

Limited Market Dealer 9000: **CHOU ASSOCIATES MANAGEMENT INC.**
110 Sheppard Ave East, Suite 301, Box 18
Toronto Ontario M2N 6Y8
Tel: 416-214-0675 Fax: 416-214-1733
Email: admin@choufunds.com

Redemption Request

- | | |
|---|----------|
| <input type="checkbox"/> Chou Associates Fund Class A | \$ _____ |
| <input type="checkbox"/> Chou RRSP Fund Class A | \$ _____ |
| <input type="checkbox"/> Chou Asia Fund Class A | \$ _____ |
| <input type="checkbox"/> Chou Europe Fund Class A | \$ _____ |
| <input type="checkbox"/> Chou Bond Fund Class A | \$ _____ |

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS TO RECEIVE YOUR PAYMENT:

Please issue the cheque to my home address: _____

As per the attached void cheque, please electronic fund transfer the proceeds directly to my bank account.

ACCOUNT NUMBER: _____

NAME OF ACCOUNT HOLDER: _____

AUTHORIZED SIGNATURE: _____

DATE: ____/____/____
 MM DD YYYY