

Invoice to : \_\_\_\_\_  
Last and first name of payer (individual or business)

Ship to : \_\_\_\_\_  
Last and first name of recipient

\_\_\_\_\_ ( )  
N° Street Suite Telephone

\_\_\_\_\_ ( )  
City Province Postal Code Fax

E-mail

Shipping : Dicom  Canada Post

Description	Version	Quantity	Unit Price	Sub-total
Notice of Replacement of Life Insurance Policy	French		\$ 1.00	
	English		\$ 1.00	
Notice of Replacement of Disability Insurance Contract	French		\$ 1.00	
	English		\$ 1.00	
<b>Shipping fees (see price list next to this table)</b>				
<b>Sub-total</b>				
<b>(n° 879500106) GST (5 %)</b>				
<b>Sub-total (including GST)</b>				
<b>(n° 1204884079 TQ0001) QST (9,5 %)</b>				
<b>TOTAL :</b>				

**Shipping Fees  
for notices of replacement \***  
(price list per quantities for  
provinces of Québec and Ontario)

Quantity	Price
0 to 15	\$ 4.00
16 to 30	\$ 4.50
31 to 50	\$ 5.00
51 to 65	\$ 5.50
66 to 85	\$ 6.00
86 to 100	\$ 6.50
150	\$ 8.00
200	\$ 9.50
250	\$ 11.00
300	\$ 15.00
350	\$ 16.50
400	\$ 18.00
450	\$ 19.50
500	\$ 22.00

\* IMPORTANT : To order more than 500 notices of replacement and to fix shipping fees in these cases, please contact the Finance Directory at (418) 525-0337 or toll-free at 1 877 525-0337.

<b>Method of Payment:</b>	Money Order <input type="checkbox"/>	Cheque <input type="checkbox"/>
	Visa <input type="checkbox"/>	Card No.: _____ / _____ / _____ / _____
	Mastercard <input type="checkbox"/>	Exp.: _____ / _____
No refund shall be granted.	_____	_____
	Date	Signature of the credit card holder

Payment must be made out to the *Autorité des marchés financiers*, attached to this purchase order and transmitted to:



*Autorité des marchés financiers*  
Place de la Cité, Tour Cominar  
2640, boulevard Laurier, suite 400  
Québec (Québec) G1V 5C1  
tel. : (418) 525-0337  
fax. : (418) 647-2165

Administration

Fact. N° :	Transport :	Total :	Shipped on:	Par :
Payment:	Date:	Lot :	PMT n° :	Init. :