PRINT LEGAL SIZE

B2B BANK

ONLY one method required
☐ Copy by Fax
☐ Original by Mail / Courier

Investment Loans Switch Instruction Form

Import Data

Reset Form

Fax to: 416.947.9476 or 1.866.941.7711
199 Bay Street, Suite 600
PO Box 279 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. Switch Instructions (Applies within a family of funds only)

Switch From				Switch To				
Fund Code	Fund Co. Account Number	$ Amount, Unit or %	→	$ Amount, Unit or %	Fund Code	Fund Co. Account Number	Initial Charge	Wire Order Number
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					

4. Special Instructions/Additional Information/Distribution Instructions

5. Signatures and Authorization

The undersigned hereby authorizes the execution of the above.

Client Signature ____ Date (mm/dd/yyyy) __/__/__

Client Signature ____ Date (mm/dd/yyyy) __/__/__

Signature Guarantee

I confirm that I am duly licensed to distribute the product the Client wishes to purchase in the jurisdiction where the Client resides

Advisor Signature ____ Date (mm/dd/yyyy) __/__/__

SEE OVERLEAF

817-03-152E (11/13/2017)

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

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Page 1 of 1

817-03-152E (11/13/2017)

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.

SWITCH INSTRUCTIONS (APPLIES WITHIN A FAMILY OF FUNDS ONLY)
Complete this section if the client wishes a total or partial transfer to a new Fund/Investment or to a different account type within the same family of Funds. Do not use this area if you are transferring between Fund Companies. For these transfers, use the "Redemption/Purchase Instruction Form". Detail all relevant information for both the "from" and the "to" investments. If sales charges are applicable, ensure that the percentage rate is clearly marked and does not exceed the maximum provided in the current prospectus.

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 Switch Forms if there are more than twelve (12) transactions. Please indicate the client's name and account number on each form along with the total number of pages of instructions.