

ATB Group Wealth Services Plan Employee Participation Form

Form Instructions: Please print, select, sign and scan/send a picture of the form to amcclelland@atb.com
If you don't have the option of printing then please just email a picture of it with verbal instructions.

Employee Details (please fill in preferred method of contact)

Company Name	
First name	Last name
Phone Number	Email

Participation Interest (please select all that apply)

I would like to open my Group Investment Account with a Financial Advisor	<input type="checkbox"/>
I would like to speak to a Personal Banker about my Banking Benefits options	<input type="checkbox"/>
I already have an account but would like to make some changes	<input type="checkbox"/>
I would like to Opt Out of the Group Investment Plan	<input type="checkbox"/>

I authorize a member of the ATB Group Wealth Services department to contact me regarding the above choice for my participation in the companies group investment plan.

Your signature

Date (mm/dd/yy)



ATB Securities Inc.

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