

Pre-Authorized Chequing (PAC) Authorization Form

(THIS FORM IS ONLY TO BE USED IN THE CASE WHERE THE OWNER & PAYOR ARE NOT THE SAME PERSON)

1. ACCOUNT INFORMATION	<p>Current Owner(s)</p> <p>Last Name _____ First Name _____</p> <p>Last Name _____ First Name _____</p> <p><input type="radio"/> New Account Foresters Asset Management Inc. Account Number: _____</p>																				
2. PAYOR INFORMATION	<p><input type="radio"/> Mr. Last Name _____ First Name _____ Initial(s) _____</p> <p><input type="radio"/> Mrs. _____</p> <p><input type="radio"/> Ms. Street Address _____ Apt _____</p> <p><input type="radio"/> Miss _____</p> <p><input type="radio"/> Other City _____ Province _____ Postal Code _____</p> <p>Date of Birth: (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship to Owner(s): _____</p> <p style="background-color: #ffffcc;">Occupation/Business of Payor: _____</p> <p>If the Payor is a Corporation or other entity:</p> <p>Incorporation #: _____ Place of Issue: _____</p>																				
3. PAYOR'S BANK ACCOUNT	<p>Type of Account: <input type="radio"/> Chequing <input type="radio"/> Savings</p> <p style="text-align: center; background-color: #cccccc;">PLEASE ATTACH PERSONALIZED PRE-PRINTED VOID CHEQUE</p>																				
4. PAC DEPOSIT INFORMATION	<p>Frequency: <input type="radio"/> Weekly* <input type="radio"/> Monthly <input type="radio"/> Annually</p> <p> <input type="radio"/> Bi-weekly* <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually</p> <p>Effective Date - Commence this plan on (1st to 28th of month): DD/MM/YYYY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TOTAL AMOUNT: \$ _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:50%;">Fund Name</th> <th style="width:15%;">Fund Code</th> <th style="width:15%;">PAC Amount</th> <th style="width:20%;">Sales Charge % (Initial Sales Charge only)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL DOLLAR AMOUNT</td> <td style="text-align: right;">\$</td> <td> </td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">If the PAC date falls on a non-business day, the PAC will be drawn on the next valuation date. * The minimum amount for a PAC is \$50.</p>	Fund Name	Fund Code	PAC Amount	Sales Charge % (Initial Sales Charge only)			\$										TOTAL DOLLAR AMOUNT		\$	
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5. ACKNOWLEDGMENT	<p>TERMS OF PAC AUTHORIZATION</p> <ul style="list-style-type: none"> 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. <p>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.cdnpay.ca.</p> <p>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.</p> <ul style="list-style-type: none"> 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.cdnpay.ca. 																				
6. AUTHORIZATION	<p>Signature of Payor: _____ Date: (DD/MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>X</p> <p>Signature of Payor: _____ Date: (DD/MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>X</p> <p>Signature of Owner: _____ Date: (DD/MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>X</p>																				
7. IDENTITY/THIRD PARTY DETERMINATION	<p style="text-align: center; font-size: small;">Provide the information below on the individual(s) submitting a PAC Authorization on behalf of a third party</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:30%;">Name</th> <th style="width:30%;">Type of Document</th> <th style="width:20%;">Document Number</th> <th style="width:20%;">Issuing Jurisdiction</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Type of Document	Document Number	Issuing Jurisdiction																
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8. ADVISOR INFORMATION	<p>By signing below, I hereby declare that the information provided in this form are true, complete and correctly recorded to the best of my knowledge and belief, and that I am not aware of additional material information except as stated above. I have reviewed an original non-expired document to confirm the identity, and have witness the signature, of the Payor. Reasonable effort has also been exercised to determine if the Payor is acting on behalf of a third party.</p> <p>Dealer Code: _____ Rep Code: _____ Investment Professional's Name: _____</p> <p>Investment Professional's Signaturer: _____ Date (DD/MM/YYYY): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>																				

