

# CLIENT CHANGE FORM



880 Ouellette Ave., 9th Floor, Windsor, ON, N9A 1C7  
Phone: 519-256-8999 Fax: 519-256-9730

\_\_\_\_\_  
Sterling Mutuals Inc. use only

Dealer / Rep No.: _____ / _____
Rep. Name: _____

NAME \_\_\_\_\_

Fund Company / Intermediary: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Open Acc #

City \_\_\_\_\_

RRSP Acc #

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

Phone \_\_\_\_\_

\_\_\_\_\_ #

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

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

**Please attach a specimen of cheque marked "VOID"**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature Guarantee Stamp  
Where Required

\_\_\_\_\_  
Signature of Shareholder

\_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
Authorized Signature

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