

BROKERAGE DISCLOSURE REQUEST FORM

Here. For you.

NSURANCE LTD. Please Note: Other than basic corrections of information, a fee is required for most requests.

Once your request has been reviewed you will be advised of the fee amount and an opportunity to withdraw your request at no charge will be provided. Payment of the fee is required prior to continuing with your request.

	n Personal Information Dwn Personal Information		Name of Brokerage request made to: Drayden Insurance Ltd.			
If request is for access to, or correction of, own personal information records: Last name appearing on records: [] same as below, or:						
[] Mrs. [] Ms. [] Miss Last Name:						
First Name:		Middle Nam	Middle Name:			
Street Address: (Street/Apt. No./P.O. Box/R.R.)		R.) City/Town:	ity/Town:			
Province:		Postal Code	stal Code:			
Telephone Number (Day):		Telephone N	Number (Day):			
(If you are requesting access to our correction of your personal information, please identify the personal information that you would like to access, if known.) Note: If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.						
Preferred method of access to records: [] Examine Original [] Receive Copy						
Signature: Date:						
Note: Your request will usually be processed within thirty days unless you are advised otherwise. Please forward this document to: Drayden Insurance Ltd., Box 3998, Spruce Grove, Alberta, T7X 3B2 Attention: Privacy Officer For Brokerage Date Request Comments:						
Use Only	Received:	No.:	Commonts.			