

DEALER CHANGE FORM

c/o Prometa Fund Support Services 220-155 Carlton Street, Winnipeg MB R3C 3H8 Toll Free: 1-866-992-7696 Fax: 1-855-766-8020 Email: saskworks@prometa.ca www.saskworks.ca

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:		

SIGNATURES

Email Address:

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: