



ONLY one method required  
 Copy by Fax  
 Original by Mail / Courier

# Segregated Funds Redemption Form

Fax to: 416.941.7714 or 1.866.941.7711  
 199 Bay Street, Suite 600  
 PO Box 279 STN Commerce Court  
 Toronto ON M5L 0A2

Pages : \_\_\_\_ of \_\_\_\_

B2B Bank Pledged Account Number: \_\_\_\_\_ Dealer x-reference number: \_\_\_\_\_

### 1. Dealer/Advisor Information

Dealer Number	Dealer Name
Advisor Number	Advisor Name (Last, First, Initial)

### 2. Client Information

Last Name	First Name	Initial
Joint Account Holder Last Name (If applicable)	First Name	Initial

### 3. Redemption Instructions (Redemption is the sale of a security)

Pay Out Loan   
  ICS (advisor)   
  Mail (client)   
                                 
  EFT (Account on file) or  
 EFT (VOID cheque attached)


#	Fund Code	Segregated Fund Company Account Number	Please specify \$ Amount or % or Unit	Gross	Net	Wire Order Number
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

### 4. Special Instructions/Additional Information


### 5. Signatures and Authorization

<p>The undersigned hereby authorizes the execution of the above.</p>		<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;">Signature Guarantee</div>	
<p>_____ Client Signature</p>	<p>_____ Date (mm/dd/yyyy)</p>	<p>I confirm that I am duly licensed to distribute the product the Borrower wishes to purchase in the jurisdiction where the Borrower resides</p>	
<p>_____ Client Signature</p>	<p>_____ Date (mm/dd/yyyy)</p>	<p>_____ Advisor Signature</p>	<p>_____ Date (mm/dd/yyyy)</p>

# INSTRUCTIONS ON HOW TO COMPLETE THIS FORM



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Advisor Number	Advisor Name (Last, First, Initial)

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				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

**4. Special Instructions/Additional Information**

**5. Signatures and Authorization**

The undersigned hereby authorizes the execution of the above.

Client Signature _____ Date (mm/dd/yyyy) _____  Client Signature _____ Date (mm/dd/yyyy) _____	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; text-align: center;">Signature Guarantee</div> <p>I confirm that I am duly licensed to distribute the product the Borrower wishes to purchase in the jurisdiction where the Borrower resides</p> Advisor Signature _____ Date (mm/dd/yyyy) _____	
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SEE OVERLEAF

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817-03-109E (12/06/2017)

## METHOD OF TRANSMISSION

Indicate whether this form is being submitted by fax or if the original form is being mailed or couriered to B2B Bank. Please note that B2B Bank is not responsible for duplicate transactions if the request is sent more than once.

## ACCOUNT NUMBER

Provide information regarding the B2B Bank Pledged account number.

## PAGES

Indicate how many pages of instructions are being transmitted to B2B Bank (ex: Pages 1 of 2).

## ADVISOR INFORMATION

Provide the Dealer and Advisor's name and code numbers.

## CLIENT INFORMATION

Provide the information requested regarding the client's name.

## REDEMPTION INSTRUCTIONS

Use this section to indicate the mutual fund code (mandatory), the segregated fund company account number and the redemption amount. Also indicate whether the amount is a "Gross", "Net" amount. Client(s) signature(s) is/are required for withdrawal requests. The signature(s) must be guaranteed by a Dealer or a Bank.

## SPECIAL INSTRUCTIONS

The "Special Instruction" section is used to inform B2B Bank of any special processing information relating to the requested change.

## CLIENT AUTHORIZATION

In addition to the date, the Client's and Advisor's signature is required on this form. The Dealer and Advisor numbers are required to ensure that commission and service fees are credited correctly, where applicable.

## NOTE:

Please complete additional Segregated Funds Redemption Forms if there are more than five (5) transactions per client. Please indicate the client's name and account number on each form along with the total number of instruction pages.