



Phone: 403-448-7878
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SHAREHOLDER ACQUISITION FORM

First Name: _____ Last Name: _____

Birth Date: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Email: _____ Phone: _____

Identity# (Driver License or Passport): _____

Share Purchase: _____ Number of Shares Purchase: _____

☐ I have read and undertook the shareholder policy agreement

Agreed purchase price: _____ Purchase Date: _____

Signature

Office use Only

Share Serial#: _____

Payment Received

Method of payment(Check one)

☐ Cash ☐ Credit ☐ Etransfer ☐ Debit

Verified by authorized investrust representative (name and signature)