



AGF Investments

c/o 2920 Matheson Boulevard East
Mississauga, Ontario, Canada L4W 5J4
Toll-free: 1 800 268-8583 Fax: 1 888 329-4243

Pre-authorized Chequing Agreement

(not applicable for Locked-in RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF or RLSP account types)

Part 1: Investor Information

[] New Account (a completed investment application is required) [] Existing Account

First Name Last Name or Corporation or Trust Name

Joint First Name (if applicable) Joint Last Name (if applicable)

Part 2: Investment Information

Frequency – please choose one (please refer to the Fund Companies for their specific available frequencies):

[] weekly [] every two weeks* [] monthly [] every two months [] quarterly [] every four months [] semi-annually [] annually [] other: _____

Start Date: [Y][Y][Y][Y][M][M][D][D] *Second Monthly Date: [D][D]

Table with columns: Fund Code, Fund Name, Account Number, Sales Charge (Front end (0-6%), Other), Percentage (%), Amount (\$). Includes a Totals row.

Part 3: Banking Information

Name of Financial Institution Transit Number Bank Code Account Number

Address Please attach an imprinted void cheque

Part 4: 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 regards to pre-authorized debits

- You authorize AGF Investments Inc. ("AGF") to debit the bank account provided for the amount(s) and in the frequencies instructed.
If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association definition.
You have certain recourse rights if a debit does not comply with this agreement.
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 AGF receives at least 3 business days notice by phone or by mail.
AGF 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.

Applicant Signature Date

Joint Applicant Signature (if applicable) Date

Representative Signature Date

Dealer Name Dealer/Rep Code

Dealer Authorization Date