



Please email this form to CIBC Mellon at <u>RKAccountAdmin@cibcmellon.com</u>

Member Information			
Date:			
Municipality/Organization:			
Phone Number:	one Number: Fax Number:		
Note: Minimum redemption is \$5,000 or the baland	ce of the portfolio if the balance is less that	an \$5,000	
Account Information			
Please select the fund to redeem from	m (your bank account will be c	redited the following bus	siness day):
Portfolio Type:	(2) Govt Bond	(3) Corp Bond	(4) CDN Equity
ONE Investment Account Number:			
Amount to be redeemed:			
Please note: Funds will be transferred to the finance	cial institution currently on file with ONE.		
Signed (Reminder: Authority to sign must ma	itch signature card on file with ONE and CI	IBC Mellon)	
Per:	<u>Pe</u>	r:	
For this transaction to be accepted wit Instructions received after 4:00	•		•
	Contact Us:		

155 University Avenue, Suite 800 Toronto, Ontario M5H 3B7 Phone: (416) 971-9856 Tollfree: (877) 426-6527

Forms can be found on the ONE Investment Website www.oneinvestment.ca