NCM ◆ Pre-Authorized Chequing (PAC) Request Form

NCM Asset Management Ltd. c/o CIBC Mellon GSS, Recordkeeping
1 York St. Suite 900, Toronto, ON M5J 0B6 | Fax: 1.855.884.0493

Dealer Code _____
Advisor Code _____
Advisor Name _____

1. Client Information *(Holder)*

_____   _____   _____
NCM Account Number   Account Type   Dealer Cross Reference Number

_____   _____
Name of Account Holder   Joint Name

Select one: ☐ New PAC ☐ Change PAC

2. PAC *($100 minimum per run)*

Frequency *(please choose only one)*

____ / ____ / ____
Start Date (DD/MM/YYYY)

☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

PAC Options	Frequency *(If Applicable)*	*Effective Date DD/MM/YYYY	**Fund Code (NRP)	**Fund Name	Amount ($)	Sales Charge (%)
				Total PAC Amount		

* Effective Date to be used for Stop PAC, Change Amount, Change Frequency and Change Banking Info only.

** In the event of a discrepancy between the code and the name, we will treat the code as correct and process accordingly.

3. Change to Existing PAC Fund Allocation

	Existing Account #	*Effective Date DD/MM/YYYY	**Fund Code (NRP)	**Fund Name	Amount ($)	Sales Charge (%)
From						
To						
From						
To						
From						
To						

* Effective Date to be used for Stop PAC, Change Amount, Change Frequency and Change Banking Info only.

** In the event of a discrepancy between the code and the name, we will treat the code as correct and process accordingly.

4. Banking Information

To set up or change the banking information, please attach a personalized VOID cheque (pre-printed or embossed) with client's name and banking information.
Please note:
- Drawing funds from line of credit accounts is prohibited
- If a PAC falls on a non-business day, the PAC will process on the following business day.

_____   _____   _____   _____
Account Owner(s) Name(s)   Bank Name   Bank Transit Number Bank Account Number

The "Company" will refer solely to NCM Asset Management Ltd. in the below agreement.
I authorize the Company to debit the bank account indicated in my Pre-Authorized Contribution (PAC) instructions for the amount(s) and in the frequencies instructed. If this is for a one-time PAC request, I understand that only a single one-time PAC is permitted. My authority is to remain in effect until the one-time PAC is completed, at which time this PAC agreement for the one-time request will automatically terminate and any subsequent one time or sporadic PAC request requires you to authorize a new PAC agreement. If this is for a set interval PAC request, I understand that my authority is to remain in effect until the Company has received written notice from me of any change or termination. Such notice must be received at the address provided below at least three (3) business days before the next debit is scheduled. I understand that I have certain recourse rights if a debit does not comply with my PAC instructions. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with my PAC instructions. I confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed my Banking Information instructions. I can change these instructions or cancel this PAC agreement at any time, provided that the Company receives at least three (3) business days' notice by phone or mail. To obtain a copy of a cancellation form or for more information regarding my right to cancel a PAC agreement, I can visit the Canadian Payments Association website at www.payments.ca. I agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution. The Company is authorized to accept changes to my PAC instructions from my advisor or my registered dealer in accordance with the policies of that company. I hereby waive any pre-notification requirements as specified by section 17 of the Canadian Payments Association Rule H1with regards to PACs. I understand that the information in my PAC instructions will be shared with my financial institution in order to process my purchases. I acknowledge and agree that I am 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.

_____   _____
Signature of Signatory on bank account   Signature of Co-Signatory on bank account