



**PRE-AUTHORIZED CHEQUING (PAC)
REQUEST FORM**

NCM Asset Management Ltd.
c/o CIBC Mellon GSS, Recordkeeping
1 York St. Suite 900, Toronto, ON M5J 0B6
Fax: 1.855.884.0493

Clear Form

Dealer Code _____
Advisor Code _____
Advisor Name _____

1. Client Information (Holder)

NCM Account Number Account Type Dealer Cross Reference Number

Name of Account Holder Joint Name

Select One: New PAC Change PAC

2. PAC (\$100 minimum per run)

Start Date

Frequency (Please choose only one):
 Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Semi-Annually Annually

PAC Options	Frequency (If Applicable)	*Effective Date dd/mm/yyyy	**Fund Code (NRP)	**Fund Name	Amount (\$)	Sales Charge (%)
Total PAC Amount						

* Effective Date to be used for Stop PAC, Change Amount, Change Frequency and Change Banking Info only.
** In the event of a discrepancy between the code and the name, we will treat the code as correct and process accordingly.

3. Change to Existing PAC Fund Allocation

	Existing Account Number	*Effective Date dd/mm/yyyy	**Fund Code (NRP)	**Fund Name	Amount \$	Sales Charge (%)
From						
To						
From						
To						
From						
To						

* Effective Date to be used for Stop PAC, Change Amount, Change Frequency and Change Banking Info only.
** In the event of a discrepancy between the code and the name, we will treat the code as correct and process accordingly.

4. Banking Information

To set up or change the banking information, please attach a personalized **VOID** cheque (pre-printed or embossed) with client's name and banking information.

Please note:

- Drawing funds from line of credit accounts is prohibited
- If a PAC falls on a non-business day, the PAC will process on the following business day.

Account Owner(s) Name(s) Bank Name Bank Transit Number Bank Account Number

I/We **agree to participate** in this Pre-Authorized Cheque (PAC) Plan and I/we **authorize** NCM Asset Management Ltd. ("NCM") to draw a debit in paper, electronic or other form on my/our bank accounts as referred to on the attached VOID cheque (or such alternative bank account as I/we may direct in the future) to purchase mutual fund securities pursuant to instructions provided to NCM by the dealer named above. I/We agree that delivery of the authorization to NCM constitutes delivery by me/us to this financial institution. I/We may revoke this authorization at any time by providing NCM with 10 days prior written notice. I/We have certain recourse rights if any debit does not comply with this Agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Pre-Notification Waiver: I/We agree to waive the pre-notification requirement to receive written pre-notification before a PAC is issued. If a signature of a person(s) other than that of the Client or Annuitant is required to draw cheques on the bank account referred to on the attached VOID cheque, then the signature of such person(s) must be provided here

Signature of Signatory on bank account Signature of Co-Signatory on bank account