

HARMONY DISTRIBUTION PAYOUT

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

Date: _____

Advisor Name: _____

Firm: _____

Dealer Rep/Code: _____

Client Name: _____

Harmony Account Number: _____

Dealer Account Number (if applicable): _____

POOL/PORTFOLIO NAME	POOL/PORTFOLIO NUMBER

Please have the distributions from the above fund(s) paid as follows:

- Please send by cheque to address on file
- Please direct deposit to my bank account (Attach VOID cheque)

Advisor Signature: _____

Client Signature*: _____

Nominee/Intermediary Authorization**: _____

* Please note that for accounts held in client name at AGF, client signature is required.

** Nominee/Intermediary accounts must be authorized by the nominee/intermediary.