



SYSTEMATIC INSTRUCTION FORM

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

Action: START CHANGE STOP

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.

1. ACCOUNT INFORMATION

CLIENT NAME (LAST)	(FIRST)	SOCIAL INSURANCE NUMBER	MRS ACCOUNT NUMBER
CLIENT NAME (LAST)	(FIRST)	DEALER NUMBER	FINANCIAL 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 7) MY EMPLOYER PAYROLL GROUP REMITTANCE MY MRS HIGH YIELD PLUS ACCOUNT (see Section 7)

ii) Frequency: WEEKLY SEMI-MONTHLY MONTHLY SEMI-ANNUAL ANNUALLY
 BI-WEEKLY BI-MONTHLY QUARTERLY

My first purchase is to commence Day Month Year

➔ Now complete sections 6, 7 and 8

3. WITHDRAWALS – INCOME FUNDS

FROM MY RIF SPOUSAL RIF LRIF LIF PRIF RLIF

i) To: MY BANK ACCOUNT (see Section 7) MY MRS HIGH YIELD PLUS ACCOUNT (see Section 7) MY MRS INVESTMENT OR TFSA ACCOUNT

ii) Amount: MINIMUM MAXIMUM (LRIFs AND LIFs ONLY) GROSS \$ (Subject to allowable limits) NET \$ (Subject to allowable limits)

iii) Frequency: MONTHLY QUARTERLY (March, June, Sept., Dec.) SEMI-ANNUALLY ANNUALLY
 Months of _____ Month of _____

iv) Payment Date: 10th 15th 25th 31st (Month-end)

v) Withholding Tax on Payout (Optional) check one
 a) Based on amount above my minimum TO \$ _____ or % _____ b) Based on amount of my total payout TO \$ _____ or % _____

➔ Now complete sections 6, 7 and 8

4. WITHDRAWALS – INVESTMENT ACCOUNTS AND TFSA

FROM MY INVESTMENT ACCOUNT TFSA GROUP TFSA

i) To: MY BANK ACCOUNT (see Section 7) MY MRS HIGH YIELD PLUS ACCOUNT (see Section 7)

ii) Frequency: MONTHLY QUARTERLY ANNUALLY

➔ Now complete sections 6, 7 and 8

5. SYSTEMATIC SWITCHES

(Only available within the same family of Funds) Frequency: WEEKLY MONTHLY QUARTERLY ANNUALLY

➔ Now complete sections 6 and 8

6. TRADE INSTRUCTIONS

Buy/Sell	Fund Code	Amount (circle one type)	Option SC	Start	Date	Stop	Buy/Sell	Fund Code	Amount (circle one type)	Option SC	Start	Date	Stop
B		\$					B		\$				
S		%		YY	MM	DD	S		%		YY	MM	DD
B		\$					B		\$				
S		%		YY	MM	DD	S		%		YY	MM	DD
B		\$					B		\$				
S		%		YY	MM	DD	S		%		YY	MM	DD
B		\$					B		\$				
S		%		YY	MM	DD	S		%		YY	MM	DD

7. BANK INFORMATION – ATTACH VOID CHEQUE – Do not complete for Group Plans

PACs INCOME FUND PAYOUTS INVESTMENT AND TFSA A/C SWPs MRS HIGH YIELD PLUS ACCOUNT

6 1 9 0 0 0 1 2 _____
 BANK NUMBER BANK TRANSIT NUMBER MRS HIGH YIELD PLUS ACCOUNT NUMBER

 BANK NAME BANK NUMBER BANK TRANSIT NUMBER BANK ACCOUNT NUMBER

8. 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 MRS Instruction Terms.

_____ Y Y Y Y M M D D _____ Y Y Y Y M M D D
 CLIENT SIGNATURE DATE AUTHORIZED DEALER/FINANCIAL ADVISOR SIGNATURE DATE

_____ Y Y Y Y M M D D _____ Y Y Y Y M M D D
 CLIENT SIGNATURE DATE DEPOSITOR SIGNATURE (IF DIFFERENT FROM CLIENT) DATE

_____ Y Y Y Y M M D D
 JOINT DEPOSIT SIGNATURE (IF DIFFERENT FROM CLIENT) DATE

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. 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 afférent soient rédigés en anglais.

2. MRS Instruction Terms

- I/We authorize M.R.S. Trust Company (Trustee)/M.R.S. Inc. (MRSI)/M.R.S. Securities Services Inc. (MRSSSI)/M.R.S. Correspondent Corporation (MRSCC), 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, MRS High Yield Plus Account or my/our MRS Account (including my/our MRS Investment Account and MRS TFSA Account) as specified in the Form;
 - (b) the withdrawals from my/our Employer Payroll Group Remittance and my/our MRS 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 matter specified in the Form until I/we direct otherwise in writing. Any deposits doing into my/our Bank Account or MRS High Yield Plus Account in error will be returned to the Trustee, MRSI, MRSSSI or MRSCC, as appropriate. Signatures of all depositors are required for "joint" Bank Accounts.