

**CHANGE OF ACCOUNT
REGISTRATION**



880 Ouellette Ave., Suite 600, Windsor, ON N9A 1C7
Phone (519) 256-8999 Fax (519) 256-9730

_____ Sterling Mutuals Inc. use only _____

Dealer/Rep Code: _____

Dealer Account #: _____

I _____ hereby direct that all of the accounts held under **Sterling Mutuals Inc.** and registered in the above name(s) be changed to nominee form and registered in the nominee name of:

Sterling Mutuals Inc.,
880 Ouellette Avenue, Suite 600,
Windsor, ON N9A 1C7

X _____
Signature of Planholder

Date (YY/MM/DD)

X _____
Joint Signature (if applicable)

Date (YY/MM/DD)

Sterling Mutuals Authorized Signature

Date (YY/MM/DD)