

imaxxFunds™ Financial Change Form
For Existing Clients Only

1. Account details

Personal 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 RLSPs)

Account Number					
Account Type					
<input type="radio"/> Non-registered		<input type="radio"/> RSP		<input type="radio"/> Spousal RSP	
<input type="radio"/> LIF		<input type="radio"/> RLSP		<input type="radio"/> LIRA/LRSP	
				<input type="radio"/> RIF	
				<input type="radio"/> PRIF	
				<input type="radio"/> TFSA	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms		Last Name		First Name	
<input type="radio"/> Miss <input type="radio"/> Dr.				Initial(s)	
Social Insurance Number				Date of Birth (DD/MM/YYYY)	
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms		Last Name		First Name	
<input type="radio"/> Miss <input type="radio"/> Dr.				Initial(s)	
Social Insurance Number				Date of Birth (DD/MM/YYYY)	

2. Investment options

Select the Funds You Want To Purchase Redeem

Fund Name	Fund Code	Amount To Be Invested or Withdrawn (Withdrawals Only)			Sales Charge % For Initial Sales Charge Only	Pre-Authorized Chequing (PAC) Complete Section 3a Attach Void Cheque	Systematic Withdrawal Plan (SWP) Complete Section 3b		Wire Order Number
		<input type="radio"/> \$	<input type="radio"/> Unit	<input type="radio"/> %			Gross <input type="radio"/>	Net <input type="radio"/>	
					%	\$	\$	Gross <input type="radio"/>	Net <input type="radio"/>
					%	\$	\$	Gross <input type="radio"/>	Net <input type="radio"/>
					%	\$	\$	Gross <input type="radio"/>	Net <input type="radio"/>
					%	\$	\$	Gross <input type="radio"/>	Net <input type="radio"/>
TOTAL									

For withdrawals Deposit directly into your bank account Mail you a cheque Mail a cheque to your Investment Professional

Attach Void Cheque

3. Systematic 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 (select one): 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 (DD/MM/YYYY)
 * Minimum PAC purchase is \$50 per fund

b) Systematic Withdrawal Plan (SWP)
 Minimum \$10,000 account balance, minimum \$50, RSP/LIRA/LRSP/RLSP not eligible. Please allow 5 business days to set up or change SWP amount. If SWP cheque is payable to someone other than yourself, please affix signature guarantee stamp in "Authorization and signature" section. I hereby authorize Foresters Asset Management Inc. to make regular withdrawals from my Foresters Asset Management Inc. 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) <input type="radio"/> Minimum <input type="radio"/> Client Specified percentage. Federal _____ % Provincial (Quebec Residents Only) _____ % Start Date (1st to 28th of month): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)	Payment Option: <input type="radio"/> Minimum <input type="radio"/> Maximum <input type="radio"/> Fixed \$ amount _____ Complete in Section 2
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Payment Method:
 EFT deposit
 cheque to you

Frequency (select one): Monthly Quarterly Semi-Annually Annually

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



3. Systematic Plan information (continued)

TERMS OF PAC AUTHORIZATION

- You hereby authorize Foresters Asset Management Inc. 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 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 Foresters Asset Management Inc. 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 Foresters Asset Management Inc. at least 10 days, notice in writing. You may obtain a cancellation form by contacting your financial institution or at www.cdnipay.ca.

Cancellation of Right to Pay by PAC

Foresters Asset Management Inc. may cancel your right to pay by PAC:

- (a) 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.
- (b) 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 or visit www.cdnipay.ca.

4. Transfer between imaxxFunds

Redeem from Account Number _____ Purchase into same account or Account Number _____

Amount <input type="radio"/> \$ or <input type="radio"/> Unit or <input type="radio"/> %	From Fund Name	Fund Code	To Fund Name	Fund Code	Sales Charge % (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 Foresters Asset Management Inc. 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: Date: (DD/MM/YYYY):

Signature of Joint Account Owner (if applicable): Date: (DD/MM/YYYY):

For Representative Use Only

Dealer Code: _____ Rep Code: _____ Telephone Number: _____

Investment Professional's Name: _____

Investment Professional's Signature: Date (DD/MM/YYYY):

Source of funds: Cheque payable to Foresters Asset Management Inc. (cheque attached) CSS
 Transfer From Name of Financial Institution _____



Foresters Asset Management Inc.
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Shareholder Services
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