

If you wish to discontinue your paper statements, please print this form, complete and sign it. If you require help, contact us at (1-877) 958-7333. Drop it in the mail to: Outlook Financial, Box 2, Station Main, Winnipeg, MB R3C 2G1 or fax it to (1-877) 958-8655.

Please discontinue issuing paper statements to me on the following Outlook Financial accounts:

All of my single accounts (accounts on which I am the only owner)

All of my joint accounts with \* \_\_\_\_\_  
(Please Print)

*\*Please indicate all owners on these accounts. For accounts that require more than one signature, all required signers must sign below.*

I agree that it is my responsibility to examine and verify all transactions processed through my account(s). I agree to examine the details of all accounts, including investments, that I have with Outlook Financial. Notwithstanding any time limit set out in the Member Account Agreement, I will report any errors, omissions, unauthorized transactions or charges within 30 days of the posting of my E-statement to CU@HOME Internet banking.

I will be responsible for the accuracy and validity of any pre-authorized debits from my account(s) unless I report any errors within the applicable period (90 calendar days for pre-authorized debits on my personal accounts).

If I have not reported any errors, omissions or unauthorized transactions, within the times set out above, I will not have a claim against Outlook Financial.

I have authority to sign on behalf of this/these account(s) and to bind others on the account(s). Wherever the term "I", is used, it means the person or persons who are owners on this/these account(s).

\_\_\_\_\_  
 \* Member's Name (Please Print)                      Member's Signature                      Member Card (16-digit number)

\_\_\_\_\_  
 \* Joint Account Holder's Name (Please Print)                      Joint Account Holder's Signature                      Member Card (16-digit number)

\_\_\_\_\_  
 \* Joint Account Holder's Name (Please Print)                      Joint Account Holder's Signature                      Member Card (16-digit number)

\_\_\_\_\_  
 Date (MM/DD/YYYY)                      Member's Email Address

***\*The signature of the member must in all cases be obtained unless specific documentation is filed with Outlook Financial giving authority to an attorney. In the case of accounts that require more than one signature, all required signers must sign this form.***

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**OFFICE USE ONLY**

\_\_\_\_\_  
 Received Date (MM/DD/YYYY)                      Date Processed (MM/DD/YYYY)                      Member Number

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 Employee Cash Box Number

X  
 \_\_\_\_\_  
 Accepted by Outlook Financial, as Agent for the Trustee