



EXCEL INSURANCE AGENCY INC.

80 Acadia Ave., Suite #205 • Markham • Ontario • L3R 9V1
TEL: (905) 470-8222 FAX: (905) 470-8306

Dear Client,

In order to release information from various financial companies that currently hold your accounts (Investments, Life Insurance, R.R.S.P.'s etc), we need your written consent. Please complete, sign and return this letter to us. If the account is a joint account, please also have the joint owner sign this letter.

Thank you!

To Whom It May Concern:

I (we) authorize Excel Insurance Agency Inc. to be my agent of record and to have access to all my accounts.

Please transfer accounts to Excel Insurance Agency Inc.

Dealer/Rep. 3443 - _____ Name of Representative: _____

Fund Company:

Account Number and Plan Type:

(Note: One letter for each fund company)

Print Name: _____

Signature: _____

Address: _____

(Joint Account if Applicable)

Print Name: _____

Signature: _____