

## 1. Investor Information Client Name Nominee

Account Number <input type="checkbox"/> New PAC <input type="checkbox"/> Change to Existing PAC <input type="checkbox"/> Annual Update of Prospectus Exemption	
First Name	Last Name
Joint Applicant First Name	Last Name
Corporation or Trust Name	

## 2. Plan Investment Instructions

Fund Number	Fund Name	Sales Charge	Gross Amount (\$)

Frequency- please choose one of option A or B or both below:

### A. Set Interval

Please indicate PAC frequency:

- Bi-weekly  
 Monthly  
 Quarterly

Please start my PAC on:

Date	MM/DD/YYYY

Please end my PAC on:

Date	MM/DD/YYYY

Or until further notice

*Note: For date range, please select the 1st to the 15th date in order to meet monthly subscription deadlines.*

### B. One Time

PAC for investment instructions indicated above

## 3. Prospectus Exemption (not required for Mutual Fund investments)

Please select which prospectus exemption is being relied upon by you. For additional details, please refer to your SUBSCRIPTION DOCUMENT.

- Accredited Investor. Please indicate which category, as defined in schedule C: \_\_\_\_\_  
 \$150,000 minimum investment (The investor is not an individual or resident of Alberta)  
 Another exemption. Please indicate what exemption is being relied upon by you: \_\_\_\_\_

The above selection is required to be confirmed on an annual basis.

## 4. Client Name Accounts Pre-Authorized Banking Instructions (Not required for nominee accounts)

You hereby authorize us to draw funds from your bank account and process investments as listed above. These funds are to be drawn against your bank account as specified herein. 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 investment is for business purposes, it will be considered a Business PAD. You may revoke the PAC PAD at any time, with a minimum of 15 days notice, by contacting your advisor or client services. You, depending on the context, have certain recourse rights if any 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 PAC Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Attach a voided cheque with this form and provide the bank information

Name of Bank		
Bank Transit Number	Institution Number	Account Number
Address		

*Note: PACs not available on line of credit accounts*

## 5. Signatures and Dates (Required)

By signing below, you acknowledge and confirm:

- you understand the charges, terms conditions, and provisions stated in the offering documents, which apply to the transaction(s) for which this application is made.
- you have received the current offering documents of the above fund(s) from your advisor. (not applicable for Client Managed Accounts)
- the prospectus exemption criteria as selected above will be met with each PAC purchase. Prospectus Exemption is not applicable on Mutual Funds.
- **any pre-notification requirements as specified by the sections 17 of the Canadian Payments Association Rule H1 with regards to pre-authorized debits be waived.**
- if this is a one-time PAC request, you understand that only a single one-time PAC is permitted. Your authority is to remain in effect until the one-time PAC is completed, at which time this PAC agreement will automatically terminate and any subsequent one-time PAC request requires you to authorize a new PAC Agreement.
- all persons whose signatures are required to authorize transactions in the bank account provided have signed below.
- the information in this PAC Agreement will be shared with your financial institution and CIBC Mellon Global Securities Services Company (“CIBC”) in order to process your purchases. CIBC, as administrator for Portland Investment Counsel Inc., will draw funds from your bank account.
- 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.

Client or Advisor Signature	Date MM/DD /YYYY	Joint Signature	Date MM/DD /YYYY
<b>X</b>		<b>X</b>	

For Managed Accounts, I certify that I am duly authorized to execute and deliver this Agreement and agrees that Portland Investment Counsel Inc. assumes no responsibility with respect to any underlying purchaser.