



A division of B2B Bank Securities Services Inc.

Request for Monthly Statements

Fax to: 416.413.1723

1. CLIENT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
DEALER NAME	ADVISOR NAME	DEALER # ADVISOR #

2. CLIENT ADDRESS

ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	PROVINCE	POSTAL CODE	COUNTRY

3. AUTHORIZATION

Action: START STOP Effective

DATE (mm/yyyy) (MANDATORY)

If STOP is selected, statement frequency will revert back to the default frequency.

4. SIGNATURES

<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
CLIENT NAME	CLIENT SIGNATURE (MANDATORY)	DATE (mm/dd/yyyy)
<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
ADVISOR NAME	ADVISOR SIGNATURE (MANDATORY)	DATE (mm/dd/yyyy)
<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
DEALER NAME	DEALER SIGNATURE (MANDATORY)	DATE (mm/dd/yyyy)