Clear Form

FundEX INVESTMENTS INC.

Head Office: 400 Applewood Crescent, 3rd Floor, Vaughan, Ontario, L4K0C3
Phone: 905-305-1651 Fax: 905-305-1698 Toll Free: 800-324-6048
Web Address: www.fundex.com Email: info@fundex.com

Change of Dealer of Record Request

Please complete a separate form for each fund company

DATE:	FAX NUMBER:
FUND COMPANY:	ADDRESS:

ATTENTION: DEALER SERVICES DEPARTMENT

Re: All funds with the following account numbers and registrations

Registration: (Name(s) on the Account)	**Account Type:** (OPEN, RRSP, RESP, ITF, SPOUSAL, RRIF, LIF, JTWROS)	**Your Account Number:**

Dear Sir/Madam:
Please accept this letter as your authority to change my mutual fund dealer/representative as follows:

FROM	TO
REP. NAME:	REP. NAME:
DEALER/REP NUMBER:	DEALER: FundEX Investments Inc.
	DEALER/REP NUMBER:

Sincerely,

Signature of Client Date (mm/dd/yy) / /

Signature of Joint Account Holder Date (mm/dd/yy) / /

Client Name	Joint Info: Name
SIN:	Relationship / SIN:
Address	
Phone	

COPY: ASSOCIATE COPY: DEALER COPY: CLIENT