



EXCEL INSURANCE AGENCY INC.

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

REDEMPTION REQUEST FORM

Policyholder	Last Name	Given Name	Account Number
Joint Policyholder (for joint account)	Last Name	Given Name	Plan

This is your authority of:

- Full redemption
- Partial redemption : Amount of \$_____ (Gross / Net). (Be sure to complete the following allocation)

Fund Code	Fund Name	Allocation for a partial redemption (% or \$)

For the redemption proceeds, please

- Cheque made payable to _____
- Direct deposit to the bank account (Please attach a personalized blank marked "VOID" from applicable account or complete the information below) :

Name of your bank or financial institution	Transit number	Bank number	Account number
--	----------------	-------------	----------------

- Other (please specify) _____

Remarks/Special Instructions:

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