



Please email this form to [invest@mfa.bc.ca](mailto:invest@mfa.bc.ca)

Participant Name: \_\_\_\_\_  
 Participant Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

**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](mailto: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 SCO 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: \_\_\_\_\_