

WALTON ACCOUNT ACCESS FORM

Client Information

First Name

Middle Name

Last Name

Address

City

Province

Postal Code

Account Access – Spouse / Family Member / Other

Contact 1 Name

Contact 2 Name

Password

Password

Account Access – Dealership / Planner / Financial Advisor

Name

Dealership/Financial Group

I _____ authorize Walton International Group Inc. (“Walton”) and/or its affiliates, to disclose to, discuss with and correspond with the above contact(s) any and all Personal Information (as defined below), and any and all information concerning my investments, in respect of my Walton investment account.

I authorize Walton to continue to provide my Personal Information to the above contact(s) as it is altered or updated, and I will, as soon as possible, provide written direction to Walton if I choose to withdraw my consent to the disclosure of my Personal Information in this manner. This Authorization replaces any previous direction regarding disclosure of my Personal Information.

“Personal Information” includes, among other things, contact information, Social Insurance Numbers, credit and financial information, and investment account information. Walton is committed to protecting and maintaining the accuracy, confidentiality and security of Personal Information it receives in accordance with its Privacy Policy, available at www.waltoninternational.com

Date

Client Signature

Witness Signature

Client Name (Printed)

Witness Name (Printed)