

ACCT# \_\_\_\_\_ PAC \_\_\_\_\_

## Beneficial Owner Information

Beneficial Owner Name \_\_\_\_\_ SIN \_\_\_\_\_

Joint Beneficial Owner Name / Spousal Information \_\_\_\_\_ SIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

## NOMINEE REGISTRATION

Raymond James Ltd.  
Attn: Mutual Funds Department  
2100 - 925 West Georgia Street  
Vancouver, BC V6C 3L2

Dealer: 9485 / Rep \_\_\_\_\_ Account Type \_\_\_\_\_

Raymond James Ltd. Account # \_\_\_\_\_

## Transaction Details NOTE: Separate forms are required for each Fund Company

Fund Company Account # \_\_\_\_\_ Fund Company Name \_\_\_\_\_

Please accept this letter as authority to setup, change or cancel a PAC as follows:

Action Requested	Fund Name	Fund Code	Load	Amount in \$	Freq.	Run Date

## Banking Information (Void Cheque or Confirmation Letter must be attached for all new PAC's)

Financial Institution \_\_\_\_\_ Branch & Transit # \_\_\_\_\_ Bank Account # \_\_\_\_\_

## Terms & Conditions

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 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](http://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](http://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.

Beneficial Owner Signature \_\_\_\_\_ Joint Beneficial Owner Signature \_\_\_\_\_ Advisor/Assistant Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

*NOTE: Beneficial Owner/Joint Beneficial Owner signatures are required for all New PAC requests. Modifications to original instructions can be signed off by the Advisor or Assistant.*

Please direct any questions to: 0139-031516  
Phone: 604.654.7229 or 604.654.7231  
Fax: 604.654.1406  
Email: [MutualFund.SystematicPlan@raymondjames.ca](mailto:MutualFund.SystematicPlan@raymondjames.ca)

Authorized Signature from Mutual Fund Department

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