



ONLY one method required
☐ Copy by Fax
☐ Original by Mail / Courier

Investment Loans Switch Instruction Form

Fax to: 416.947.9476 or 1.866.941.7711

199 Bay Street, Suite 600

PO Box 279 STN Commerce Court

Toronto ON M5L 0A2

Account number: _____

Dealer x-reference number: _____

Pages : ____ of ____

1. Dealer / Advisor Information

Dealer Number	Dealer Name
Advisor Number	Advisor Name (Last, First, Initial)

2. Client Information

Last Name	First Name	Initial
Joint Account Holder Last Name (If applicable)	First Name	Initial

3. Switch Instructions (Applies within a family of funds only)

Switch From			Switch To					
Fund Code	Fund Co. Account Number	\$ Amount, Unit or %	→	\$ Amount, Unit or %	Fund Code	Fund Co. Account Number	Initial Charge	Wire Order Number
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					
			→					

4. Special Instructions/Additional Information/Distribution Instructions

5. Signatures and Authorization

The undersigned hereby authorizes the execution of the above.		Signature Guarantee	
_____ Client Signature	_____ Date (mm/dd/yyyy)	I confirm that I am duly licensed to distribute the product the Client wishes to purchase in the jurisdiction where the Client resides	
_____ Client Signature	_____ Date (mm/dd/yyyy)	_____ Advisor Signature	_____ Date (mm/dd/yyyy)

SEE OVERLEAF