



AUTHORIZATION TO TRANSFER FUNDS

Send To: _____
(Name & Address of Financial Institution)

Date: _____

Fax: _____

Re: Balance of Account Transfer Request

Account Name(s): _____

Please transfer funds held in the following accounts:

_____ \$ _____

_____ \$ _____

To MAXA Financial at 220 10th Street Unit C, Brandon, MB R7A 4E8.

Authorized by:

Member(s) Signature: _____

Member Address: _____

Thank you in advance for your prompt attention to this request.

MAXA Financial Member Instructions

- Use form if transferring non-registered funds (cannot be RRSP or RRIF) from an existing account at another Financial Institution to MAXA Financial.
- Please complete the form, sign and mail to MAXA Financial at the address below.
- Copies of bank statements or renewal notices can also be provided if available, to clarify accounts where funds are to be transferred from.
- If you have any questions, please contact MAXA Financial.

The information contained in this transmittal is personal and confidential. It is intended solely for the use of the individual or entity named above. Please be advised that any reading, copying, disclosure, appropriation, or dissemination of the contents of this transmission by anyone other than the named recipient is strictly prohibited. If you receive this communication in error or if you do not receive all of the pages, please notify us immediately. Thank you for your assistance.

CONTACT INFORMATION

Mailing address: 220 10 th Street Unit C Brandon, MB R7A 4E8	Phone: 1-204-571-MAXA (6292)	or 1-866-366-MAXA (6292)
Hours: Monday - Friday - 8 a.m. to 8 p.m. Saturday - 8 a.m. to 4 p.m.	Fax: 1-204-571-2944	or 1-866-329-MAXA (6292)
	E-mail: info@maxafinancial.com	
	Website: http://www.maxafinancial.com	