

# PAC/SWP Change Form



Registered Name on Account: \_\_\_\_\_  
First Name and Initial Last Name

Sterling Mutuals Plan ID#: \_\_\_\_\_ Fund Co. \_\_\_\_\_

Plan Type:  Open  RRSP  RRIF  RESP  LIRA  LRIF  TFSA  Other

**Start/Stop/Change Instructions**

I wish to: (  Start/  Stop/  Change ) my (  PAC/  SWP ). Amounts are (  net/  gross ) \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Bi-Monthly  Quarterly  Semi-Annually  Annually

New Dates: \_\_\_\_\_

| Fund Co. Account# | (From) Fund Number | (To) Fund Name | (New) Amount (\$) |
|-------------------|--------------------|----------------|-------------------|
|                   |                    |                |                   |
|                   |                    |                |                   |
|                   |                    |                |                   |
|                   |                    |                |                   |

**Payment Instructions**  Mail payments to client  Direct deposit (include specimen of cheque marked "VOID")

Notes: \_\_\_\_\_

**Funds Transfer Pre-Authorized Debit (PAD) Agreement**

I/We authorize Sterling Mutuals Inc to debit my/our account as per my instructions for regular reoccurring payments outlined above and/or a one-time payment from time to time for the payment of all charges arising under my Sterling Mutuals Inc account. I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to my/our authorization. Sterling Mutuals Inc will obtain my/our further authorization for any other one-time or sporadic debits. In case of returned payments, verbal authorization may be obtained to re-debit my/our account.

This authority is to remain in effect until Sterling Mutuals Inc has received written or electronic notification from me/us of its change or cancellation. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my /our right to cancel a PAD agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

**PAD 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 respect to pre-authorized debits.

You authorize the Fund Company/Companies indicated in this agreement 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.

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](http://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 the relevant Fund Company receives at least 10 business days notice by phone or by mail. Please consult each individual Fund Company to see if this may be reduced or waived. Contact information for the Fund Companies may be found at [http://www.fundserv.com/english/code/fund\\_active.shtml](http://www.fundserv.com/english/code/fund_active.shtml).

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](http://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.

The specified Fund Company 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.

**Client Acknowledgment**

I acknowledge receipt of the current prospectus and/or summary, and financial statements of the above fund(s). I have read the Disclosure Statement on this form and I declare that I understand the charges, terms, conditions and provisions stated therein, apply to the purchase(s) for which this application is made.

I agree to indemnify Sterling Mutuals Inc. and its staff of any liability resulting from my trading activities.

\_\_\_\_\_  
Client Signature Date Representative Name Dealer/Rep #

\_\_\_\_\_  
Joint Signature (if applicable) Date Representative Signature Guarantee Date