

## DIRECTING OF SERVICE FEES

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**Fax this form to: 1 800 268-2120**

**Attention: Harmony Administration**

**Applicable to clients who hold both registered and non-registered Harmony accounts.**

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### CLIENT INFORMATION

Harmony Registered Account(s):

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Harmony Non-Registered Account:

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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### DIRECTING OF SERVICE FEES

CLIENT NAME ACCOUNTS (HELD AT AGF):

I hereby authorize AGF to direct the service fees for my Harmony registered account(s) from my Harmony non-registered account.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOMINEE/INTERMEDIARY ACCOUNTS (HELD AT DEALER/INTERMEDIARY):

Please provide appropriate authorization according to your rules.

Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

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### DEALER INFORMATION

Advisor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Dealer Number: \_\_\_\_\_

Advisor Number: \_\_\_\_\_