



## REDEMPTION FORM

FNFA INVESTMENT FUND

### Participant Information

Name of First Nation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Redemption Amount

Amount to be redeemed*:	_____
Desired date of redemption:	_____

\*Please put "ALL" if you would like to redeem the entire investment balance.

### Investment Account Information

Please provide 2 business days notice for Redemptions greater \$10 million by emailing [info@fnfa.ca](mailto:info@fnfa.ca).

Redemptions can be post dated up to 30 calendar days in advance.

### Banking Information

The information provided below must match what is currently on file with First Nations Finance Authority:

Bank Name: \_\_\_\_\_

Bank Street Address: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_ Institution Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Authorization

The undersigned MUST be current signing authorities on file with the First Nations Finance Authority (FNFA). The following Signing Authority(ies) hereby approve of this transaction and authorize FNFA to complete this transaction. If, for any reason, there are insufficient funds to complete this transaction, any fees or penalties are the sole liabilities of the Participant.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_