

Brokerage Disclosure Request Form

Please Note: A \$ 35.00 application fee is required for most requests.

Request for: <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Brokerage request made to: Reider Insurance Services B-925 Leila Avenue Winnipeg, MB, R2V 3J7 Ph. (204)-338-3888 Fax. (204)-338-9981
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If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records: same as below, or:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name:
First Name:	Middle Name:
Address: (Street/Apt. No./P.O. Box/R.R. No.)	City/Town:
Province:	Postal Code:
Telephone Number (Day): () _____	Telephone Number (Evening): () _____

Detailed description of requested records, personal information or personal information to be corrected. If you are requesting access to or correction of your personal information, please identify the personal information that you would like access to, if known.

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Note: If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records:	<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature:	Date:
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For Brokerage Use Only

Date Received:	Request Number:	Comments:

Note: Your request will usually be processed within thirty days unless you are advised otherwise. Please forward this document to:

Reader Insurance Services
 Attention:
 State Reader Privacy Officer