



Systematic Withdrawal Plan (SWP) & Payment Request

Agora Dealer Services Corp.
6285 Northam Drive, Suite 100, Mississauga, ON L4V 1X5
Toll Free: 1-855-GO-AGORA (462-4672)
Trade Fax: 1-888-642-4312

1. ACCOUNT INFORMATION

CLIENT FIRST NAME	CLIENT LAST NAME	AGORA ACCOUNT NUMBER
JOINT CLIENT FIRST NAME	JOINT CLIENT LAST NAME	
DEALER NAME	ADVISOR NAME	DEALER / REP CODE

2. ACCOUNT TYPE

TFSA INVESTMENT ACCOUNT

3. SWP INSTRUCTIONS

SELECT ONE: NEW CHANGE **EFFECTIVE DATE:** (MM/DD/YYYY) _____ (SWP Payments ONLY run on 1st or 15th of the Month)

SWP AMOUNT \$ _____

FREQUENCY: MONTHLY QUARTERLY (MAR, JUN, SEP, DEC) SEMI-ANNUALLY (MONTHS OF _____ AND _____) ANNUALLY ONE TIME

4. INVESTMENT SELECTION

ACTION	MUTUAL FUND CODE	MUTUAL FUND ACCOUNT NUMBER	AMOUNT	PERCENTAGE
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
ACTION REQUEST: (N) NEW, (I) INCREASE TO AMOUNT INDICATED BELOW (D) DECREASE TO AMOUNT INDICATED BELOW (S) STOP	TOTAL:		\$	100 %

ALLOCATING PERCENTAGES OR DOLLAR AMOUNT FOR EACH FUND - A NEW SWP WILL BE REQUIRED IF MAKING A CHANGE TO THE DISTRIBUTION OR IF/WHEN FUND(S) IS DEPLETED.

5. SPECIAL INSTRUCTIONS

6. BANKING INFORMATION

ACTION REQUEST: NEW CHANGE **VOID CHEQUE OR BANK PRE-PRINTED FORM REQUIRED TO SET UP PAC (CANADIAN FUNDS ONLY)**

BANK NAME	BANK BRANCH ADDRESS	
BANK NUMBER	BANK TRANSIT NUMBER	BANK ACCOUNT NUMBER

7. AUTHORIZATION

PLEASE NOTE
 • If scheduled payment date falls on a weekend date or Federal / Provincial holiday, funds will deposit on next business day. Please allow up to 5 business days for the funds to reach your bank account.
CHANGES TO PAYMENT SCHEDULE, once selected will remain in effect until further notice in writing is received by ADSC. The payment schedule can be changed one time per calendar year without charge. Subsequent changes are subject to a fee + applicable taxes. Please refer to the current Fee Schedule for details.
Changes must be submitted at least ten (10) business days prior to the scheduled payment date.
 I understand that all payments will be issued via Electronic Funds Transfer (EFT) directly to the above noted Bank Account at no charge.

<input checked="" type="checkbox"/>	CLIENT SIGNATURE	DATE (MM/DD/YYYY)	
<input checked="" type="checkbox"/>	JOINT CLIENT SIGNATURE	DATE (MM/DD/YYYY)	
<input checked="" type="checkbox"/>	ADVISOR SIGNATURE	DATE (MM/DD/YYYY)	<input checked="" type="checkbox"/> DEALER AUTHORIZATION (MANDATORY)