

FINANCIAL CHANGE FORM

For Existing Clients Only



imaxx Mutual Funds™

Financial Change Form - For Existing Clients Only

1 ACCOUNT DETAILS

PERSONAL INFORMATION:

Information Joint Owner/Spousal Information for Joint Owner (non-registered), In Trust For, Successor Annuitant election* or Spousal Registered Account

*Continued Periodic Payments to the surviving spouse/partner-not available for RSPs, LRSPs, LIRAs and RLSPS2.

	ACCOUNT TYPE:	Non-registered	RSP	Spousal RSP	LIRA/LRSP	RIF
ACCOUNT NUMBER		LIF	RLSP	RLIF	PRIF	TFSA

Mr. Mrs. Ms. Miss Other

LAST NAME	FIRST NAME	INITIALS
DATE OF BIRTH (YYYY/MM/DD)	SOCIAL INSURANCE NUMBER	

Mr. Mrs. Ms. Miss Other

LAST NAME	FIRST NAME	INITIALS
DATE OF BIRTH (YYYY/MM/DD)	SOCIAL INSURANCE NUMBER	

2 INVESTMENT OPTIONS

SELECT THE FUNDS YOU WANT TO:

Purchase Redeem

Fund name	Fund code	Amount to be invested or withdrawn			Sales charge %	Pre-Authorized Chequing (PAC)	Systematic Withdrawal Plan (SWP)	Wire order number
		\$ or (Withdrawals only)	Unit or	%	(Initial sales charge only)	Complete Section 3a Attach Void Cheque	Complete Section 3b	
			Gross Net		%	\$	\$	Gross Net
			Gross Net					Gross Net
			Gross Net					Gross Net
			Gross Net					Gross Net
Total								

FOR WITHDRAWALS: Deposit directly into your bank account (Attach void cheque) Mail you a cheque Mail a cheque to your Investment Professional

3 SYSTEMIC PLAN INFORMATION

For PAC* or SWP, please specify amount to withdraw or contribute, and indicate frequency and start date (between 1-28) below.

A) Pre-Authorized Chequing (PAC)

FREQUENCY: Monthly Quarterly Semi-annually Annually

If the PAC date falls on a non-business day, the PAC will be drawn on the next valuation date following that day.

START DATE (YYYY/MM/DD)

*Minimum PAC purchase is \$50 per fund

B) Systematic Withdrawal Plan (SWP)

Please allow 5 business days to set-up or change SWP Account.

I hereby authorize Fiera Capital Corporation to make regular withdrawals from my Fiera Capital Corporation account as shown below.

For RIF/LIF/RLIF/PRIF Payments:

I hereby elect to use my spouse's date, who is younger than I, to determine the minimum amount of the periodic payments under the RIF/LIF/RLIF/PRIF. Please complete the Spousal Information in Section 1.

I do not elect.

Tax Withholding (for RIF/LIF/RLIF/PRIF):

Minimum

Client Specified percentage. Federal

%

Provincial (Quebec Residents Only)

%

START DATE (YYYY/MM/DD) (1ST TO 28TH OF MONTH)

FREQUENCY: Monthly Quarterly Semi-annually Annually

PAYMENT OPTION: Minimum Maximum Fixed \$ amount \$ (Complete in Section 2)

PAYMENT METHOD: EFT deposit Cheque to you

C) Receive Your Distributions

Distributions will be reinvested in the same funds unless you choose one of the options below.

Cash distributions are only for non-registered accounts.

Distribution options:

Deposit directly to bank account via EFT – **Attach Void Cheque**

Receive cheque via Mail

Transfer distribution from one fund to another

FUND NAME	FUND CODE	TO FUND NAME	FUND CODE
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TERMS OF PAC AUTHORIZATION

- You hereby authorize Fiera Capital to draw on the account at the financial institution which is identified on the attached void cheque (PAC Account) in the amount and frequency indicated for the purpose of making deposits to the Account. For the purpose of this authorization, you agree that all pre-authorized debits will be treated as personal. **By signing this form, you hereby waive any pre-notification requirement as specified by section 15(a) and (b) of the Canadian Payments Association ("CPS") Rule H1 with regards to pre-authorized debits.** You warrant that all required signatures for the authorization of debits for the PAC Account are present in this Authorization. You consent to the disclosure of any personal information contained in this application to any third parties for the purpose of processing the PAC. You also understand and agree to all the terms and conditions.
- You certify that the information provided with respect to the PAC Account is accurate. You will provide Fiera Capital with a new void cheque if the PAC Account is changed.
- If this is for your own personal investment, your debit will be considered a Personal PAC by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAC. Monies transferred between CPA members will be considered a Funds Transfer PAC.

Cancellation of PAC Authorization

This Authorization is continuing, except that you may cancel this Authorization at any time by giving Fiera Capital at least 10 days, notice in writing. You may obtain a cancellation form by contacting your financial institution.

Cancellation of Right to Pay by Fiera Capital

Fiera Capital Corporation may cancel your right to pay by PAC:

- If deposits by PAC are returned unprocessed. You will be required to notify us in writing to re-establish Deposits to the Account by PAC.
 - On 10 days, written notice to you.
- You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement if a debit is not authorized or is not consistent with this PAC Authorization. To obtain more information on your recourse rights, contact your financial institution.

4 TRANSFER BETWEEN IMAXXFUNDS

Redeem from Account Number

Purchase into same account or Account Number

Amount			From Fund name	Fund code	To Fund name	Fund code	Sales Charge %
\$ or	Unit or	%					(Initial Sales Charge only)
							%
							%
							%
							%
							%

If the fund you are transferring from has a PAC or SWP service, do you want to apply it to the fund you are transferring to? Yes No

Should we continue the service with the fund you are transferring from? Yes No

For further instructions, please attach a separate note.

5 AUTHORIZATION AND SIGNATURE

By signing this form, you authorize Fiera Capital Corporation to purchase, redeem or transfer funds out of your account as indicated in the above sections. You acknowledge that you have received the current prospectus and financial statements of the funds in which you are investing.

SIGNATURE OF ACCOUNT OWNER

SIGNED ON (YYYY/MM/DD)

SIGNATURE OF JOINT ACCOUNT OWNER (IF APPLICABLE)

SIGNED ON (YYYY/MM/DD)

FOR REPRESENTATIVE USE ONLY

DEALER CODE

REP CODE

TELEPHONE NUMBER

INVESTMENT PROFESSIONAL'S NAME

INVESTMENT PROFESSIONAL'S SIGNATURE

SIGNED ON (YYYY/MM/DD)

SOURCE OF FUNDS:

Cheque payable to Fiera Capital Corporation – **Cheque attached**

CSS

Transfer from:

NAME OF FINANCIAL INSTITUTION

Dealer Services

Head Office

FIERA CAPITAL CORPORATION

1981 McGill College Avenue
Suite 1500
Montreal, Quebec H3A 0H5

T 1 866 323-5598 (toll free)

Return Form via mail or fax to:

FIERA CAPITAL CORPORATION C/O RBC INVESTOR & TREASURY SERVICES

155 Wellington Street West
3rd floor Imaging Team
PO Box 7500, Station A
Toronto, Ontario M5V 3L3

T 1 866 462-9946 (toll free)

F 416 955-7769

F 1 866 716-2977 (toll free)

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