

Change of Address Form



To change your address, please complete the form below. Print clearly and provide as much information as possible, so we can update our records accurately. After your have completed the form please mail to:

AST
P.O Box 700
Station B
Montréal, QC, H3B 3K3
CANADA
Fax: 1-888-249-6189
inquiries@astfinancial.com

Date: _____

Shareholder / Security Holder Account #: _____
(from cheques, certificates, statements or correspondence)

First name: _____

Last name: _____

Middle initial: _____

Please note that the First name(s), Last name(s) and Initial(s) must match the informations recorded on the account(s)

Previous Address

Address: _____

Suite #: _____

City: _____

Province / State: _____

Country: _____

Postal code / Zip Code: _____

New Address

Address: _____

Suite #: _____

City: _____

Province / State: _____

Country: _____

Postal code / Zip Code: _____

Contact Information

Telephone number (_____) _____

Please list the names of the companies for which you are a security holder, and for which AST Trust Company (Canada) is the transfer agent. Please also note that all registered holders must sign this request.

Signature:

Signature: