

REDEMPTION FORM

FNFA INVESTMENT FUND

PARTICIPANT INFOMRATION Name of First Nation: Address: 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 byra@fnfa.ca. Redemptions can be postdated 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: Name of Bank Account: 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 Authoritie(s) 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: _____