

CLIENT INFORMATION

Name:

Account Number:

Sin #:

CHANGE OF DEALER

Name of Previous Dealer/Rep:

Dealer/Rep Code:

Address

Street/Box:

City/Town:

Province:

Postal Code:

I authorize the change of the dealer/rep of my SaskWorks Venture Fund account to the individual listed below:

Name of New Dealer/Rep:

Dealer/Rep Code:

Address

Street/Box:

City/Town:

Province:

Postal Code:

Phone:

Fax:

Email Address:

SIGNATURES

Please accept this request as my authorization to change the advisor of record for my SaskWorks account(s) in accordance to the information I have provided in Area 2 above.

Account Holder Signature:

Date:

Account Holder Signature:
(if joint account)

Date:

New Dealer/Rep Signature

Date: