

## Letter of Authorization Address Change

Effective Date:					
Account Number(s)					
Client Name(s)					
Mailing Address					Apt./Unit No.
City		Province/Sta	ate		Postal/Zip Code
Telephone Number(s)					
Is mailing address same as p	ermanent addres	s? 🗌 Yes	s 🗌 Nolf no, provide	e permanent addre	ss below:
Signatures * If account signatory is not refle	ected in account n	ame, please i	indicate title/authority	of signatory.	
Name of Signatory (please print)			Title/Authority* (please print)		
(piedse	print)			(please plint)	
X Signa	ture			Date	
Name of Signatory (please print)			Title/Authority* (please print)		
X Signature		Date			
Branch Verification		CAM ID(s)			
Signature Verified by:	Signature	e Specimen a	attached		
Branch Manager's or Designated	Officer's Name	<u>X</u>	Signature		Date
Branch Notes (if any):					

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