



# Request for Monthly Statements

Fax to: 416.947.9476

Select one of the following:  B2B Bank pledged accounts  Registered deposits

## 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	FINANCIAL ADVISOR NAME	DEALER #      FINANCIAL ADVISOR #

## 2. CLIENT ADDRESS

<input type="text"/>			
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

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