



ONLY one method required
 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
Toronto ON M5L 0A2

Account number: _____

Dealer x-reference number: _____

Pages : ____ of ____

1. Dealer/Advisor Information

Dealer Number	Dealer Name
Advisor Number	Advisor Name (Last, First, Initial)

2. Client Information

Last Name	First Name	Initial
Joint Account Holder Last Name (If applicable)	First Name	Initial

3. Redemption Instructions (Redemption is the sale of a security)

Pay Down Loan
 Pay Out Loan
 Mail (client)
 EFT (Account on file) or
 EFT (VOID cheque attached)

#	Fund Code	Mutual Fund Account Number	Please specify \$ Amount or % or Unit	Gross	Net	Wire Order Number
				<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"/>	

4. Purchase Instructions

Purchase Source ¹	Fund Code	Mutual Fund Account Number	\$ Amount or % or Unit	Commission Rebate % or \$	Initial Charge	Wire Order Number

¹ Purchase source: Cheque, Redemption Proceeds


5. Special Instructions/Additional Information/Distribution Instructions

6. Signatures and Authorization

The undersigned hereby authorizes the execution of the above.		Signature Guarantee	
_____	_____	I confirm that I am duly licensed to distribute the product the Borrower wishes to purchase in the jurisdiction where the Borrower resides	
Client Signature	Date (mm/dd/yyyy)		
_____	_____	_____	_____
Client Signature	Date (mm/dd/yyyy)	Advisor Signature	Date (mm/dd/yyyy)

SEE OVERLEAF

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM



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				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

4. Purchase Instructions

Purchase Source*	Fund Code	Mutual Fund Account Number	\$ Amount or % or Unit	Commission Rebate % or \$	Initial Charge	Wire Order Number

*Purchase source: Cheque, Redemption Proceeds

5. Special Instructions/Additional Information/Distribution Instructions

6. Signatures and Authorization

The undersigned hereby authorizes the execution of the above.

Client Signature _____ Date (mm/dd/yyyy) _____	Date (mm/dd/yyyy) _____ Client Signature _____	Signature Guarantee I confirm that I am duly licensed to distribute the product the Borrower wishes to purchase in the jurisdiction where the Borrower resides Advisor Signature _____ Date (mm/dd/yyyy) _____
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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.