

## **Pre-Authorized Contribution Plan (PAC)**

Agora Dealer Services Corp.

□ SPOUSAL CONTRIBUTION

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SALES CHARGE

6285 Northam Drive, Suite 100, Mississauga, ON L4V 1X5 Toll Free: 1-855-GO-AGORA (462-4672) Trade Fax: 1-888-642-4312

## PLEASE SUBMIT AT LEAST TEN (10) DAYS PRIOR TO FIRST PAYMENT **1. ACCOUNT INFORMATION** CLIENT FIRST NAME CLIENT LAST NAME AGORA ACCOUNT NUMBER JOINT CLIENT LAST NAME **JOINT CLIENT FIRST NAME** DEALER NAME ADVISOR NAME DEALER / REP CODE 2. ACCOUNT TYPE **3. PAC INSTRUCTIONS** ACTION REQUEST: DNEW □ CHANGE **CONTRIBUTION TYPE** (FOR SPOUSAL PLAN ONLY): INDIVIDUAL \$ END DATE (MM/DD/YYYY) PAC TOTAL AMOUNT START DATE (MM/DD/YYYY) □ QUARTERLY ( MAR, JUN, SEP, DEC ) FREQUENCY: □ MONTHLY □ ONE TIME □ WEEKLY □ BI-WEEKLY **4. INVESTMENT SELECTION ACTION REQUEST:** (N) NEW (I) INCREASE TO AMOUNT INDICATED BELOW (D) DECREASE (S) STOP ACTION MUTUAL FUND CODE MUTUAL FUND ACCOUNT NUMBER AMOUNT PERCENTAGE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ **5. SPECIAL INSTRUCTIONS** FROM CASH (available only for dollar amount) 6. BANKING INFORMATION ACTION REQUEST: DNEW □ CHANGE VOID CHEQUE OR BANK PRE-PRINTED FORM REQUIRED TO SET UP PAC (CANADIAN FUNDS ONLY) BANK TRANSIT NUMBER BANK NUMBER BANK ACCOUNT NUMBER 7. AUTHORIZATION By signing this form, I/we authorize Agora Dealer Services Corp. ("ADSC") to debit the account held at the financial institution indicated on this agreement, the amounts noted above and in the frequencies instructed. I/We agree that payments shall be made by pre-authorized debit or electronic withdrawals or in such manner as ADSC may determine. I/we understand that the branch of the financial institution where the account is held is not required to verify that the payment is drawn in accordance with this authorization. I/We hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Payments Canada Rule H1 with regards to pre-authorized debits. 3. I/We 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. ADSC is authorized to accept changes to this agreement from my/our registered dealer or my financial advisor in accordance with the policies of ADSC. I/We confirm that all persons whose signatures are required to authorize transactions in the bank account specified in Section 1 have signed this agreement below. I/We may change these instructions at any time, provided that ADSC receives at least 10 days notice by mail or fax. I/We may cancel this plan at any time, provided that ADSC receives 30 days notice by 6. mail or fax. To obtain a copy of a cancellation form or for more information regarding my/our right to cancel a pre-authorized debit agreement, l/we may consult with my/our financial institution or visit the Payments Canada website at payments.ca. I /We have certain recourse rights if any debit does not comply with this agreement. For ex-ample, I/we 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 my/our re-course rights, I/we may contact my/our financial institution or visit payments.ca. I/we may contact Agora Dealer Services at 6285 Northam Drive, Suite 100, Mississauga, ON L4V 1X5 or by phone at 1.855.GO-AGORA (462-4672). I/We acknowledge and agree that I/we are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which I/we may be held accountable. 10 I/We have requested this application form and all other documents relating hereto to be in English. X

X CLIENT SIGNATURE DATE (MM/DD/YYYY) JOINT CLIENT SIGNATURE DATE (MM/DD/YYYY) X Х ADVISOR SIGNATURE DATE (MM/DD/YYYY) DEALER AUTHORIZATION (MANDATORY) F1440(10/2021) - 1