



PAYOUT REQUEST FORM

It's about time.

CUSTOMER NAME: _____

ACCOUNT #: _____

PAYOUT DATE REQUESTED: _____

REQUEST FROM:

COMPANY: _____

CONTACT: _____

FAX #: _____

PHONE #: _____

PAYOUT AMOUNT: _____

Interest Per Day _____

GOOD TO DATE: _____

NEXT PAYMENT DATE: _____

CUSTOMER SERVICE DEPARTMENT INITIALS: _____

This payout amount is valid **providing all past payments from the customer's account clear.**

The interest per day must be added to payouts that will arrive in the RIFCO office later than the date requested above.

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A TSX VENTURE EXCHANGE LISTED PUBLIC COMPANY - TRADING SYMBOL: 'RFC'