



SCEPTRE

INVESTMENT COUNSEL LIMITED



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Mutual Fund Dealer Inc.

PRE-AUTHORIZED CHEQUE PLAN CHANGES

RETURN TO: 26 WELLINGTON STREET EAST, 12TH FLOOR, TORONTO, ONTARIO, M5E 1W4
FAX TO: 416-367-5938 OR TOLL FREE 1-877-367-5938

CLIENT NAME:		
ACCOUNT #:		
EFFECTIVE DATE:		

CHANGE IN BANKING DETAILS. -ATTACH VOID CHEQUE HERE- (PLEASE ENSURE ACCOUNT HOLDER NAME(S) APPEAR(S) ON THE CHEQUE.) -IF FUNDS ARE TO BE DEBITED TO A NON-CHEQUING ACCOUNT PLEASE PROVIDE FINANCIAL INSTITUTION DETAILS		
Account Holder(s):		
Financial Institution:		
Name:		
Address:		
Transit Number:		Account Number:

PAYMENT CHANGES	
<input type="checkbox"/> CANCEL	OR <input type="checkbox"/> SUSPEND PAC FOR THE MONTH OF _____ AND RESTART _____
<input type="checkbox"/> INCREASE TOTAL CONTRIBUTION FROM \$ _____ TO \$ _____	
<input type="checkbox"/> DECREASE TOTAL CONTRIBUTION FROM \$ _____ TO \$ _____	
<input type="checkbox"/> CHANGE IN ALLOCATION	

FUND NAME	FUND NO.	PRESENT ALLOCATION		NEW ALLOCATION	
		<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY
INCOME & GROWTH FUND	001				
BOND FUND	002				
EQUITY GROWTH FUND	003				
CANADIAN EQUITY FUND	007				
MONEY MARKET FUND	006				
GLOBAL EQUITY FUND	004				
HIGH INCOME FUND	009				

COMMENTS:

Signature of Account Holder

Date

Signature of Account Holder

Date