FundEX INVESTMENTS INC.

Clear Form

Head Office: 400 Applewood Crescent, 3rd Floor, Vaughan, Ontario, L4K0C3
Phone: 905-305-1651 Fax: 905-305-1698 Toll Free: 800-324-6048
Web Address: www.fundex.com Email: info@fundex.com

Order Entry Form

Name
Address
Phone
Birth Date
S.I.N.

☐ Existing Client ☐ New Client

Joint Info: Name	
Relationship	
Birth Date	S.I.N.

Associate Name
Associate Number:

Trans-action	Account No.	Fund Co.	Fund No.	Fund Description	DSC% FEL% LL%	Wire Order No.	Amount
TYPE OF TRANSACTION: B=BUY R=REDEMPTION SF=SWITCH FROM ST=SWITCH TO						**Total**	

Purchase Type: ☐ Open ☐ JTIC ☐ RRIF ☐ SPOUSAL ☐ RRSP ☐ TFSA ☐ JTWROS ☐ ITF ☐ LIRA ☐ LIF ☐ RESP ☐ LRIF ☐ OTHER _____

Documents Attached: ☐ T2033 ☐ Cheque ☐ PAC Form & Void Cheque ☐ T2151 ☐ SWP Form ☐ Leverage Disclosure Document

For Redemption:
Make Cheque Payable to: ☐ Client ☐ Dealer "In Trust"
Forward Payment to: ☐ Dealer ☐ Advisor's Branch ☐ Client Address
Forward Via: ☐ Mail ☐ ICS/Courier ☐ EFT to Client Bank Account, Void Cheque Attached

Settlement Source: ☐ Dealer ☐ Intermediary

Registered In: ☐ Client ☐ Intermediary

Intermediary Name

Intermediary Account

Trade Safe Number

Special Instructions:

The undersigned hereby applies to purchase, redeem or exchange units of the Fund(s) as indicated. I(We) acknowledge receipt of the current simplified prospectus of the Fund(s) purchased and understand that these transactions are made under the terms and conditions therein. I(We) agree that the above new account information is correct.

All cheques must be made payable to "FundEX Investments Inc. In Trust".

I(We) have been made aware of and understand that my (our) representative is licensed through FundEX Investments Inc. I(We) also acknowledge that I(we) understand the relationship between the representative and FundEX Investments Inc.

Signed at _____ this _____ day of _____, _____. _____ Prospectus Received (Initial)

Signature of Applicant _____ ☐ Limited Authorization on File

Signature of Joint Account Holder _____ ☐ Limited Authorization on File

Associate Signature _____

Accepted by _____ Compliance Officer

COPY: ASSOCIATE **COPY: DEALER** **COPY: CLIENT**