

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
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 *Second Monthly Date:

D	D
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Fund Code	Fund Name	Account Number	Sales Charge		Percentage (%)	Amount (\$)
			Front end (0-6%)	Other		
			%		%	
			%		%	
			%		%	
			%		%	
Totals					%	

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 additional space is required a separate sheet may be attached.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD where the payor and the payee are the same.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.
- 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. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association website at www.cdnpay.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- 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. Vous avez exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

 Applicant Signature Date Representative Signature Date

 Joint Applicant Signature (if applicable) Date Dealer Name Dealer/Rep Code

 Dealer Authorization Date