Print Form Reset Form

NBCN

NOMINEE SWP/AWD

(REGISTERED ACCOUNTS ONLY)

DEALER _____ - _____ REP #

REGISTRATION FOR NOMINEE SWP/AWD

ACCOUNT # _____

_____ **(client's name)**

Type of Account: ☐ TFSA ☐ RIF ☐ LIF

_____ (SIN #)

_____ DATE OF BIRTH

M M J J A A

ONE FORM PER FUND MANAGER

Fund Manager	Fund #	Fund Name	Fund Account#	Gross $ Amount

TOTAL _____

FREQUENCY: ☐ MONTHLY ☐ QUARTERLY ☐ OTHER

TO BEGIN _____

M M D D Y Y

One month notice may be required to set up plan or to make changes to it. The AWD/SWP will be processed per the Fund Prospectus Schedule and minimums.

AUTORIZATION FOR AWD/SWP

I hereby authorize the aforementioned Fund Manager to complete the AWD/SWP transactions as specified herein. I also authorize the above Fund Manager to credit the proceeds of these transactions to NBCN Inc. as per the settlement information below to be further credited by NBCN Inc. to my self-directed registered account with them.

SETTLEMENT INFORMATION

Settlement via Net $ettlement Messaging (N$M)

(ESG standard)
Field Name: Settlement Status
Expected Value: B (bulk)

X _____ _____

CLIENT SIGNATURE **DATE**

NBCN

WHITE - FUND COMPANY **YELLOW** - CLIENT **PINK** - NBCN FIRM **GREEN** - MUTUAL FUNDS