



## REQUEST FOR LETTER OF INDEMNITY

Client(s) Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Fund Code(s): \_\_\_\_\_

Self-Directed Company /Acct #: \_\_\_\_\_

Account Type: \_\_\_\_\_ Fund Company: \_\_\_\_\_

Dealer/Rep Code: \_\_\_\_\_

Rep Contact Info: Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Email \_\_\_\_\_

Trade Date: \_\_\_\_\_

Purchase ☐ Redemption ☐ Switch ☐ Transfer ☐

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby indemnify WFG Securities of Canada Inc. from any harm and losses incurred as a result of processing this request. I accept all costs related to this request to be deducted from my commission payment.

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Send To: FUNDEX INVESTMENTS INC**

25 Centurian Drive Suite 208 Markham, On L3R 5N8 Fax: 1-800-922-7740 or 416-946-1838

