

Change of Information

Name(s) on file: _____ Email Address: _____

Please indicate which you would like to change (check all that apply):

Name (same individual) Contact Info Dealing Rep/EMD Trust Company/Registration

If you have more than 1 investment with Westpoint, please describe which of your investments this applies to or state "ALL": _____

Change of Name

New Name: _____

PLEASE ATTACH A PHOTOCOPY OF 1 PIECE OF GOVERNMENT ISSUED ID DISPLAYING YOUR NEW NAME.

Change of Contact Information

New Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Email Address: _____

Change of Dealing Rep

Name of Previous Dealing Rep: _____

Name of New Dealing Rep: _____

Email of New Dealing Rep: _____

Change of Exempt Market Dealership (EMD)

Name of Previous EMD: _____

Name of New EMD: _____

Change of Trust Company or Registration

Current Trust Company None (unregistered) Canadian Western Trust Olympia Trust

Change to: None (de-register) Canadian Western Trust Olympia Trust

BY SIGNING THIS YOU ACKNOWLEDGE THAT YOU ARE AWARE OF ANY TAX IMPLICATIONS, PENALTIES, AND/OR FEES THAT MAY BE ASSOCIATED WITH THIS CHANGE.

PLEASE NOTE IF YOU ARE SWITCHING TRUST COMPANIES, THE ACTUAL TRANSFER WILL HAVE TO BE INITIATED BY THE CURRENT TRUST COMPANY AND SENT BY THEM TO THE TRUST COMPANY YOU ARE CHANGING TO.

Signature of Investor on file

Date

PLEASE EMAIL THIS FORM TO INVEST@WESTPOINTCAPITAL.CA