

**1. Account Holder Information**

Existing Account #

Corporation or Entity Name

Last Name

First Name

Joint Account holder Last Name (if applicable)

Joint Account holder First Name (if applicable)

**2. Systematic Switch Plan (switches from units of one Fund to another Fund)**

How often would you like switches to be made? ☐ Weekly ☐ Bi-Weekly ☐ Twice Monthly (1<sup>st</sup> & 15<sup>th</sup>) ☐ Monthly ☐ Every Other Month ☐ Quarterly  
☐ Twice Annually ☐ Annually

Start Date: DD / MM / YYYY

Total Switch Amount \$: \_\_\_\_\_

*Note: If switch run date falls on a non-business day, the switch will run on the next business day.*

| <u>From:</u> Fund Name | Fund Code | Amount \$ | <u>To:</u> Fund Name | Fund Code |
|------------------------|-----------|-----------|----------------------|-----------|
|                        |           |           |                      |           |
|                        |           |           |                      |           |
|                        |           |           |                      |           |
|                        |           |           |                      |           |

**3. Dealer Information**

Dealer Name

Dealer Number

Financial Representative Name

Rep Code

**4. Authorization**

Account Holder/Authorized Signature

Joint Account Holder Signature (if applicable)

Dated: DD / MM / YYYY