LETTER OF DIRECTION

Client Name:	
Client Address:	
Date:	
	ation RE: Account #
Dear Sirs;	
Please accept this letter as your information.	full and sufficient authority to change my banking
I have attached a sample void cl have on file.	heque or revised banking information for you to
If you have any questions or need call Altimum Mutuals at 905-68	ed more information please refer to my advisor or 80-8544.
Thank you for looking after this	s for me.
Sincerely,	
Client Signature	
Client Name	Signature Guarantee