



**DRAYDEN**  
INSURANCE LTD.  
Here. For you.

# BROKERAGE DISCLOSURE REQUEST FORM

**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.

<b>Request for:</b> <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	<b>Name of Brokerage request made to:</b>  <b>Drayden Insurance Ltd.</b>
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If request is for <b>access to</b> , or <b>correction of</b> , own personal information records: Last name appearing on records: <input type="checkbox"/> same as below, or: _____
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<b>Last Name:</b> _____
<b>First Name:</b> _____	<b>Middle Name:</b> _____
<b>Street Address: (Street/Apt. No./P.O. Box/R.R.)</b> _____	<b>City/Town:</b> _____
<b>Province:</b> _____	<b>Postal Code:</b> _____
<b>Telephone Number (Day):</b> (        )	<b>Telephone Number (Day):</b> (        )

Detailed description of requested records, personal information or personal information to be corrected. (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: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy
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<b>Signature:</b> _____	<b>Date:</b> _____
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**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

<b>For Brokerage Use Only</b>	Date Received:	Request No.:	Comments:
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