



# EXCEL INSURANCE AGENCY INC.

80 Acadia Ave., Suite #205 • Markham • Ontario • L3R 9V1  
TEL: (905) 470-8222 FAX: (905) 470-8306

## SWITCH ORDER FORM

<b>Policyholder</b>	Last Name	Given Name	<b>Account Number</b>
<b>Joint Policyholder</b> (for joint account)	Last Name	Given Name	<b>Plan</b>

From			To		
Fund Code	Fund Name	Allocation (% or \$)	Fund Code	Fund Name	Allocation (% or \$)

**Remarks:**

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**Signature:**

_____ Signature of Policyholder	_____ Signature of witness	_____ Date (d/m/y)
_____ Signature of Joint Policyholder (if applicable)	_____ Signature of witness	_____ Date (d/m/y)
_____ Signature of Assignee/ Irrevocable Beneficiary	_____ Signature of witness	_____ Date (d/m/y)

With respect to the investment instructions above, I/we acknowledge receipt of the current Information Folder, or summary statement of the fund or investment and a signed copy of this order. I/we declare that I/we understand the charges, terms and provisions stated herein.

Representative (3443 - )	Name
	Signature