



SYSTEMATIC PLAN AGREEMENT

Form 312.27 11/21

700 - 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

Use this form to make Mutual Fund contributions or withdrawals, or Cash Deposits on a regular basis.

1. ACCOUNT DETAILS

Primary Account Holder Name (First, Initial, Last) or Corporate / Non-Personal Name Social Insurance Number Account Number
Joint Account Holder or Spousal Contributor Name (First, Initial, Last) Social Insurance Number Account Type

2. TRANSACTION DETAILS

Fund Company Name: Fund Company Account #:

- Transaction Type (select one):
Pre-Authorized Contribution (PAC) - \$100 min.
Cash Deposit - \$50 min.
Automatic Withdrawal (AWD) (Non Registered accounts only)
Dividend Withdrawal Plan (DWP) (Non Registered and TFSA accounts only)

Table with 7 columns: Type, Fund Name (or Cash Deposit), Fund Code, Amount (Gross), Frequency, Dividends (PACs Only), Effective Date (dd/mm/yyyy)

1Type: Start, Stop, Change 2For Cash Deposits, enter 'Cash' under Fund Name and complete the Type, Amount, Frequency and Effective Date fields
3Amount: Minimum \$50 for Cash Deposits, \$100 for PACs 4Frequency: One-Time Event, Weekly, Bi-Weekly, Semi-Monthly, Monthly, Quarterly, Semi-Annually, Annually
5Dividends: Reinvest, In Cash

Dates for semi-monthly PAC payments: (dd) and (dd)

Notes:

Note: Requests must be received 10 business days prior to requested set-up, change or cancellation date. Transactions falling on a weekend or holiday will be processed on the following business day after the weekend or holiday for PACs and the previous business day before the weekend or holiday for AWDs and DWPs.

3. BANKING INFORMATION

- EFT from/to my bank account on file (If new, attach an original Void Cheque)
Transfer funds from/to my existing brokerage Account #:

4. ACCOUNT HOLDER AUTHORIZATION (READ CAREFULLY BEFORE SIGNING)

I have received the initial Fund Facts and understand that I will not receive the Fund Facts for my mutual fund(s) for any subsequent purchases under this plan. On an annual basis I understand that I will be sent a notice that includes information on how to access and request the Fund Facts. I understand that I will not have a right of withdrawal for subsequent purchases under this plan. However I understand that I will continue to have the right of action for rescission or for damages if there is a misrepresentation in the prospectus of the mutual fund.

I hereby request and authorize the broker to set up my brokerage account for electronic funds transfer with my account as identified on the attached cheque (the "Account") and to initiate and process the systematic plan instructions contained herein. I authorize the broker to debit and/or credit the Account until such time as I give written notice to the contrary. I hereby acknowledge and agree that I will be fully liable for any charges incurred relating to debits caused by insufficient funds in my brokerage account. This authorization is not effective until accepted by the broker.

The authority I have granted herein is to remain in effect until the broker has received written notice from me of its change or cancellation, which notification must be received at least ten (10) business days before the date of the requested change or cancellation at the address provided above. I may obtain further information on my right to cancel a pre-authorized debit agreement at my financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I consent to the collection, use and disclosure of any personal information that may be contained in this Agreement by the broker and the financial institution that holds the account of the broker to the extent that such collection, use and disclosure is directly related to and necessary for the initiation and processing of the systematic plan instructions contained herein.

I acknowledge that all fund transfers are governed by, and confirm that I have read, understood and agree to the broker's Customer Agreements & Disclosure Documents and Terms of Use (all of which are incorporated herein by reference) as such agreements may be amended from time to time, a copy of which has been provided to me and which can be found online.

I hereby waive any pre-notification requirements with respect to pre-authorized debits as specified by the Canadian Payments Association Rules.

x Primary Account Holder Signature Date (dd/mm/yyyy) x Joint Account Holder or Spousal Contributor Signature Date (dd/mm/yyyy)