PARTNERS IN PLANNING
FINANCIAL SERVICES LTD.

PAC / SWP APPLICATION AND CHANGE FORM

Corporate Head Office
2330 - 15th Avenue
Regina, SASK S4P 1A2
Tel (306) 757-4646
Fax (306) 359-7442

REGISTERED ❑ NO ❑ YES | (Check One) ❑ TRUSTEE NAME ❑ LENDING INSTITUTION | (Check One) ❑ TRUSTEE ACCOUNT # ❑ LOAN # | OFFICE USE ONLY

CLIENT A ❑ Trustee ❑ Contributor ❑ Beneficiary
❑ MR. ❑ MRS. ❑ MISS ❑ MS. ❑ DR. ❑ COMPANY
LAST NAME
FIRST NAME & INITIALS
SOCIAL INSURANCE NUMBER — DATE OF BIRTH (M M D D Y Y)

CLIENT B ❑ Trustee ❑ Contributor ❑ Beneficiary
❑ MR. ❑ MRS. ❑ MISS ❑ MS. ❑ DR. ❑ COMPANY
LAST NAME
FIRST NAME & INITIALS
SOCIAL INSURANCE NUMBER — DATE OF BIRTH (M M D D Y Y)

CLIENT C ❑ Trustee ❑ Contributor ❑ Beneficiary
❑ MR. ❑ MRS. ❑ MISS ❑ MS. ❑ DR. ❑ COMPANY
LAST NAME
FIRST NAME & INITIALS
SOCIAL INSURANCE NUMBER — DATE OF BIRTH (M M D D Y Y)

STREET ADDRESS
CITY — PROVINCE — POSTAL CODE
RESIDENCE TELEPHONE NUMBER
BUSINESS TELEPHONE NUMBER
E-MAIL ADDRESS
MANDATORY
PIP PLAN ID#
M M D D Y Y
MOST RECENT CLIENT UPDATE COMPLETED

❑ NEW PAC PLAN
❑ CHANGE IN PAC PLAN
❑ NEW SWP PLAN
❑ CHANGE IN SWP PLAN
❑ CHANGE IN BANKING INFORMATION (VOID CHEQUE ATTACHED)

❑ NEW PLAN (For new RSP plans, please use fund company or trustee application forms.)
❑ EXISTING PLAN

❑ REGISTERED
❑ RSP ❑ LIRA ❑ LIF
❑ RRIF ❑ GROUP ❑ RESP
❑ OTHER ______________________

❑ SPOUSAL CONTRIBUTOR
❑ JOINT TENANCY WITH RIGHT OF SURVIVORSHIP (Trustee & Contibutor)
❑ TENANTS IN COMMON (Trustee & Contibutor)
❑ ITF (Trustee ITF Beneficiary)

EXISTING INSTRUCTIONS

FUND CODE	FUND NAME	NEW ACC'T	EXISTING ACC'T NO.	DSC	FE OPTION	AMOUNT

NEW INSTRUCTIONS

FUND CODE	FUND NAME	NEW ACC'T	EXISTING ACC'T NO.	DSC	FE OPTION	AMOUNT

PRE-AUTHORIZED CHEQUING (PAC) / SYSTEMATIC WITHDRAWAL (SWP) (VOID CHEQUE MUST BE ATTACHED)

1. I WISH TO: ❑ Invest ❑ Withdraw _____ Monthly _____ Quarterly _____ Semi-annually _____ Annually
2. PLEASE: ❑ Commence ❑ Discontinue effective ________________________
3. I WISH TO: ❑ Increase ❑ Decrease the amount to _______________ Please make this change effective ______________
4. SWP PAYMENTS TO BE SENT TO: ❑ Client ❑ Deposit to bank account via EFT (A sample cheque marked 'VOID' must be attached).
5. SPECIAL DEPOSIT INSTRUCTIONS:____

OTHER INSTRUCTIONS: ____
____
____
____
____

I/We authorize the above PAC/SWP Transaction. By signing this form, I/We acknowledge that I/We have read and understood the "Agreement and Disclosure Statement" provided on the reverse side of this document.

SIGNED AT ______________________________ THIS ________________ DAY OF ________________ 20 ________

REPRESENTATIVE SIGNATURE GUARANTEE — SIGNATURE OF APPLICANT

REPRESENTATIVE NAME (Please Print) — DEALER - REP NUMBER — SIGNATURE OF JOINT APPLICANT

AGREEMENT AND DISCLOSURE STATEMENT

Having signed the reverse of the Redemption or Fund Transfer / Switch / Conversion (the “Order’”), I/We acknowledge and agree to the following:

1. I/We acknowledge receipt of a current prospectus.

2. I/We have been informed that there is risk associated with these investments and that the value of these investments may fluctuate.

3. If any of these investments are used for the purpose of producing regular income, payment of this income may represent in part a return of capital. Any withdrawal in excess of net income and capital appreciation may result in a depletion of the invested capital.

4. I/WE have been informed by my/our sales representative that in accordance with the investment offering document, a sales commission may be paid to Partners In Planning Financial Services Ltd. and my/our sales representative.

5. I/WE understand that in addition to sales commission, some suppliers of mutual funds investment products may provide additional compensation as permitted by law, which my/our representative may be eligible to receive. This may include sponsoring educational conferences and assistance with the cost of marketing. These forms of compensation are paid for from the supplier’s own budgets, and not by the client.

6. I/WE are aware that certain investment product suppliers may pay an ongoing service fee or trailer fee to Partners in Planning Financial Services Ltd. and/or its sales representatives.

7. I/WE are aware that from time to time, Partners In Planning Financial Services Ltd. or its sales representatives may receive a referral fee from other persons including other securities or mutual fund dealers, in accordance with all applicable laws, for customer referrals provided by Partners In Planning Financial Services Ltd. or its sales representatives.

8. I/We are aware that there are sales charges associated with the purchase or redemption of most investment products, which include the investments made under this Order. In the case of most mutual fund and segregated fund investments, I/WE acknowledge that in accordance with the terms of the documents, there is a diminishing redemption fee charged on most deferred sales charge (DSC) funds, and that I/WE will be charged all fees in accordance with the documents, as may be amended from time to time by the fund supplier in accordance with all applicable laws.

9. For all redemptions, I/WE are aware that all funds which will be paid to me/us as a result of the proper completion of the redemption order will only be payable to me/us and will be directly sent to me/us, unless the Order provides instructions to switch among different fund managers in which case the funds will be paid to Partners In Planning Financial Services Ltd. In Trust.

It is my wish that all documents relating to the Plan have been drawn up in the English language only. C’est mon désir que tout document se rapportant au régime (Plan) soient rédigés en anglais seulement.

SIGNATURE

DATE