



A division of B2B Bank Securities Services Inc.

FOR INTERNAL / DEALER USE ONLY
 FUND FACTS ISSUED PRE-SALE

Systematic Instruction Form

Action: START CHANGE STOP

The client must receive the most recent version of the Fund Facts document by their dealer pre-sale of any mutual fund purchase - as per NI 81-101. To avoid any processing delays, please call the Direct Trading team at 416.413.7201 or 1.866.542.3403 before you submit these instructions.

1. ACCOUNT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CLIENT NAME (LAST)	(FIRST)	SOCIAL INSURANCE NUMBER	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CLIENT NAME (LAST)	(FIRST)	DEALER NUMBER	ADVISOR NUMBER

2. DEPOSITS – PACs/GROUPs

TO MY RRSP SPOUSAL RRSP TFSA GROUP RRSP SPOUSAL GROUP RRSP GROUP TFSA INVESTMENT ACCOUNT

i) From: MY BANK ACCOUNT (see Section 8) MY EMPLOYER PAYROLL GROUP REMITTANCE

ii) Frequency: WEEKLY BI-WEEKLY MONTHLY BI-MONTHLY QUARTERLY ANNUALLY
 SEMI-MONTHLY SEMI-ANNUAL
Days of _____ and _____ Months of _____ and _____

→ Now complete sections 6, 8 and 9

3. WITHDRAWALS – INCOME FUNDS (Note: Up to 10 Funds are allowed for RIF payments)

FROM MY RIF SPOUSAL RIF LRIF LIF PRIF RLIF

i) To: MY BANK ACCOUNT (see Section 8) MY B2BBDS INVESTMENT OR TFSA ACCOUNT CHEQUE (Fee may apply. Please refer to Fee Schedule for details.)

ii) Amount: MINIMUM MAXIMUM (LRIFs, LIFs and RLIFs only) GROSS \$ _____ (Subject to allowable limits) NET \$ _____ (Subject to allowable limits)

iii) Frequency: MONTHLY QUARTERLY (March, June, Sept., Dec.) SEMI-ANNUALLY ANNUALLY
Months of _____ and _____ Month of _____

iv) Payment Date: _____
mm/dd/yyyy

v) Withholding Tax on Payout (Optional) **check one**

a) Based on amount **above my minimum** **TO** \$ _____ or Federal: _____ % / Provincial _____ %

b) Based on amount **of my total payout** **TO** \$ _____ or Federal: _____ % / Provincial _____ %

→ Now complete sections 6, 8 and 9

4. WITHDRAWALS – INVESTMENT ACCOUNTS AND TFSA (Note: Systematic Withdrawal Plan Instructions must be in dollars)

FROM MY INVESTMENT ACCOUNT TFSA GROUP TFSA

i) To: MY B2BBDB ACCOUNT MY BANK ACCOUNT (see Section 8) MAIL CHEQUE TO ADDRESS ON FILE

ii) Frequency: WEEKLY BI-WEEKLY SEMI-MONTHLY BI-MONTHLY MONTHLY QUARTERLY SEMI-ANNUAL ANNUALLY

→ Now complete sections 6, 8 and 9

5. SYSTEMATIC SWITCHES

(Only available within the same family of Funds) Frequency: WEEKLY MONTHLY QUARTERLY ANNUALLY

→ Now complete sections 6 and 9



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6. INSTRUCTIONS

Buy/Sell	Fund Code	Amount (check one type)	Option SC	Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)	Buy/Sell	Fund Code	Amount (check one type)	Option SC	Start Date (mm/dd/yyyy)	Stop Date (mm/dd/yyyy)
B S		<input type="checkbox"/> \$ <input type="checkbox"/> %				B S		<input type="checkbox"/> \$ <input type="checkbox"/> %			
B S		<input type="checkbox"/> \$ <input type="checkbox"/> %				B S		<input type="checkbox"/> \$ <input type="checkbox"/> %			
B S		<input type="checkbox"/> \$ <input type="checkbox"/> %				B S		<input type="checkbox"/> \$ <input type="checkbox"/> %			
B S		<input type="checkbox"/> \$ <input type="checkbox"/> %				B S		<input type="checkbox"/> \$ <input type="checkbox"/> %			

Note: First purchase is to commence on date indicated or the next available run date as determined by the fund company.

Not applicable to ETFs

7. DIVIDEND INSTRUCTIONS

Fund Code	Reinvest	Cash	Electronic Funds Transfer* (Please complete section 8)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* For investment loan collateral accounts created on or after November 1, 2022, cash distributions are not valid. All distributions will be reinvested into the collateral account.

→ Now complete sections 8 and 9

8. BANK INFORMATION – ATTACH VOID CHEQUE – Do not complete for Group Plans

- PACS
 INCOME FUND PAYOUTS
 INVESTMENT AND TFSA A/C SWPS
 INVESTMENT ACCOUNT CASH DISTRIBUTIONS (Indicate fund codes in section 7)

_____ BANK NAME
 _____ BANK NUMBER
 _____ BANK TRANSIT NUMBER
 _____ BANK ACCOUNT NUMBER

9. SIGNATURES

By signing this form, you confirm that you have read and agreed to the attached Pre-Authorized Chequing Terms and Conditions. In addition, by signing this Systematic Instruction Form you have agreed to the attached B2BBDS Instruction Terms.

_____ CLIENT SIGNATURE
 _____ DATE (MM/DD/YYYY)
 _____ AUTHORIZED DEALER/ADVISOR SIGNATURE
 _____ DATE (MM/DD/YYYY)

_____ CLIENT SIGNATURE
 _____ DATE (MM/DD/YYYY)
 _____ DEPOSITOR SIGNATURE (IF DIFFERENT FROM CLIENT)
 _____ DATE (MM/DD/YYYY)

_____ JOINT DEPOSIT SIGNATURE (IF DIFFERENT FROM CLIENT)
 _____ DATE (MM/DD/YYYY)

FAX COMPLETED FORM TO (416) 413-0733

1. Terms and Conditions

- **By signing this form, you hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with respect to pre-authorized debits.**
- You authorize the Fund Company/Companies indicated in this agreement to debit the bank account provided for the amount(s) and in the frequencies instructed. If additional space is required a separate sheet may be attached.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD where the payor and payee are the same.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- You may change these instructions or cancel this plan at any time, provided that the relevant Fund Company receives at least 10 business days notice by phone or by mail. Please consult each individual Fund Company to see if this may be reduced or waived. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association website at www.cdnpay.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- The specified Fund Company is authorized to accept changes to this agreement from my registered dealer or my advisor in accordance with the policies of that company, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You have requested this application form and all other documents relating hereto to be in English. Vous avez exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

2. B2B Bank Discount Brokerage Instruction Terms

- I/We authorize B2B Trustco (Trustee)/B2B Bank Securities Services Inc. (B2BBSSI)/ B2B Bank Discount Brokerage (B2BBDB), as appropriate, or an agent thereof, in accordance with the instructions on the attached Systematic Instruction Form (Form) to make:
 - (a) the deposits to my/our Bank Account or my/our B2BBDB Account (including my/our B2BBDB Investment Account and B2BBDB TFSA Account) as specified in the Form;
 - (b) the withdrawals from my/our Employer Payroll Group Remittance and my/our B2BBDB Account as specified in the Form; and
 - (c) the switches, purchases or redemptions of the investment products as specified in the Form;
- and all at the times and in the manner specified in the Form until I/we direct otherwise in writing. Any deposits going into my/our Bank Account in error will be returned to the Trustee, B2BBSSI or B2BBDB, as appropriate. Signatures of all depositors are required for "joint" Bank Accounts.