

REGISTERED <input type="checkbox"/> NO <input type="checkbox"/> YES	(Check One) <input type="checkbox"/> TRUSTEE NAME <input type="checkbox"/> LENDING INSTITUTION	(Check One) <input type="checkbox"/> TRUSTEE ACCOUNT # <input type="checkbox"/> LOAN #	OFFICE USE ONLY
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CLIENT A <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> COMPANY LAST NAME _____ FIRST NAME & INITIALS _____ SOCIAL INSURANCE NUMBER _____ DATE OF BIRTH <u>MMDDYY</u>	CLIENT B <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> COMPANY LAST NAME _____ FIRST NAME & INITIALS _____ SOCIAL INSURANCE NUMBER _____ DATE OF BIRTH <u>MMDDYY</u>	CLIENT C <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> COMPANY LAST NAME _____ FIRST NAME & INITIALS _____ SOCIAL INSURANCE NUMBER _____ DATE OF BIRTH <u>MMDDYY</u>
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STREET ADDRESS _____	RESIDENCE TELEPHONE NUMBER _____	MANDATORY PIP PLAN ID# _____ <u>MMDDYY</u> MOST RECENT CLIENT UPDATE COMPLETED
CITY _____ PROVINCE _____ POSTAL CODE _____	BUSINESS TELEPHONE NUMBER _____	
E-MAIL ADDRESS _____		

<input type="checkbox"/> RSP <input type="checkbox"/> LIRA <input type="checkbox"/> LIF <input type="checkbox"/> SPOUSAL CONTRIBUTOR <input type="checkbox"/> JOINT TENANCY WITH RIGHT OF SURVIVORSHIP (Trustee & Contibutor) <input type="checkbox"/> LRIF <input type="checkbox"/> OTHER _____	<input type="checkbox"/> TENANTS IN COMMON (Trustee & Contibutor) <input type="checkbox"/> ITF (Trustee ITF Beneficiary)	<input type="checkbox"/> CONVERSION BETWEEN FUNDS, TRUSTEE ACCOUNT ONLY <input type="checkbox"/> SWITCH WITHIN ONE FUND FAMILY <input type="checkbox"/> REDEMPTION <input type="checkbox"/> CONTRIBUTION IN KIND FROM AN OPEN ACCT. TO AN RSP ACCT.
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THIS IS YOUR AUTHORITY TO REDEEM / SWITCH / CONVERT

FUND CODE	FUND NAME	EXISTING ACC'T NO.	NET or GROSS	DSC or FE	AMOUNT (Dollars / Units / Percentage)	WO#
1						
2						
3						
4						
5						
6						
7						
8						

For a redemption, please make cheque payable to client and send directly via: <input type="checkbox"/> Mail <input type="checkbox"/> New Address for Client (Change form attached) <input type="checkbox"/> Electronic Funds Transfer (void cheque attached) <input type="checkbox"/> See Special Instructions Below	<input type="checkbox"/> Conversion Between Fund Families. Make Cheque Payable To: "PARTNERS IN PLANNING FINANCIAL SERVICES LTD. IN TRUST" and send by ICS courier to <input type="checkbox"/> Corporate Head Office <input type="checkbox"/> Provincial Head Office _____
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SWITCH / CONVERT TO

FUND CODE	FUND NAME	NEW ACCT	EXISTING ACC'T NO.	DSC	FE OPTION	AMOUNT (Dollars / Units / Percentage)	WO#
1							
2							
3							
4							
5							
6							
7							
8							

SPECIAL INSTRUCTIONS: Registration Information Power of Attorney Certificate Other _____

I/WE AUTHORIZE THE ABOVE REDEMPTION / SWITCH / CONVERSION. 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