



MUTUAL FUND REDEMPTION REQUEST

Date: _____

To: _____

RE: Name: _____
Account #: _____

Please redeem the following non-registered mutual funds:

- 1) _____ Amount: \$ _____
- 2) _____ Amount: \$ _____
- 3) _____ Amount: \$ _____
- 4) _____ Amount: \$ _____

Please withhold any fees before forwarding the funds.
Funds should be made payable to:

MAXA Financial
ITF _____

and forwarded to the address below:

MAXA Financial
220 10th Street Unit C
Brandon, MB R7A 0P8

Thank-you.

Signature of Mutual Fund Owner

Signature of Mutual Fund Owner (if joint)

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