



Please email this form to invest@mfa.bc.ca

Participant Name: \_\_\_\_\_  
 Participant Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

**Step 1: Enter new user information.**

The mailing address is the same as above.

First and Last Name	Email	Telephone No.	Physical <sup>1</sup> or Digital Token	User Role (1 or 2) <sup>2</sup>

<sup>1</sup> If Physical token is required and is to be sent to an address other than the Participant’s address noted above, please indicate here: \_\_\_\_\_

<sup>2</sup>Role 1 - For payment transactions and information reporting, the person creating the payment CANNOT approve/release it.

Role 2 - For information reporting only.

**Participant Authorization:** The undersigned representatives of the Participant acknowledge that the person(s) being assigned access to SCO are designated representatives of the Participant and are solely responsible for transacting funds in and out of the Participant’s subaccount.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_

**MFABC Authorization**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_