

FORM TO REQUEST THE TRANSFER OF A FILE TO THE AUTORITÉ DES MARCHÉS FINANCIERS (AMF)



IF YOU ARE NOT SATISFIED WITH THE HANDLING OF YOUR COMPLAINT

1. Send this form to the firm named in your complaint.
2. Under *An Act respecting the Autorité des marchés financiers* (the "Act"), the firm is obliged to transfer your file to the AMF.

A YOUR CONTACT INFORMATION

Ms. <input type="checkbox"/>	Last name	First name
Mr. <input type="checkbox"/>		
ADDRESS		
No.	Street	Apt.
City		
Province	Postal code	Telephone

B CONTACT INFORMATION OF FIRM

Name of firm		
Ms. <input type="checkbox"/>	Last name of person in charge of your file	First name
Mr. <input type="checkbox"/>		
ADDRESS		
No.	Street	Suite
City		
Province	Postal code	Telephone

C INFORMATION TO IDENTIFY YOUR FILE

File, contract, insurance policy and account numbers, date of birth, etc.

D I REQUEST THAT MY FILE BE TRANSFERRED TO THE AUTORITÉ DES MARCHÉS FINANCIERS IN ACCORDANCE WITH THE ACT.

Your signature	Date
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AUTORITÉ DES MARCHÉS FINANCIERS

Service du traitement des plaintes
800, square Victoria, 22^e étage
C.P. 246, tour de la Bourse
Montréal (Québec) H4Z 1G3

➤ **TELEPHONE:**
MONTRÉAL • 514-395-0337
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TOLL-FREE • 1-877-525-0337

➤ **FAX:**
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