



# NOMINEE SWP / AWD

Date 

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## REGISTRATION FOR NOMINEE SWP / AWD

NBCN Inc.

Cross-reference information:

A/C 

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 (NBCN account #)

\_\_\_\_\_(client's name)

130 King Street West  
30th Floor  
Toronto, ON M5X 1J9  
Tel: 1-877-406-0102  
Fax: (416) 869-8583

\_\_\_\_\_(address)

\_\_\_\_\_(address)

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 POSTAL CODE

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 (SIN #)

Type of Account: OPEN

## AUTHORIZATION FOR SYSTEMATIC WITHDRAWAL PLAN/AUTOMATIC WITHDRAWAL PLAN

I hereby give the authority to NBCN Inc. to initiate and process the following systematic withdrawal/automatic withdrawal plan(s) with the fund management companies. Proceeds from these transactions should be deposited directly to my bank account as specified herein.

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK TRANSIT \_\_\_\_\_

BANK ACCOUNT \_\_\_\_\_

**A VOID CHEQUE MUST BE ATTACHED**

## FUND INVESTMENT - ONE FORM PER FUND MANAGER

| Fund # | Fund Name | Check One                                   |                                             | Existing Fund Acct. # | Amount |
|--------|-----------|---------------------------------------------|---------------------------------------------|-----------------------|--------|
|        |           | ( <input checked="" type="checkbox"/> ) DSC | ( <input checked="" type="checkbox"/> ) SCS |                       |        |
|        |           |                                             |                                             |                       |        |
|        |           |                                             |                                             |                       |        |
|        |           |                                             |                                             |                       |        |

TO BEGIN 

|   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|--|--|
|   |   |   |   |   |   |  |  |
| M | M | D | D | Y | Y |  |  |

FREQUENCY:  MONTHLY  
 QUARTERLY  
 OTHER \_\_\_\_\_

Total 

|  |
|--|
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One month notice may be required to set up plan or make changes. SWP / AWD's will be processed per Fund Prospectus Schedule and minimums.

  X    
SIGNATURE OF PLANHOLDER

  X    
SIGNATURE OF PLANHOLDER (IF JOINT)  
If more than one planholder, the above shall have plural implications



WHITE - FUND COMPANY

YELLOW - CLIENT

PINK - NBCN FIRM

GREEN - MUTUAL FUNDS

1. I/We warrant that the information contained in this Authorization is accurate.
2. I/We acknowledge that this Authorization is provided for the benefit of me/us, NBCN Inc., the applicable mutual fund company(s) and the financial institution that holds my bank account. The Authorization is provided in consideration of NBCN Inc. and the mutual fund company agreeing to process redemptions against my brokerage account and to credit the proceeds to a bank account in my name.
3. I/We undertake to inform NBCN Inc. of any changes in account information at least 30 days prior to the next Electronic Funds Transfer (“EFT”) authorized herein.
4. I/We warrant and guarantee that all persons who’s signatures are required to authorize withdrawals from my/our brokerage account and to enter into this agreement have signed this Authorization.
5. I/We may cancel the Authorization at any time by providing written notice to NBCN Inc. 90 days in advance of the cancellation date.
6. I/We acknowledge that providing and delivering this Authorization to NBCN Inc. in any manner constitutes delivery by me to the financial institution that holds my bank account.
7. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and NBCN Inc. This Authorization applies only to the method of payments and does not otherwise have any bearing on the contract for goods or services exchanged.
8. I/We agree that information contained in the Authorization may be disclosed to the financial institution that holds my/our bank account and other third parties as required to complete any transaction contemplated herein.
9. No recourse will be provided through the clearing system. I/We must seek recourse against NBCN Inc. in the event that the transactions authorized herein are erroneously charged.