



CLIENT INFORMATION CHANGE FORM

In this form "MRS" means M.R.S. Inc., M.R.S. Securities Services Inc. or M.R.S. Correspondent Corporation, as the case may be, which the identified MRS Account Number is related to.

Fax to: (416) 413-0593

MRS Client Services Telephone: (416) 964-0028 or 1-800-387-2087

1. ACCOUNT INFORMATION

CLIENT NAME (LAST) FIRST

MRS ACCOUNT NO.

CLIENT NAME (LAST) FIRST

DEALER / FINANCIAL ADVISOR NO.

2. CLIENT ADDRESS

ADDRESS

CITY PROVINCE POSTAL CODE COUNTRY

RESIDENCE TELEPHONE NUMBER CLIENT SIGNATURE CLIENT SIGNATURE

FINANCIAL ADVISOR SIGNATURE DATE

3. DEALER/FINANCIAL ADVISOR

NOTE: Client must sign for a Dealer Change. Client or an Officer of the Dealer must sign for a Financial Advisor change.

DEALER NAME (PLEASE PRINT) DEALER NO. CLIENT SIGNATURE CLIENT SIGNATURE

FINANCIAL ADVISOR NAME (PLEASE PRINT) FINANCIAL ADVISOR NO. SIGNATURE OF OFFICER OF DEALER DATE

4. ANNUAL ACCOUNT FEE PAYMENT METHOD – The method chosen will apply to all of your accounts and replaces any previously chosen method

- A Charge my chequing account as per the banking information in section 5. This bank account will be used each year for withdrawal of annual account fees on or about June 1, which will vary based on the applicable fee schedule provided. Unpaid fees will be collected from your MRS account(s). Please see the Pre-Authorized Debit (PAD) Terms & Conditions below for more information on the CPA Rule H1 Requirements that apply to this fee payment option.
B Deduct fees from my individual MRS Investment Account. NOTE: Client must sign.
C Deduct fees from my MRS registered account, including my MRS tax-free savings account, up to the fee applicable per account, then from my MRS investment account(s), if any. NOTE: Client must sign.

- By selecting option A and signing this section, 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 MRS to debit the bank account provided for the amount(s) and in the frequencies instructed.
If this is for your own personal investment, your debit will be considered a Personal PAD by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business 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 signature are required to authorize transactions in the bank account have signed in below.
You may change these instructions or cancel this plan at any time, provided that MRS receives at least 10 business days notice by phone or by mail. 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.
MRS is authorized to accept changes to this agreement from my/our registered dealer or my/our financial advisor in accordance with the policies of MRS, 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. J'ai exigé que ce formulaire et tous les documents y afférent soient rédigés en anglais.

DEPOSITOR SIGNATURE DATE CLIENT SIGNATURE DATE

JOINT DEPOSITOR SIGNATURE DATE CLIENT SIGNATURE DATE

5. BANKING INFORMATION – Attach a Void Cheque

Change my banking information for the following:

EFFECTIVE DATE

- ANNUAL ACCOUNT FEE PAC PAC RIF/LIF/LRIF/PRIF/RLIF (EFT) SWP (INVESTMENT & TFSA ACCOUNTS ONLY) (EFT) MRS HIGH YIELD PLUS ACCOUNT(S) MRS LOANS

BANK NAME BANK TRANSIT NO. BANK ACCOUNT NO.

DEPOSITOR SIGNATURE DEPOSITOR SIGNATURE SIGNATURE GUARANTEE MANDATORY for the MRS High Yield Plus Account

NOTE: Bank account holder(s) must sign.

OVER



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6. ACCOUNT INFORMATION

_____ CLIENT NAME (LAST)	_____ FIRST	_____ MRS ACCOUNT NO.
_____ CLIENT NAME (LAST)	_____ FIRST	_____ DEALER / FINANCIAL ADVISOR NO.

7. CLIENT NAME

PREVIOUS

_____ LAST NAME	_____ FIRST NAME	_____ PREVIOUS SIGNATURE
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NEW

_____ LAST NAME	_____ FIRST NAME	_____ NEW SIGNATURE
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NOTE: Client must sign both previous and new.
Dealer must signature guarantee or attach a legal document with client's new name.

_____ SIGNATURE GUARANTEE	_____ DATE
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8. SUCCESSOR ANNUITANT AND BENEFICIARY DESIGNATION (optional) – applicable only to MRS Registered Accounts, with the exception of TFSA Accounts

I hereby revoke any previous successor annuitant designation and any previous beneficiary designation with respect to this account.

A For RSPs, Locked-in RSPs/LIRAs and RLSPs: In the event of my death, I hereby designate the following person as my designated beneficiary entitled to receive my interest in this Account if living at my death. I reserve the right to revoke this designation.

_____ NAME	_____ RELATIONSHIP
_____ ADDRESS	

Caution: Any designation made in Section 8A or 8B above is subject to the following:

- For the purposes of this designation, spouse refers to a person recognized as your spouse or common-law partner for the purposes of the *Income Tax Act* (Canada).
- The validity of a designation of a beneficiary or successor annuitant is subject to the applicable pension legislation and the laws of the jurisdiction where you reside, if any, permitting designations to be made otherwise than by way of a will.
- In the absence of a designated beneficiary or successor annuitant, the proceeds of your Account will be paid to your estate.
- Notwithstanding any designation by you to the contrary, your spouse (within the meaning of the applicable pension legislation) may automatically be entitled to the benefits under one or more of your Accounts including your Locked-in RSP/LIRA, RLSP, LIF, RLIF, PRIF or LRIF.
- Your designation above will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your designated beneficiary or successor annuitant, you will have to do so by means of a new designation.
- Any designation made above shall apply to this Account only. If you have other accounts for which you wish to designate a beneficiary or successor annuitant you must complete a separate designation for each of these accounts.

B For RIFs, LIFs, LRIFs, RLIFs and PRIFs: In the event of my death (pick one or both):

- I hereby elect that my spouse, if living and remaining my spouse at the time of my death shall continue to receive payments as successor annuitant under my Account and to the extent possible and permitted by law shall acquire all rights I have as holder thereof. I reserve the right to revoke this designation; or

_____ SPOUSE'S NAME
_____ SPOUSE'S SOCIAL INSURANCE NUMBER

- If: (a) the successor annuitant named above, if any, predeceases me or is not my spouse at the time of my death; or (b) I have not elected any successor annuitant under my Account; then I hereby designate the following person as my designated beneficiary entitled to receive my interest in this Account if living at my death. I reserve the right to revoke this designation.

_____ NAME	_____ RELATIONSHIP
_____ ADDRESS	

NOTE: Client must sign. _____
CLIENT SIGNATURE DATE

9. SUCCESSOR HOLDER AND BENEFICIARY DESIGNATION (optional) – applicable only for TFSA Accounts

I hereby revoke any previous successor holder designation and any previous beneficiary designation with respect to this MRS Tax-free Savings Account.

A In the event of my death I hereby designate my spouse*, if living at my death, as the successor holder of this MRS Tax-free Savings Account to acquire all rights I have as the holder thereof. I reserve the right to revoke this designation.

_____ SPOUSE'S NAME	_____ SPOUSE'S SOCIAL INSURANCE NUMBER
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* Spouse refers to a person recognized as your spouse or common-law partner for the purposes of the *Income Tax Act* (Canada). The person you designate as a successor holder must be your spouse at the time of your death.

B In the event that the successor holder designated by me in A predeceases me or where I have not named a successor holder in A, I hereby designate the following person as my designated beneficiary entitled to receive the proceeds of this MRS Tax-free Savings Account in the event of my death. I reserve the right to revoke this designation.

_____ NAME	_____ RELATIONSHIP
_____ ADDRESS	

In the absence of a designated beneficiary or successor holder, the proceeds of this MRS Tax-free Savings Account will be paid to your Estate.

- Caution:**
- The validity of a designation of a beneficiary or successor holder is subject to the laws of the jurisdiction where you reside permitting designation made otherwise than by way of a will.
 - Your designation of a successor holder and/or beneficiary to this MRS Tax-free Savings Account by means of this designation form will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your successor holder or beneficiary in the event of a future marriage or divorce, you will have to do so by means of a new designation.
 - This designation of successor holder and/or beneficiary will apply to this MRS Tax-free Savings Account only. If you have other tax-free savings accounts with M.R.S. Trust Company as trustee for which you want a successor holder or beneficiary to be designated, you must complete a separate designation for each of these accounts.

NOTE: Client must sign. _____
CLIENT SIGNATURE DATE