

ALTIMUM MUTUALS INC. REQUEST FOR LETTER OF INDEMNITY (LOI)

Representative Name: _____ 7767- _____

Supplier & Account #: _____ **Date of Error:** _____

Client Name: _____ **Client Phone:** _____

Describe what happened that requires an LOI to be issued (use more sheets if required):

Describe what should have happened (use more sheets if required):

Who do you believe is at fault?:

Representative

Compliance Officer

Client _____ %
Rep _____ %
Dealer _____ %
Courier _____ %
Supplier _____ %
Fund Company _____ %
FundServ _____ %
Intermediary _____ %

Client _____ %
Rep _____ %
Dealer _____ %
Courier _____ %
Supplier _____ %
Fund Company _____ %
FundServ _____ %
Intermediary _____ %

Explanation:

After discussion, Representative agrees with Compliance Officer (circle one): YES
NO

Is there going to be a financial adjustment? \$ _____ or NONE _____
Estimated Loss

The Representative hereby agrees to pay Altimum Mutuals Inc. in full, within five business days of receipt of invoice, to cover their portion of the LOI expense attributable to this report.

Representative Signature

Date

Compliance Officer Signature

Date

Final Loss \$ _____ **Loss Collected (Amount) (if applicable) \$** _____

Compliance Officer Final Review (to close file)

Date When File Closed