

Sign Up Today!



Will this account be used by or on behalf of someone other than the named account holder(s)? No Yes

How do you intend to use this account? Savings/Investment Retirement Vacation Education

Guaranteed Investment Certificate (GIC) Information

Term Length 1 year 2 year 3 year 4 year 5 year Investment Amount \$, .
(Minimum \$1,000)

Applicant Information

Title Mr Mrs Ms Miss Dr
First Name Initial Last Name
Date of Birth Social Insurance Number Your Social Insurance Number is required for income tax purposes and will be used for identification verification purposes in order to prevent errors and fraud.
Occupation

Address Information

Street Number Unit Number (if applicable)
Street Name
City Province Postal Code

Contact Information

Home Phone Number Work Phone Number Ext.
Cell Phone Number Fax
Email

Yes! I would like to receive offers, promotions, contests, giveaways, events, coupons and other information about products and services that may be of interest to me by email, text message (standard text messaging and data rates may apply) and other electronic messaging from Canadian Tire Corporation, Limited ("CTC"), Canadian Tire Financial Services Limited ("CTFS"), and Canadian Tire Bank ("CTB"), including from their respective business units operating under the Canadian Tire, My Canadian Tire 'Money'™ Program, Canadian Tire Drivers Academy®, Canadian Tire Home Services®, and Canadian Tire Roadside Assistance® brands, as well as from other CTC-CTFS-CTB affiliates and/or marketing partners. I may contact CTC-CTFS-CTB, at P.O. Box 2000 Welland, ON L3B 5S3 or customerservice@canadiantire.ca. I understand that I may withdraw my consent at any time.

Co-Applicant Information (if applicable)

Any joint account holder may conduct transactions on the account. If one account holder requests a transaction, we will execute it without authorization from any other account holder. Upon death of a joint bank account holder, the balance remaining in the account will be assigned to the survivor.

Title Mr Mrs Ms Miss Dr
First Name Initial Last Name
Date of Birth Social Insurance Number Your Social Insurance Number is required for income tax purposes and will be used for identification verification purposes in order to prevent errors and fraud.
Occupation

Co-Applicant Address Information

Address Same as above
Street Number Unit Number (if applicable)
Street Name
City Province Postal Code

Co-Applicant Contact Information

Home Phone Number Work Phone Number Ext.
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Please sign this authorization

I, the (co)applicant, apply for the Canadian Tire Guaranteed Investment Certificate® (the "Account"). By submitting this application, I understand and accept that the Account is with Canadian Tire Bank ("CTB"). I agree that you (CTB) and your agents and service providers may collect, use and disclose personal information about me in accordance with the Canadian Tire Privacy Charter ("Privacy Charter"), and in particular, to (a) process this application and to confirm my identity; (b) open, maintain, service, process, analyze and audit my Account; (c) protect all parties from error and fraud, (d) administer the delivery of products and services to me; (e) determine my eligibility for products and services; and (f) comply with legal and regulatory requirements, including by making inquiries with consumer reporting agencies. In addition, you may use my personal information to tell me about offers that may be of interest to me. You may also share my personal information with members of the Canadian Tire family of companies and with other companies in order to market products or services to me, including by way of postal mail, facsimile, telephone or automatic dialing-announcing device. If I prefer not to hear about these offers or do not wish you to share my personal information for marketing purposes, I can always let you know by calling your toll free number [1-866-928-2837]. I understand my request may not stop marketing campaigns that are already in progress as you will need a reasonable period of time to process it. I agree that my calls to you may be monitored for coaching and quality control purposes. My calls may also be recorded if I consent/authorize you to activate or enroll me in a product or service or provide information or instructions to you by phone. I understand that my Social Insurance Number is required by law for my Account for income tax purposes and that it will also be used for identification verification purposes in order to prevent errors and fraud; I also understand that information such as my date of birth and occupation are required for legal and regulatory compliance purposes. I understand you may use service providers located outside Canada, and that my personal information may be processed and stored in other countries and may be subject to disclosure under the laws of those countries. I understand that information about your customer privacy policy is set out in your Privacy Charter which is available with this application and which is also available on your website at www.myCTFS.com or by calling you at 1-866-928-2837. If this application is a joint application, I understand that the information of all parties will need to be verified and you will take instructions from or disclose Account information to any one of the Account holders. If one of the applicants (the "co-applicant") does not provide all of the necessary information or consents, then the Account will be opened only for the applicant(s) (the "initial applicant") who provided all of the necessary information and consents. The co-applicant can be added to the Account (other than to an Account that is a GIC that has been issued) once (i) the co-applicant provides any missing information and consents and (ii) the initial applicant(s) authorize(s) the addition of the co-applicant to the Account. By submitting this application, I represent and warrant that I am a resident of Canada and that the information supplied on this application is true and complete and I agree to everything set out in this application.

Applicant Signature [Redacted]
Co-Applicant Signature [Redacted]
Channel Indicator I N P D F

Date M M D D Y Y Y Y
Date M M D D Y Y Y Y