



AGF Investments Inc.
55 Standish Court, Suite 1050
Mississauga, ON, L5R 0G3

Toll Free: 1-800-268-8583
Fax: 1-888-329-4243

Pre-Authorized Chequing Plan (PAC) Agreement

(not applicable for Locked-in RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF or RLSP account types)

1. Investor information

☐ New Account (a completed investment application is required) ☐ Existing Account

First name Last name

OR Corporation, Trust or Association Name

Joint First Name (if applicable) Joint Last Name (if applicable)

2. Pre-Authorized Chequing Plan (PAC) Instructions

We must receive this application five business days before making the first PAC.

The PACs amount is \$

☐ Protect my PAC Deposits against inflation with an annual increase of (\$ or %):

Money will be transferred from the bank account provided with this application in the amount noted above, starting on (YYYY/MM/DD) / / and continuing with the following frequency:

☐ Weekly ☐ Every two weeks (26 times a year) ☐ Twice a month* (24 times a year) ☐ Monthly ☐ Every 2 months ☐ Quarterly ☐ Semi-annually ☐ Annually

* Note: The frequency of twice a month will run on the 1st and 15th day monthly regardless of the start date entered above. If initially set up to run on a non-business day, the PAC will run on the next business day.

The PAC amount is to be invested in the fund(s) noted in the table below:

AGF Fund Number	AGF Fund Name	PAC Amount	Front-end Sales Charge
		%	%
		%	%
		%	%
		%	%
		%	%
		%	%

Note: If the Fund Number does not match the Fund Name, the Fund Number will be considered correct and processed accordingly.

3. Banking Information

You may revoke or cancel your authorization at any time in writing or by phone.

Money will be transferred from the bank account currently in our files unless new bank account information is provided in one of the following formats:

Embossed void cheque; Bank statement; Direct deposit/PAD form; On-line printout; or Letter from the bank

Bank account information in any format must be signed by the bank account holder.

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.
- 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 us at 1-800-268-8583 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.
- 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 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.

X
Applicant Signature

Y Y Y Y M M D D
Date

X
Joint Applicant Signature (if applicable)

Y Y Y Y M M D D
Date

X
Representative Signature

Y Y Y Y M M D D
Date

Dealer Name

Dealer/Rep Code

X
Dealer Authorization

Y Y Y Y M M D D
Date