

MUTUAL FUND REDEMPTION REQUEST

Date:		
To: RE:		
	Name:Account #:	
Pleas	e redeem the following non-regis	tered mutual funds:
2) 3)		Amount: \$ Amount: \$
	e withhold any fees before forwa s should be made payable to:	rding the funds.
	MAXA Financial	
and fo	orwarded to the address below:	
	MAXA Financial 220 10 th Street Unit C Brandon, MB R7A 0P8	
Thank	c-you.	
Signat	cure of Mutual Fund Owner	Signature of Mutual Fund Owner (if joint)

CONTACT INFORMATION

Mailing address: 220 10th Street Unit C Phone: 1-204-571-MAXA (6292) or 1-866-366-MAXA (6292)

Brandon, MB R7A 4E8 E-mail: info@maxafinancial.com Hours: Monday -Friday - 8 a.m. to 8 p.m. Website: http://www.maxafinancial.com

Saturday - 8 a.m. to 4 p.m.