



**VKT MEMBERSHIP PLAN™ ENROLMENT FORM**

PLEASE PRINT IN CAPITAL LETTERS. PRESENT A COMPLETED, ACCURATE, AND LEGIBLE ENROLLMENT FORM TO RECEIVE YOUR VKT PLAN GOLD CARD IN THE MAIL.

**Please select only one:**  I am a new applicant  I am requesting a replacement card

**Old Card #**

**Please select one option:**  Personal Membership  Corporate Membership

Language of preference:  **English**  **French**

**PERSONAL INFORMATION**

Please select gender:  Male  Female  Other

Please select one: Miss  Ms.  Mrs.  Mr.  Dr.

**FIRST NAME** **MIDDLE INITIALS** **LAST NAME**

Street Number Street Name (including RR # if applicable)

Suite / Apartment # City / Town

Province / State POSTAL CODE / ZIP

Daytime Phone: Evening Phone: Cell Phone:

**E-mail Address:**

**D.O.B.:** ( **MM** / **DD** / **YY** )

**ADDITIONAL INFORMATION**

Referred by? **[Print Full Name]** Phone #:

How did you hear about VKT Wealth Management Group Inc.?

Please refer a friend/family Phone #:

Will you apply our Financial Education Service? YES  NO   
**VKT PLAN MEMBERSHIP Annual fee in CDN Dollars:** PERSONAL \$5,000.00 CORPORATE \$10,000.00

This is a binding financial agreement between the undersigned VKT Plan Member and **VKT Wealth Management Group Inc.** **VKT Wealth Management Group Inc.** Undertakes to maintain the strictest confidence of all information provided by you and any information that we gather as a result of your VKT PLAN MEMBERSHIP. Information that you supplied or we gather will not be sold, or shared with anyone outside **VKT Wealth Management Group Inc.** and its financial affiliates. From time to time the information provided by you or the information gathered may be used to furnish you with additional information/offers that we feel may be of interest or value to you. If you do not wish to receive this information or these offers from us, please inform VKT in writing via mail. For more information about the **VKT Wealth Management Group Inc.** Privacy Policy please visit [www.vktfinancial.com](http://www.vktfinancial.com). By signing this Enrollment Form and / or first-time usage of a **VKT PLAN GOLD CARD**, you signify your acceptance of the terms and Conditions of the **VKT Wealth Management Group Inc.** that accompanies your **VKT PLAN GOLD CARD**. Any misuse or misrepresentation of this card will be a direct violation of our Company Policy. **VKT Wealth Management Group Inc.** is authorized to retain the application whether or not the relative VKT Plan Member/Enrolment are accepted. This agreement consists of this page the terms and conditions of **VKT Wealth Management Group Inc.** as well as any schedules attached and identified as forming part of this agreement. I/ We agree that **VKT Wealth Management Group Inc.** may refer/share our information with its group of companies and its financial affiliates at anytime. **VKT Wealth Management Group Inc.** may at anytime cancel your **VKT PLAN MEMBERSHIP** without prior notice to you. I/We have attended and accept **VKT Financial Education Service**. I/We understand clearly that this membership to **VKT Wealth Management Group Inc.** is a **NON-Refundable Fee**. This is final. The membership fee must be payable to **VKT Wealth Management Group Inc.**

**Client's / Member's Signature** **Date:** MM / DD / YY

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