

Redemption Request:

For identification of the account to be redeemed at the fund group:

Client Name _____ Client SIN # _____ Client Birthdate _____ (Month, Day, Year)

KYC Update

Always attach a new KYC update unless the request is for a full redemption of the entire Oakhaven Wealth Advisors account (eg. TFSA, RRSP) OR the KYC on file has been completed within the last 12 months and is on the currently prescribed forms. In the case of a partial redemption, the suitability of the remaining funds in the account may not match the client's investment objectives, requiring a new KYC or signed trade documents to execute switches to restore the original balance to the account.

Is a new KYC attached to this redemption request? Yes _____ or No _____

	Fund Group	Fund Code	Fund Account Number	Gross Amount	Net Amount	Units	Free Units	% of Fund	Wire Order Number
1				\$	\$			%	
2				\$	\$			%	
3				\$	\$			%	
4				\$	\$			%	
5				\$	\$			%	
6				\$	\$			%	

Settlement Instructions

- ☐ Cheque payable to Special Payee
- ☐ Deposit to client account (Please attach void cheque):
- ☐ Mail cheque to (complete if different than registered address):
- ☐ ICS cheque to Advisor:

Comments and Details:

Special Instructions

Purpose of Redemption

Disclosure of Fees and Charges

I have been advised by the representative (Circle one)

- 1) that there are no fees, such as DSC charges or intermediary fees associated with the attached redemption.
- or
- 2) that there will be DSC charges and/or other fees associated with this transaction, which total approximately \$ _____

This record will be retained for review by the MFDA to certify that DSC fees and other charges were disclosed to the client at the time of the acceptance of the redemption order.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT

Client Signature _____ Client Name _____ Date _____

Joint Client Signature _____ Joint Client Name _____ Date _____

Signature Guarantee (for amounts in excess of \$5,000.00) _____ Date Submitted to Head Office _____

Rep Signature _____ Rep Code 7767- _____ Rep Name _____ Date _____

Compliance Officer Signature _____ Date _____