FundEX INVESTMENTS INC.

Head Office: 25 Centurian Drive Suite 208, Markham, ON L3R 5N8
Phone: 905-305-1651 Fax: 905-305-1698 Toll Free: 800-324-6048
Web Address: www.fundex.com Email: info@fundex.com

SYSTEMATIC INSTRUCTION FORM

CLIENT INFORMATION ☐ **Existing Client** ☐ **New Client (attach NAAF)**

Client ID : _____

_____ _____
Last Name First Name

_____ _____
Last Name (if joint) First Name

Plan Administrator : ☐ Open ☐ TSFA ☐ RRSP ☐ Spousal RRSP ☐ Group RRSP ☐ RRIF ☐ LIF ☐ Other: _____

INSTRUCTIONS FOR AUTOMATIC PURCHASES OR SYSTEMATIC WITHDRAWALS (Choose only one option)

☐ **AUTOMATIC PURCHASE (PAD)** ☐ **SYSTEMATIC WITHDRAWAL (AWD)**

1.TYPE OF PAYMENT : ☐ Bank Account /EFT ☐ Employer Payroll Group Remittance ☐ Cheque to Client ☐ Interfund Switch

2.ACTION : ☐ Start ☐ Stop ☐ Change ☐ Change existing banking information

3.FREQUENCY : ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Fund Code	Account Number	Fee Option	Amount (% OR $) ☐ Net fees and taxes
				TOTAL AMOUNT:	

SPECIAL INSTRUCTION :

BANKING INFORMATION – Attach Void Personalized Cheque.

Name	Transit #	Bank Account #	Deposit Signature (Only if two signatures required)

Terms and Conditions related to Pre-authorized Debit

- **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 regards 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.
- 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. Contact information for the Fund Companies may be found at http://www.fundserv.com/english/code/fund_active.shtml. 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 financial 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.

The terms mentioned above are applicable for Investia self-directed accounts with the exception of the terms related to instructions to modify or cancel a plan, In the case of a self-directed account, Investia must receive the instructions in writing with a minimum notice of at least ten (10) business days.

Signatures - I (we) acknowledge receipt of the current simplified prospectus of the Fund(s) purchased.

_____ _____ _____ /_____
Client Signature Date (yyyy-mm-dd) Representative Name (print) Dealer/Rep code

_____ _____ _____ _____
Client Signature (if joint) Date (yyyy-mm-dd) Representative Signature Date (yyyy-mm-dd)