



CERTIFICATE WITHDRAWAL FORM

Form 366.6 07/23

700 - 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

1. ACCOUNT DETAILS

<input type="text"/>	<input type="text"/>
Account Holder Name	Account Number
<input type="text"/>	<input type="text"/>
Security Name	CUSIP

2. REGISTRATION

Is the certificate to be registered in the name of the account holder? Yes No* * Send a copy of client instructions.

Register in the name of (only permitted if certificate is a gift to a family member without compensation):

<input type="text"/>		
Name (First, Initial, Last)		
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code

3. DELIVERY

<input type="text"/>	Expedition: <input type="radio"/> Rush <input type="radio"/> Regular	\$ <input type="text"/>
Quantity		Fee to be charged
Delivery Instructions		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

4. ACCOUNT HOLDER AUTHORIZATION

<input type="text"/>	<input type="text"/>
x Account Holder Signature	Date (dd/mm/yyyy)

5. ACCOUNT HOLDER AUTHORIZATION

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>