



OPT-OUT E-STATEMENT FORM

Name Of Client:	Client Code:
<input type="checkbox"/> Mailing Address Postal Code: _____	<input type="checkbox"/> Telephone Number / Email: Home: _____ Office: _____ Email: _____
E-Statement <input type="checkbox"/> I would like to opt out from receiving the E-Statement.	
<input type="checkbox"/> Others (Please provide details) 	
Client's Signature: _____ Date: _____	
FOR OFFICIAL USE ONLY	
Witnessed / Verified By: _____ Date _____ Updated by: _____ Date _____	