

94 Barbican Trail
St. Catharines Ontario L2T 4A8
Phone: (905) 680-8544
Fax: (905) 680-8546

Altimum Mutuals Inc.

Fax

Change of Dealer/Representative

Please accept this letter as your full and sufficient authority to change the Dealer and Representative codes on my accounts as follows:

New Dealer Name: **Altimum Mutuals Inc.** Dealer Number: **7767**

Representative Name: _____ Rep Code: _____

Representative Signature: _____

Altimum Mutuals Inc. Compliance Officer Signature: _____

PLEASE USE A DIFFERENT SHEET FOR EACH FUND COMPANY

Fund Company: _____

	Account Type:	Legend:
Account Numbers: _____	A B C D E F G H I J K	A Non-Registered
_____	A B C D E F G H I J K	B Joint Non-Registered
_____	A B C D E F G H I J K	C Non Registered Trust
_____	A B C D E F G H I J K	D RRSP
_____	A B C D E F G H I J K	E Spousal RRSP
_____	A B C D E F G H I J K	F RRIF
_____	A B C D E F G H I J K	G Spousal RRIF
_____	A B C D E F G H I J K	H LIF
_____	A B C D E F G H I J K	I LRIF
_____	A B C D E F G H I J K	J RESP
_____	A B C D E F G H I J K	K LIRA

Client Name: _____ S.I.N. # _____

Client Signature _____

Joint Client Name _____ S.I.N. # _____

Joint Client Signature _____

Date: _____

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Toll Free 1-877-366-7343