

AMENDMENT OF INSTRUCTION / AUTHORIZATION

To: Kingsway Financial Services Group Limited

Date : _____

Account Name: _____

Securities Account No: _____

Futures Account No: _____

Stock Options Account No: _____

I/We hereby instruct you to amend the following instruction(s) and / or authorization regarding the above-mentioned account(s) with effect from _____.

- Cancellation of Account Balance Auto Transfer Authorization**
- Cancellation of Telephone Withdrawal Instruction**
- Cancellation of Telephone Transfer Instruction**
- Cancellation of CCASS Stock Segregated Account Monthly Statement**
- Cancellation of Order Placing Authorization**

Name of Authorized Person: _____

- Cancellation of Internet Trading**
- Cancellation of Email Statement**
- Cancellation of Real Time Quotation**
- Reactivate the Account**

Client Signature(s)

(with company chop in case of corporate client)

Note

Prior written notice of 5 working days for the above cancellation is required.

*** For Official Use Only 只供本行使用 ***

Checked by		Input by	Review by
Account Executive	Responsible Officer	Customer Service Officer	Head of Operations