



DEPOSIT FORM

My MAXA membership number is _____

MEMBER INFORMATION

FULL LEGAL NAME _____
First Middle Last

JOINT MEMBER INFORMATION (if applicable)

FULL LEGAL NAME _____
First Middle Last

MAXA Member Share - \$5.00 (required for each NEW member)

MAXA Investment Options *

MAXA Savings \$ _____ MAXA TFSA Savings \$ _____

MAXA GIC MAXA TFSA GIC Compounding Annual Interest
Amount \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Term 1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year

* These investments are not eligible for any patronage allocations which may be declared by Westoba Credit Union Ltd.

MAXA RSP Investment Options*

My RSP application has been signed and opened with my MAXA membership application

- I am the owner and the contributor of this RRSP and will claim it as a deduction
- My spouse is the owner of this RRSP, but I am the contributor and will claim it as a deduction

MAXA RSP SAVINGS \$ _____
 MAXA RSP GIC Compounding Annual Interest
Amount \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Term 1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year

* These investments are not eligible for any patronage allocations which may be declared by Westoba Credit Union Ltd.

Enclosed please find my personalized cheque, payable to Maxa Financial.

DATE: _____ **MEMBER SIGNATURE** _____

CONTACT INFORMATION

Mailing address: 220 10th Street Unit C
Brandon, MB R7A 4E8
Hours: Monday -Friday - 8 a.m. to 8 p.m.
Saturday - 8 a.m. to 4 p.m.

Phone: 1-204-571-MAXA (6292)
Fax: 1-204-571-2944
E-mail: info@maxafinancial.com
Website: <http://www.maxafinancial.com>

or 1-866-366-MAXA (6292)
or 1-866-329-MAXA (6292)