

PRE-AUTHORIZED DEBIT AGREEMENT (PAC/PAD)

Complete this form if you want to:

- Make Regular contributions to your RSP, TFSA, or Non-Registered accounts directly from your bank account
- Begin, change or stop contribution deductions from your bank account, or make a one-time, lump sum payment. (Not applicable for Locked-In RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF, or RLSP account types)

_____	_____ / _____	_____	_____
Client Number	Dealer/Rep Code	Existing Account	ITF _____
New Account (Completed NAAF is required)			
Please check: RRSPP	Non-Registered	RESP	TFSA
		Other _____	

CLIENT INFORMATION

_____	_____	_____
Last Name	First Name	Email / Phone
_____	_____	_____
Joint Last Name (If Applicable)	Joint First Name (If Applicable)	Email / Phone
_____	_____	_____
Corporation or Trust	Related Party	Email / Phone

BANKING INFORMATION

_____	_____ / _____ / _____
Financial Institution	Transit # / Bank Code / Account Number
_____	_____
Address	Please attach a Void Cheque

INVESTMENT INFORMATION

FREQUENCY – Please choose one: One-Time Weekly Bi-Weekly (Every 2 weeks) Monthly Semi-Monthly (1st - 15th)

 Quarterly Semi-Annually Annually Other: _____

*Note: Please refer to the Fund Companies for their specific available frequencies.

Start Date (MM/DD/YYYY): _____

* The minimum investment that can be made to a mutual fund is \$25.
 * Instructions need to be received 5 business days before the start date of a new PAC, or before making changes to an existing PAC.

Fund Company	Fund Code	Fund Name	Account Number	Sales Charge		Percentage (%)	Amount (\$)
				FE (%)	DSC /LSC		
Totals							

AUTHORIZATION

BY SIGNING THIS FORM, YOU CONFIRM THAT YOU HAVE READ AND AGREED TO THE TERMS AND CONDITIONS BELOW.

- You authorize the Fund Company to debit the bank account provided for the amount(s) and in the frequencies instructed.
- You acknowledge that your debit will be considered a Funds Transfer Pre-Authorized Debit (PAD) by Canadian Payments Association definition.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre authorized debit agreement. To obtain more information on your recourse rights, you may visit the Canadian payments association website at www.cdnpay.ca.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed the Pre-Authorized Contribution Plan (PAC) section of the application form.
- You may change these instructions or cancel this plan at any time, provided that Candor Financial Services Inc receives written notice at least 5 business days before your next scheduled PAD. To obtain a copy of a cancellation form or for more information regarding your right to cancel a preauthorized debit agreement, you may contact Candor Financial Group Inc directly at (416) 233-4108. Alternatively, you may visit the Canadian payments association website at www.cdnpay.ca.
- You 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.
- You 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 pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.

_____	_____	_____	_____
Client Signature	Date (MM/DD/YYYY)	Joint Client Signature (If Applicable)	Date (MM/DD/YYYY)
_____	_____	_____	_____
Agent Signature	Date (MM/DD/YYYY)	Compliance/ Branch Manager Signature	Date (MM/DD/YYYY)