

ONLY one method required $\hfill\square$ Copy by Fax □ Original by Mail / Courier **Investment Loans**

Redemption/Purchase Form Fax to: 416.941.7714 or 1.866.941.7711 199 Bay Street, Suite 600 PO Box 600 STN Commerce Court

Account number:					PO Box 600 STN Commerce C Toronto ON M5L						
Dea	ler x-refe	rence number:							Pages : _	of	
1.	Dealer/A	dvisor Informati	on								
Dea	ler Numbe	r	Dealer Name								
Advisor Number Advisor Name (Last, First, Initial)											
2	Client Inf	ormation									
2. Client Information Last Name						ne				Initial	
Joint Account Holder Last Name (If applicable)						First Name Ir					
3. F	Redempt	ion Instructions	(Redemption is the sale	of a security)							
	Pay Down	Loan 🗌 Pay Ou	it Loan 🛛 Mail (client)		□ EFT □ EFT	(Account on file) (VOID cheque att	or tached)				
#		Fund Code	Mutual Fur Account Nur		Please specify \$ Amount or % or Unit		Gross	Net	Wire Order	e Order Number	
4 6	Jurahaaa	Instructions									
	irchase	Fund Code	Mutual Fund	\$ Amount o	or % or Unit	Commission R	Rebate	Initial Cha	rae Wire Ord	ler Number	
Source ¹			Account Number			% or \$					
¹ Pu	Irchase so	ource: Cheque, Re	edemption Proceeds								
5. 5	Special II	nstructions/Add	itional Information/Dist	ribution Instr	ructions						
6. 3	Signature	es and Authoriza	ation								
The undersigned hereby authorizes the execution of the above.							Signatu	re Guarante	ee		
Clie	nt Signatu	re	Date (mm/o	dd/vvvv)	/) I confirm that I am duly licensed to distribute th			ite the product t	he Borrower		
Sile	ni oignatu			(to purchase in t					
0	-+ Ciarra-1		Date (mm/r	dd/www)	y) Advisor Signature Date (mm/dd/yyyy)						
Clie	nt Signatu	e		Date (mm/dd/yyyy)		Advisor Signature Date (mm/dd/yyyy)					

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

B2B BANK ONLY One method required Copy by Fax Original by Mail / Courier				ər	Investment Loan Redemption/Purchase Forr Fax to: 416,941,7714 or 1.866,941,771 199 Bay Street, Suite 60 PO Box 600 STN Commerce Cou Tromto ON MSL 04						
Dealer x-reference number:					Pages : of						
1. Dealer/Adviso Dealer Number		Dealer Name									
Advisor Number		Advisor Name (Last, Fi	irst, Initial)								
2. Client Informa	ition										
Last Name					First Name						
Joint Account Holder Last Name (If applicable)					First Name						
		edemption is the sale	of a securit								
Pay Down Loan Pay Out Loan Mail (client)					(Account on file) (VOID cheque a	or ttached)					
# Fund	d Code	Mutual Fund Account Number		Please specify \$ Amount or % or Unit			Gross Net			r Number	
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]			
	-						T	1			
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+							T	1			
4. Purchase Instr					1						
Purchase Fund Code Source ¹		Mutual Fund Account Number \$ Amount or		t or % or Unit	% or Unit Commission Rel % or \$			ebate Initial Charge Wire O			
¹ Purchase source:	Cheque, Redem	ption Proceeds									
5. Special Instrue	ctions/Addition	al Information/Distr	ribution Ins	structions							
		1									
5. Signatures and	d Authorization	The undersigned hereby authorizes the execution of the above.				Signature Guarantee					
			above.			Signa					
			above.			Signa					
The undersigned h		s the execution of the		_							
The undersigned h				 I confir wishes	m that I am dul to purchase in	y license	ed to di	stribute th	ne product e Borrowe	the Borrower r resides	
5. Signatures and The undersigned h Client Signature Client Signature		s the execution of the	dd/yyyy)	wishes	m that I am dul to purchase in Signature	y license	ed to di	stribute th	ne product e Borrowe ite (mm/dd/	r resides	

METHOD OF TRANSMISSION

Indicate whether this form is being submitted by fax or if the original form is being mailed or couriered to B2B Bank. Please note that B2B Bank is not responsible for duplicate transactions if the request is sent more than once.

ACCOUNT NUMBER

Provide information regarding the B2B Bank account number.

PAGES

Indicate how many pages of instructions are being transmitted to B2B Bank (ex: Pages 1 of 2).

ADVISOR INFORMATION

Provide the Dealer and Advisor's name and code numbers.

CLIENT INFORMATION

Provide the information requested regarding the client's name.

REDEMPTION INSTRUCTIONS

Use this section to indicate the mutual fund code (mandatory), the mutual fund account number and the redemption amount. Also indicate whether the amount is a "Gross", "Net" amount. Client(s) signature(s) is/are required for withdrawal requests. The signature(s) must be guaranteed by a Dealer or a Bank

PURCHASE INSTRUCTIONS

Indicate the source of funds (cheque or redemption). If the source fund is a redemption, specify the line number from section 3. The mutual fund code, account number and the amount or percentage of each purchase must also be provided.

SPECIAL INSTRUCTIONS The "Special Instruction" section is used to inform B2B Bank of any special processing information relating to the requested change.

CLIENT AUTHORIZATION

In addition to the date, the Client's and Advisor's signature is required on this form. The Dealer and Advisor numbers are required to ensure that commission and service fees are credited correctly, where applicable.

NOTE:

Please complete additional Investment Loans Redemption/Purchase Forms if there are more than five (5) transactions per section per client. Please indicate the client's name and account number on each form along with the total number of instruction pages.