## **REQUEST FOR STATEMENT & AUTHORIZATION**

Purpose: Final Discharge For Information Only/Balance Assignment/Transfer*		
Date:		
To:		
Tel.		
Fax	:	
	ower's name(s) erty Address:	
Exist	ting Mortgage No. (an exi	sting mortgage number is mandatory)
Sir/Madam,		
COMPANY LIM FAX N	ITED by fax or email to: UMBER: (905) 525-4710 or 1-800-801-8 IUMBER: (905) 525-1264 or 1-800-757-2 ESS: #801, 4 Hughson Street South, Ha	249
The effective date of this Statement should be:		
The above mentioned statement should reflect the outstanding principal balance; accrued interest as of the above date; any tax account debit or credit; the per diem rate of interest on such principal balance accruing from the above date; whether the loan is in good standing; and if the mortgage contains a readvanceable provision and/or if additional principal advances can be made after the date of the statement. If there are multiple products secured by the mortgage security, provide a statement for each product. Prepare the statement(s) on the basis that any allowable prepayment privilege has been applied prior to the calculation of any prepayment changes. If this mortgage is due for renewal on or around the effective date of this statement, consider this your instruction to not renew this mortgage, pending payout of it.		
* For assignment/transfer statements, please provide the CMHC or Genworth reference number associated with this mortgage, if applicable.		
Please note: If this mortgage secures a Line of Credit or other readvanceable product, I/we hereby acknowledge		
<ul><li>2) I/We v</li><li>3) Any ar</li></ul>	nd all credit lines are to be closed upon rece	
I/We hereby further acknowledge that in order to facilitate the payout and discharge/transfer of the above-mentioned mortgage/account there may be additional per diem interest charged to me/us representing the required time to deliver funds to the lending institution.		
Borrower's Sig	nature	Borrower's Signature