



CERTIFICATE WITHDRAWAL FORM

Form 366.5 01/22

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

1. ACCOUNT DETAILS

Account Holder Name, Account Number, 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):

Name (First, Initial, Last), Address, City, Province, Postal Code

3. DELIVERY

Quantity, Expedition: Rush Regular, Fee to be charged

Delivery Instructions

4. ACCOUNT HOLDER AUTHORIZATION

Account Holder Signature, Date (dd/mm/yyyy)

5. ACCOUNT HOLDER AUTHORIZATION

Empty lines for account holder authorization