

NCM Smart Switch 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 Email: RKAccountAdmin@CIBCMellon.com

Dealer Code _____
 Rep Code _____
 Advisor Name _____

1. Client Information (Holder)

NCM Account Number _____ Client Name _____

New Smart Switch
 Change Existing Smart Switch
 Cancel

Joint Client Name (if applicable) _____

2. Initial Investment

Starting Fund	Fund Name	Total Amount of Initial Investment (\$)
<input type="checkbox"/> NRP	F Series	\$
<input type="checkbox"/> NRP	A Series	\$

3. Auto Switch Information (\$100 minimum)

Starting Date (DD/MM/YYYY) _____ / _____ / _____ End Date (DD/MM/YYYY) _____ / _____ / _____ Target Account Number _____ Same as above

Frequency: Weekly Bi-Weekly Monthly

Target Fund Code (NRP) ¹	Target NCM Fund Name	Smart Switch Amount (\$)
NRP		\$
NRP		\$
NRP		\$

1. In the event of a discrepancy between the code and the name, we will treat the code as correct and process accordingly.
 Please conduct regular switches from the Initial Investment specified in Section 2, to units of the NCM mutual funds listed above under "Target Fund Code(s)", in the dollar amounts shown, at the frequency that is indicated. You may cancel your Smart Switch service at any time by submitting your request to NCM. Any change the Smart Switch instructions can be completed by re-submitting the Smart Switch form.

4. Authorization

I/We agree to participate in the Smart Switch program and I/we authorize NCM Asset Management Ltd. (NCM) to switch from the Initial Investment in Section 2 to the Target Fund(s) listed above, following the instructions set out in Section 3.

Client Signature _____ Joint Client Signature (if applicable) _____ Date (DD/MM/YYYY) _____ / _____ / _____

Advisor Signature (for nominee/intermediary approval only) _____ Date (DD/MM/YYYY) _____ / _____ / _____

 Nominee/Intermediary Authorization (if applicable)