



TOKEN TRANSFER, REPLACEMENT, AND REMOVAL REQUEST

Please fill out this form electronically. You will need Adobe Acrobat Reader, which can be downloaded free of charge from Adobe.com. If you are unable to download the free program, please contact us. Completed forms are submitted to: finance@mfa.bc.ca.

Participant Name

Address

Contact Name

Contact Email

Account Number **Transit #00090** ____ - ____ - ____ - ____ - ____

Section 1: To Transfer of Tokens:

The mailing address is the same as above.

User Name	Email	Telephone No.	Mirror Existing User

Section 2: To Replace a Lost Token:

There is a \$30 charge per token. To authorize the payment, please fill out and include the One-Off Payment Request form found on our website: <http://mfa.bc.ca/clients/pooled-hisa-savings-account-program>

User Name	Email	Telephone Number	Order Token
			Y
			Y

Section 3: To Remove Token User:

The mailing address is the same as above.

User Name	Email	Telephone No.	Remove
			Y
			Y

For MFA Use Only	
<input type="checkbox"/>	Reviewed by: _____