



## 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. Submit completed forms to: [finance@mfa.bc.ca](mailto:finance@mfa.bc.ca).

**Participant Name**

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**Address**

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**Contact Name**

**Contact Email**

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**Account Number**    Transit # 00090 \_\_\_\_\_ - \_\_\_\_\_

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**Section 1: To Transfer Tokens:**

The mailing address is the same as

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

**Section 4: Authorization**

The undersigned representatives of the Participant acknowledge that the person(s) being assigned access to CMO are designated representatives of the Participant and are solely responsible for transacting funds in and out of the Participant's subaccount

**Signature**

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**Signature**

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**Print Name**

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**Print Name**

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**Title**

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**Title**

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<b>Municipal Finance Authority of BC</b>	
<b>Signature</b>	<b>Signature</b>
<b>Print Name</b>	<b>Print Name</b>
<b>Title</b>	<b>Title</b>