

Accessibility for Ontarians with Disabilities Act (AODA) Feedback Form

Thank you for visiting Global family of companies. We value everyone and strive to meet their needs and we recognize that receiving feedback provides a valuable opportunity to learn and improve.

| 1. | Date of Visit (dd/mm/yyyy): | | | | |
|----|---|---------------|----------------|---------------|----|
| 2. | Did we respond to your needs? If No, please explain: | Yes | No | | |
| 3. | Was our service provided to you in a If No, please explain: | an accessibl | e manner? | Yes | No |
| 4. | Optional information – complete on contact method: | ly if you wis | sh to be conta | cted. Preferr | ed |
| | Telephone: | _ | | | |
| | Email: | - | | | |
| | Mailing Address: | | | | |
| | Name: | | | | _ |
| | Address: | | | | _ |
| | City: | Prov | Postal Co | ode: | _ |

Please complete the Feedback Form, save it, and email the form to chairmansoffice@globalfinancial.ca
Or mail to Global RESP Corporation attention Chairman's Office to 100 Mural St., Suite 201, Richmond Hill, Ontario, L4B 1J3. If you have questions, please call Chairman's Office at (416) 741-7377.

Global is committed to keeping the personal information of its customers accurate, confidential, secure and private and to our obligation to meet the terms of the federal Personal Information Protection and Electronic Documents Act (PIPEDA).