



FOR DEALER USE ONLY. B2B BANK DEALER SERVICES ("B2BBDS") DOES NOT MONITOR

 DEALER I.D. NUMBER
 A regulatory document has been delivered to the client prior to placing these trades.

Systematic Instruction Form

Providing that such actions are permitted by your Dealer, you can call B2B Bank Dealer Services (1-800-387-2087) to process most PAC changes.

In this form B2B Bank Dealer Services ("B2BBDS") means B2B Bank Financial Services Inc., B2B Bank Securities Services Inc. or B2B Bank Intermediary Services Inc., as the case may be, which the identified B2BBDS Account Number is related to.

Action: START CHANGE STOP

1. ACCOUNT INFORMATION

Indicate if the account is one of these accounts (if not, leave blank): Group Locked-In or RRIF IPP

CLIENT NAME (LAST) _____ (FIRST) _____ SOCIAL INSURANCE NUMBER _____ B2BBDS ACCOUNT NUMBER _____
 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 B2BBDS 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

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		<input type="checkbox"/> \$				B		<input type="checkbox"/> \$			
S		<input type="checkbox"/> %				S		<input type="checkbox"/> %			
B		<input type="checkbox"/> \$				B		<input type="checkbox"/> \$			
S		<input type="checkbox"/> %				S		<input type="checkbox"/> %			
B		<input type="checkbox"/> \$				B		<input type="checkbox"/> \$			
S		<input type="checkbox"/> %				S		<input type="checkbox"/> %			
B		<input type="checkbox"/> \$				B		<input type="checkbox"/> \$			
S		<input type="checkbox"/> %				S		<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"/>

*Not valid for Registered Accounts

→ 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 NO.

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)

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. B2BDS Instruction Terms

- I/We authorize B2B Trustco (Trustee)/B2B Bank Financial Services Inc. (B2BBFSI)/B2B Bank Securities Services Inc. (B2BBSSI)/B2B Bank Intermediary Services Inc. (B2BBISI), 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 B2BDS Account (including my/our B2BDS Investment Account and B2BDS TFSA Account) as specified in the Form;
 - (b) the withdrawals from my/our Employer Payroll Group Remittance and my/our B2BDS 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, B2BBFSI, B2BBSSI or B2BBISI, as appropriate. Signatures of all depositors are required for "joint" Bank Accounts.