

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

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.

TO EXECUTE THIS TRADE:
 FAX ONLY ONCE. DO NOT SEND ORIGINAL. TRADES RECEIVED TWICE MAY BE DUPLICATED.

1. ACCOUNT INFORMATION

CLIENT NAME (LAST NAME OR COMPANY/ORGANIZATION NAME) _____ (FIRST NAME) _____ ACCOUNT NUMBER _____
 DEALER NAME _____ ADVISOR NAME _____ DEALER # _____ ADVISOR # _____

2. TRADES – For mutual fund purchases, including switches and conversation, Order Execution Only (OEO) Eligible funds are solely permitted.

SELL						BUY					
SWITCH CONVERSION	FUND CODE	AMOUNT TYPE	AMOUNT	GROSS/ NET	WIRE ORDER # DEALER USE ONLY	FUND CODE	AMOUNT TYPE	AMOUNT	FUND OPTION	Dividend Option	WIRE ORDER # DEALER USE ONLY
S W	C V			G N							
FUND NAME (optional)						FUND NAME (optional)					
S W	C V			G N							
FUND NAME (optional)						FUND NAME (optional)					
S W	C V			G N							
FUND NAME (optional)						FUND NAME (optional)					
S W	C V			G N							
FUND NAME (optional)						FUND NAME (optional)					

Amount Type Legend – *Specify an amount

- A** – ALL
- *D** – Dollars
- *P** – Percentage of shares
- *S** – Shares
- F** – All shares/units not subject to DSC (also known as M + T free)
- M** – Matured shares/units ONLY
- T** – Shares/units allowed to be redeemed not subject to DSC, and excluding matured shares/units (also known as 10% free)

LSIF Amount Type Legend

- B** – contributor disabled or terminally ill
- C** – held longer than 5 – 8 years
- J** – death
- L** – free of DSC

Dividend Option Legend

- 1** – Reinvest
 - 4** – Cash
 - 9** – Copy
 - E** – EFT to client
- Note: The default is Copy. (Copy over dividend option and payment instruction from the switch out fund). If EFT to client is selected, complete section 3

3. BANKING INFORMATION – Attach a Void Cheque (for Dividend Option EFT to client ONLY)

BANK NAME _____ BANK TRANSIT NO. _____ BANK ACCOUNT NO. _____

4. AUTHORIZATION

CLIENT SIGNATURE (IF REQUIRED) _____

DATE (mm/dd/yyyy) _____

CLIENT SIGNATURE (IF REQUIRED) _____

DATE (mm/dd/yyyy) _____

ADVISOR SIGNATURE _____

DATE (mm/dd/yyyy) _____