

<input type="checkbox"/> Option 3: SPLIT FINANCIAL RESPONSIBILITY <i>(Split financial responsibility is allocated to each party. Individual statements are sent to each Account Holder). Where multiple parties are financially responsible for a portion of the account, e.g. mother - 50% and father - 40% and a grandmother - 10%.</i>		% of Fees, Levies and Charges
Account Holder 1 Full Name:		_____ %
Acceptance:	Account Holder 1 Signature	
Date Signed:	__ D __ / __ M __ / __ Y __ Y __	
Account Holder 2 Full Name:		_____ %
Acceptance:	Account Holder 2 Signature	
Date Signed:	__ D __ / __ M __ / __ Y __ Y __	
Account Holder 3 Full Name:		_____ %
Acceptance:	Account Holder 3 Signature	
Date Signed:	__ D __ / __ M __ / __ Y __ Y __	
Account Holder 4 Full Name:		_____ %
Acceptance:	Account Holder 4 Signature	
Date Signed:	__ D __ / __ M __ / __ Y __ Y __	
Total (must equal 100%)		100 %

Any changes to existing Account Holder contact details and/or new Account Holder contact details are to be provided on the **Additional Contact Person form**.

New Account Holders should also sign the **BCE Information Collection Notice**