



Please email this form to CIBC Mellon at RKAccountAdmin@cibcmellon.com

Member Information	
Date:	
Municipality/Organization:	
Phone Number:	Fax Number:
Note: Minimum deposit is \$5,000	
Account Information	
Please select the fund to deposit	to:
Portfolio Type: (1) Money Mark	et (2) Bond Portfolio (3) UCB Portfolio (4) Equity Portfolio
ONE Investment Account Number	er:
Amount to be deposited: Please note: Funds will be transferred from t	he financial institution currently on file with ONE.
Signed (Reminder: Authority to sign mu	ust match signature card on file with ONE and CIBC Mellon)
Per:	Per:
	pted with trade date today, the fax must be received at CIBC Mellon before 4:00 p.m. ter 4:00 p.m., will be processed on the next business day and reflect that trade date.
CIBC Mellor	n Global Security Services Company, 320 Bay Street, PO Box 1, Ontario M5H 4A6

Contact Us:

Phone: (416) 643-5000

200 University Avenue, Suite 801 Toronto, Ontario M5H 3C6

Phone: (416) 971-9856 Tollfree: (877) 426-6527

Forms can be found on the ONE Investment Website www.oneinvestmentprogram.ca