

APPLICATION FOR REBALANCING

Fax this form to: 1 800 268-2120
Attention: Harmony administration

CLIENT INFORMATION

Harmony account number(s): _____

First name: _____

Last name: _____

Social Insurance Number: _____

AUTOMATIC REBALANCING SERVICE

If your account is set up with our Automatic Rebalancing Service, AGF will rebalance your account quarterly. Holdings in a Harmony Pool that have more than a 6% variance (+/-) from the Optimum Allocation Mix we have on file will be adjusted to the halfway point between that mix and the 6% limit. Remaining holdings in a Harmony Pool (those not exceeding the 6% variance) may also be adjusted to ensure that the account maintains its correct market value, beginning with the holding having the greatest variation from the Optimum Allocation Mix.

Client signature: _____

Date: _____

AD HOC REBALANCING REQUEST

I hereby authorize AGF to automatically rebalance my account(s) (applicable to Pools only, excluding money market) to:

its Optimum Allocation Mix the halfway point between its Optimum Allocation Mix and the 6% limit

Client signature: _____

Date: _____

DEALER INFORMATION

Advisor name: _____

Company name: _____

Dealer number: _____

Advisor number: _____
