



**AGF Investments Inc.**  
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## Electronic Banking Fax Confirmation

**This document must be faxed to AGF the same day the deposit is made electronically.**

Group Program Number

Company name \_\_\_\_\_

Contact name \_\_\_\_\_

( )  
Phone \_\_\_\_\_

Electronic transfer \_\_\_\_\_

Verification number \_\_\_\_\_

Amount transferred \_\_\_\_\_

**Notes:**

1. Please fax us additional account set-up information with this document and forward the originals via courier.
2. AGF requires the original copies of Registered Plan Applications for account set-up.
3. Please attach a copy of the Group Contribution Report.