



Please email this form to invest@mfa.bc.ca

Participant Name: _____
 Participant Address: _____
 Contact Person: _____
 Contact Email: _____
 Account Number: _____ Transit Number 00090 _____ - _____

Software Tokens

Removal of software token user:

Username	Email	Telephone No.	Device Model Type

Replace a lost software token:

Username	Email	Telephone No.	Device Model Type

Hardware Tokens

Transfer of hardware tokens:

Username	Email	Telephone No.	Mirror Existing User

Replace a lost hardware token: Please note there is a \$30 charge to replace a lost hardware token. Please contact invest@mfa.bc.ca for a Payment Request Form.

Username	Email	Telephone No.	Mirror Existing User

Removal of hardware token user:

Username	Email	Telephone No.	

Participant 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: _____ Signature: _____
 Title: _____ Title: _____

MFABC Authorization

Signature: _____ Signature: _____
 Print Name: _____ Print Name: _____
 Title: _____ Title: _____