVISOR CODE(S)

REP CODE	CODE TYPE	JOINT ADVISOR NAME (IF APPLICABLE)
	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT	
	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT	

REP CODE	CODE TYPE	JOINT ADVISOR NAME (IF APPLICABLE)
	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT	
	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT	

3. ADVISOR LICENSE(S)

SELECT ALL APPLICABLE PROVINCES

AB BC MB ON NB NL NS NT NU PE QC SK YT

4. DEALER/BRANCH INFORMATION

DEALER NAME			DEALER CODE		
BRANCH MANAGER NAME		PHONE	EMAIL		
ASSISTANT NAME	PHONE	FAX	EMAIL	LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ASSISTANT NAME	PHONE	FAX	EMAIL	LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	

5. OTHER INFORMATION

6. ADVISOR(S) AUTHORIZATION

<input checked="" type="checkbox"/>	ADVISOR SIGNATURE	DATE (MM/DD/YYYY)
<input checked="" type="checkbox"/>	JOINT ADVISOR SIGNATURE (MANDATORY IF APPLICABLE)	DATE (MM/DD/YYYY)

7. DEALER AUTHORIZATION

<input checked="" type="checkbox"/>	DEALER AUTHORIZATION (MANDATORY)	DATE (MM/DD/YYYY)
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INTERNAL USE ONLY:

REVIEWED BY: OPERATIONS _____ ADVISOR ENGAGEMENT _____