

MAIL INVESTMENT ORDER



Lucier-Mastronardi Insurance & Investments Inc.

Equity Associates Inc.

1810 Front Rd

LaSalle, Ontario N9J 2B6

(519)978-9747

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS _____

Please indicate which existing funds/existing plans and amount of deposit to each.

	FUND NAME	ACCOUNT #	AMOUNT
1			
2			
3			

Additional Information: _____

OPEN RRSP Spousal RESP JFF

Please make cheques payable to: EQUITY ASSOCIATES INC.

SIGNATURE: _____ DATE: _____

TIM LUCIER

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