

## ADDRESS CHANGE FORM

### Client Information

Plan Number \_\_\_\_\_

Client Number \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
SIN

### New Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Effective Date (YYYY/MM/DD)

\_\_\_\_\_  
Residence Phone Number

### Mailing Address If different

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Effective Date (YYYY/MM/DD)

### Signatures

I/we hereby acknowledge that the above noted information is current, accurate and effective immediately. MWC Corporation may rely thereon until it receives notice of any significant changes. I/we understand that mutual funds are sold by prospectus and I/we should obtain a copy of the relevant prospectus, read and understand the information contained therein, before investing.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Rep Code