



PERSONAL INFORMATION - QUESTION/REQUEST FORM

For MARSH CANADA LIMITED and its Subsidiaries

Client Name: [REDACTED]	Client Number: [REDACTED]
Street Address: [REDACTED]	
City/Province/Postal Code: [REDACTED]	
Home Telephone: [REDACTED]	Office Telephone: [REDACTED]
Fax (if any): [REDACTED]	Email Address (if any): [REDACTED]
Insurer: [REDACTED]	Policy No. (if known): [REDACTED]

I wish to file a request or complaint (check applicable box) regarding my personal information, which is being or has been held or processed by Marsh. (Please briefly state the nature of your request or complaint):

Authorized Signature [REDACTED]	Date (mm/dd/yyyy): [REDACTED]
------------------------------------	----------------------------------

Please forward the completed request by mail at the address in the website, by fax to 416 815 3409 or by Email to chiefprivacyofficer.canada@marsh.com

FOR OFFICE USE ONLY:

Date Received: [REDACTED]	By (print name): [REDACTED]
Date Acknowledged: [REDACTED]	By (print name): [REDACTED]
Date of Response: [REDACTED]	By (print name): [REDACTED]