

Flexsave Trust Application - Corporate Applicants

A Business Owners Dream



Client Account Information

Legal Company Name:		
Address:		
City	Province	Postal Code
Key Contact Name		
Phone Number	Fax Number	Email Address

Plan Information

Plan Effective Date:(month)	Benefit Year: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Corporate Year End (specify month)	
Deposit Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
	<input type="checkbox"/> As Required	
Deposit Method:	<input type="checkbox"/> Pre-Authorized Debit	<input type="checkbox"/> Cheque

Plan Design

Employee Classification		Fixed Annual Benefit Level	
Class	Description	Maximum Claims/ Year	%Co-Pay *
1		\$	%
2		\$	%
3		\$	%
4		\$	%
5		\$	%

* Co-Pay percentage will default to 100% employer paid if not otherwise specified.

Unused Benefit to be:	<input type="checkbox"/> Forfeited	<input type="checkbox"/> Carried Forward
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Signatures

	Applicant Signature
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Applicant Name (if other than Main Contact listed under Client Information Section)
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Broker Information

Broker Name	Email Address
Delivery Options:	<input type="checkbox"/> Please send me confirmation email when trust documents are sent to my client. <input type="checkbox"/> Please send all trust documents to me to deliver to the client.
Broker Signature:	Hub Office: <input type="checkbox"/> B.C. <input type="checkbox"/> Prairies <input type="checkbox"/> Ontario