



COMPLAINT FORM

Please use this form to file a complaint with Pendfund Income Fund Inc. Receipt of your complaint will be acknowledged and if further information is required our Compliance Officer will contact you. If you have trouble completing this form please call (250) 727-3500 to speak to a PIFI staff member who will assist you.

While an individual may file a complaint on behalf of someone else, we require written authorization from that person in order to proceed with our review of the complaint.

1. Your Information

Mr. Mrs. Ms. Miss Dr.

_____ Please Print Name in Full

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Business Telephone: _____

Fax Number: _____ E-Mail Address: _____

2. Account Information

Name of Dealer: _____

Name of Dealing Representative: _____

Number of Accounts at Dealer: _____

If you are filing this complaint on behalf of another person please provide that person's name and address:

Name: _____

Address: _____

3. Complaint Summary

Please provide a brief, chronological summary of your complaint. Please attach any relevant documentation you may have. Further details may be requested from you at a later date.

4. Authorization

By completing this form you are authorizing PIFI staff to direct your complaint and any related documents to any PIFI Officers or other regulatory bodies we deem appropriate.

If you do not agree to this release please check the box below:

Do not forward my complaint or any related documents to any PIFI Officers or other regulatory bodies without my consent.

5. Your Signature

Signature: _____ Date: _____

If you are filing this complaint on behalf of another person, please have the person(s) sign below:

Signature: _____ Date: _____

Signature: _____ Date: _____

Your complaint form and documentation can be mailed or faxed to the address and number below:

Pendfund Income Fund Inc.
140-4392 West Saanich Road
Victoria, British Columbia, V8Z 3E9

Fax: (250) 744-3811