



# Pre-Authorized Contributions/ Systematic Withdrawal Plan Change Form

Account Number	Advisor Code
----------------	--------------

Account Name
--------------

Designates Required Fields

FUND COMPANY NAME

SOCIAL INSURANCE N<sup>o</sup>. \_\_\_\_\_

9	1	5	5
---	---	---	---

Dealer Code

Representative Code

Representative Name

FUND ACCOUNT N<sup>o</sup>. \_\_\_\_\_

## SECTION 1

For PACS only (If Section "1" is selected, then all fields in Section "1" must be filled)

### NEW BANKING INFORMATION

Savings "or"  Chequing

Bank Name and Branch	Transit #	Bank #	Account #
----------------------	-----------	--------	-----------

SIGNATURE OF AUTHORIZED BANK ACCOUNT HOLDER(S)

Address

Note: Please Attach a Void Cheque  
Not Required for saving account

## SECTION 2

(Ensure all fields in a selected section are completed)

A) CANCEL  PAC  SWP Effective \_\_\_\_\_ Fund N<sup>o</sup>. \_\_\_\_\_ Amount \_\_\_\_\_  
DD/MM/YY

Fund N<sup>o</sup>. \_\_\_\_\_ Amount \_\_\_\_\_

OR

B) RE-INSTATE  PAC  SWP Effective \_\_\_\_\_ Fund N<sup>o</sup>. \_\_\_\_\_ Amount \_\_\_\_\_ Cur (SWP only) \_\_\_\_\_  
RUN DATE DD/MM/YY

Fund N<sup>o</sup>. \_\_\_\_\_ Amount \_\_\_\_\_ Cur (SWP only) \_\_\_\_\_

OR

C) CHANGE INVESTMENT INSTRUCTIONS ON  PAC  SWP EFFECTIVE \_\_\_\_\_  
RUN DATE DD/MM/YY

FROM \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ TO \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Commission% - F/E only

FROM \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ TO \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Commission% - F/E only

SIGNATURE OF AUTHORIZED BANK ACCOUNT HOLDER(S) (REQUIRED FOR PAC AMOUNT CHANGES)

D) CHANGE FREQUENCY  PAC  SWP  2M  M  BM  Q  A  SA TO  2M  M  BM  Q  A  SA

SIGNATURE OF AUTHORIZED BANK ACCOUNT HOLDER(S) (REQUIRED IF TOTAL PAC AMOUNT CHANGES)

E) CHANGE RUN DATE  PAC  SWP \_\_\_\_\_ TO \_\_\_\_\_  
DD/MM/YY DD/MM/YY

## SECTION 3

REQUESTED BY  Administrative Associate  BRANCH  Telephone  Fax

To: Scotia Capital Inc. ("ScotiaMcLeod") and the Mutual Fund Manager  
I warrant that all persons whose signatures are required to sign on the above-mentioned account have signed this agreement below.  
I will notify ScotiaMcLeod and the Mutual Fund Manager in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized transaction contemplated above.  
If this agreement contemplates a PAC account agreement, then I hereby acknowledge and agree that I will be fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which I may be held accountable, and that this direction may be rendered null and void at ScotiaMcLeod's and the Mutual Fund Manager's discretion without notice.  
For accepting and complying with this authorization and direction, I hereby waive notification of the aforementioned transactions and hereby ratify any and all such transactions heretofore and hereafter made. I assume full responsibility for ensuring contributions made pursuant to this authorization and direction do not cause me to exceed my annual registered retirement saving plan deduction limit as defined in the Income Tax Act (Canada). ScotiaMcLeod and the Mutual Fund Manager shall have no liability or responsibility for any loss or damage suffered or incurred by me in connection with the debits contemplated by this authorization and direction including, without limitation, any loss of interest, penalty under the Income Tax Act (Canada) or other losses or damage caused by, or resulting from complying with or any delay in complying with this authorization and direction. I agree to indemnify and hold ScotiaMcLeod and the Mutual Fund Manager harmless against, and will pay ScotiaMcLeod and the Mutual Fund Manager promptly on demand for, any loss, liability and expense, including legal costs, suffered or incurred by ScotiaMcLeod and the Mutual Fund Manager arising out of compliance with this authorization and direction.  
This authorization and direction and the indemnity herein contained is a continuing one and shall remain in full force and effect unless revoked by me prior written notice addressed and delivered to ScotiaMcLeod and the Mutual Fund Manager; but such revocation shall not affect any liability resulting from, or the waiver of liability and indemnity relating to, transactions initiated prior to such revocation. Revocation of this authorization and direction will not alter any other agreement existing between us.  
This authorization and direction is not effective until accepted by ScotiaMcLeod and the Mutual Fund Manager.

Click box at left once form is completed to accept data