

Request for Statement/Trade Confirmations for Joint Tenant with Right of Survivorship or Tenant in Common

Fax to: 416.413.1723

1. CLIENT INFORMATION				
LAST NAME	FIRST NAME	ACCOU	NT NUMBER	
L DEALER NAME	ADVISOR NAME		DEALER#	ADVISOR#
2. JOINT TENANT OR TENANT IN COMMO	ON ACCOUNT INFORMATION			
LAST NAME	FIRST NAME			
ADDRESS				
CITY PROVINCE	POSTAL CODE	COUNTRY		
3. AUTHORIZATION				
Select One of the following:				
☐ Statements				
☐ Statements and Trade Confirmations				
Action: ☐ START ☐ STOP Ef	fective			
Note: If STOP is selected, the Joint Tenant or Ter	nant in Common will no longer receiv	e duplicate statement	s and/or trade cor	firmations.
4. SIGNATURES				
L JOINT TENANT OR TENANT IN COMMON NAME	JOINT TENANT OR TENA (MANDATORY)	ANT IN COMMON SIGNATURE	DATE (mm/dd/yyyy)	
ADVISOR NAME	ADVISOR SIGNATURE (I	MANDATORY)	DATE (mm/dd/yyyy)	
L	J (X DEALER SIGNATURE		DATE (mm/dd/yyyy)	