

NDEPENDENT THINKING WORKING FOR YOU

Last Name	First Name			Initial	Social Insurance Number
Co-Account Holder (please check one box and pri	nt name in full) □ Mr. [⊐ Mrs.	🗆 Ms	. 🗆 Dr. 🗆 Corpor	rate

Last Name

First Name

Initial

Social Insurance Number

Account Holder(s) Acknowledgement and Authorization

- 1. I/we own segregated fund ("securities") which were purchased on redemption charge (deferred sales charge/back-end load) basis in my/our account. Those securities are no longer subject to a redemption charge because the units are free units or matured units.
- I/we authorize GP Capital Insurance Agency Ltd. (the "dealer") to give instructions on my/our behalf to an Intermediary Company or Insurance/Mutual Fund Company to switch or exchange free units or matured units of the securities I/we currently own in accordance with my/our specific instructions for each transaction.
- 3. I/we understand that although the switch or exchange of free units may provide the benefit of reducing the deferred sales charge (DSC) before the DSC schedule expires as outlined in the information folder and/or accumulating free units may reduce deferred sales charges (DSC) that the following points have been acknowledged as part of the transaction:
 - a) I/we acknowledge and consent that upon receipt by an Intermediary Company and/or Insurance/Mutual Fund Company of a certified copy of this consent and disclosure form the Intermediary Company and/or Insurance/Mutual Fund Company may rely on this to carry out a switch or exchange of free unit or matured unit as outlined in the information folder of the securities(s) I/we currently own.
 - b) I/we understand that typically, the front end load units into which the deferred sales charge units are switched or exchanged may entitle the Dealer and my Financial Advisor to a higher trail/service fee commission as outlined in the information folder of the securities(s) I/we currently own.
 - c) I/we understand that the switch or exchange of free units or matured units may have tax implications if it is considered a disposition for tax purposes.

Account Holder(s) Signature Required

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Account Holder's Signature

MM/DD/YYYY

Y Co-Account Holder's Signature

MM/DD/YYYY

Dealer/Financial Advisor Signature Required

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Financial Advisor Signature	FA Name & Dealer Number	MM/DD/YYYY
X		
DO/BM Signature	DO/BM Name	MM/DD/YYYY

Noto

Note:

Some Insurance/Mutual Fund Companies may require their own prescribed form. Please contact head office at 1-800-608-7707 for verification.