



PART 1: INVESTOR INFORMATION

New Account (A completed investment application is required) Existing Account

First Name _____ Last Name _____ or _____ Corporation or Trust Name

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

PART 2: INVESTMENT INFORMATION

Frequency – please choose one (please refer to the Fund Companies for their specific available frequencies):

weekly every two weeks* monthly every two months quarterly every four months semi-annually annually other: _____

Start Date: (YYYY/MM/DD)

Y	Y	Y	Y	M	M	D	D
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 *Second monthly date: (DD)

D	D
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Fund Company	Fund Code	Fund Name	Account Number	Sales Charge		Percentage (%)	Amount (\$)	
				Front end (%)	Other			
Totals								

PART 3: BANKING INFORMATION

Name of Financial Institution _____ Transit Number _____ Bank Code _____ Account Number _____

Address _____ *Please attach an imprinted void cheque*

PART 4: TERMS AND CONDITIONS

- **By signing this form, I 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.**
- I authorize Sceptre Investment Counsel Limited to make withdrawals from 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 my own personal investment, this will be considered a Personal PAC by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAC. Monies transferred between CPA members will be considered a Funds Transfer PAC.
- I have certain recourse rights if a PAC does not comply with this agreement. For example, I have the right to receive reimbursement for any PAC that is not authorized or is not consistent with this PAC agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.
- I confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- I understand that I may change these instructions or cancel this plan at any time, provided that Sceptre Investment Counsel Limited receives at least 10 business days notice by phone or by mail. To obtain a copy of a cancellation form or for more information regarding my right to cancel a PAC agreement, I should consult with my financial institution or visit the Canadian Payments Association website at www.cdnpay.ca. I 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.
- Sceptre Investment Counsel Limited 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.
- I 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 PACs.
- I acknowledge and agree that I am fully liable for any charges incurred if the PACs cannot be made due to insufficient funds or any other reason for which I may be held accountable.
- I have requested this application form and all other documents relating hereto to be in English. J'ai exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

Applicant Signature _____ Date _____ Representative Signature _____ Date _____

Joint Applicant Signature (if applicable) _____ Date _____ Dealer Name _____ Dealer/Rep Code _____

Dealer Authorization _____ Date _____