

# FORM 23 Fund Allocation Change Form

AFBS, 1000 Yonge Street, Toronto, Ontario M4W 2K2

AFBS:  
PHONE:  
FAX:  
EMAIL:  
AFBS WEST: 0 380 2nd Avenue 5Y 1C8  
PHONE:  
FAX:  
EMAIL:



## SECTION 1

(please print)

[Reset Form](#)

<input type="text"/>	Telephone Number	Date of Birth
Your Account Number 4501 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	

## SECTION 2

Choose one or more plans:

## SECTION 3

Choose one:

%

%

## SECTION 4

<input type="text"/>	Date
For Society Use Only – Authorized AFBS Signing Officer	Date of Acceptance