

**Section 1 – To Be Completed By Dealer Firm**

Dealer Name \_\_\_\_\_ Dealer/Rep Code \_\_\_\_\_ Sales Director - Foresters Asset Management Inc.

Advisor Name \_\_\_\_\_ Date/Time of Event \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_ Advisor e-mail \_\_\_\_\_  
( ) ( ) D D / M M / Y Y

Amount Requested \$ \_\_\_\_\_

To facilitate the processing of this request, please include a copy of the tear sheet, print sample or script of the communication (ad, invitation, commercial, etc.) where applicable. **Attach invoices and a detailed summary of expenses, as well as a copy of the approved Cooperative Marketing Pre-Approval Request Form. If this form is not attached, request for reimbursement will be returned.**

**Make Cheques Payable to:**

Company \_\_\_\_\_

Street Address \_\_\_\_\_

City – Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Attention: \_\_\_\_\_

I certify that the above request is in compliance with all applicable regulations including National instrument 81-105 – Mutual Fund Sales Practices.

Name of Sales Representative \_\_\_\_\_  \_\_\_\_\_ Date \_\_\_\_\_  
Signature D D / M M / Y Y

Name of Branch Manager \_\_\_\_\_  \_\_\_\_\_ Date \_\_\_\_\_  
Signature D D / M M / Y Y

Name of Dealer Compliance Officer \_\_\_\_\_  \_\_\_\_\_ Date \_\_\_\_\_  
Signature D D / M M / Y Y

**Section 2 – To Be Completed By Fund Manager**

The undersigned has reviewed all relevant documentation pertaining to the reimbursement referenced above and authorizes same.

Foresters Asset Management Inc. Co-op Department Name \_\_\_\_\_  \_\_\_\_\_ Date \_\_\_\_\_  
Signature D D / M M / Y Y

Foresters Asset Management Inc., 1500-20 Adelaide Street East, Toronto, Ontario M5C 2T6

For more information or to download our sales practices guidelines, please visit our website at [www.imaxxwealth.com](http://www.imaxxwealth.com)

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3 Copies Required: Foresters Asset Management Inc., Dealer, and Branch/Advisor